

State of New York - Workers' Compensation Board
CLAIM FOR COMPENSATION IN A DEATH CASE

This claim will be processed more quickly if copies of necessary documents are submitted to the Board. Attach copies of the documents which you have in your possession. Otherwise obtain copies and bring them to the first hearing. DO NOT DELAY filing this claim form. Necessary documents are as follows: **a. A medical report from doctor who treated the deceased.**

- b. Death certificate.**
- c. Proof of relationship such as birth certificate, marriage certificate, adoption papers, etc.**
- d. Itemized funeral bill.**

W.C.B. CASE NO.(if known)	CARRIER CASE NO.	CARRIER CODE NO.	DECEDENT'S SOC. SEC. NO.	CLAIMANT'S SOC. SEC. NO.	DATE OF ACCIDENT
NAME			ADDRESS (Give No, Street, City, State and Zip Code)		Apt. No.
DECEASED					
EMPLOYER					
CARRIER					
CLAIMANT					Apt. No.

I hereby make claim under the Workers' Compensation Law for compensation arising out of the death of the deceased named above as the result of injury sustained in the employ of the above named employer, and, in support of this claim submit the following information:

1. a. Death occurred on day of ,
at (Attach death certificate, if available).
- b. How did accident or occupational disease happen? (Describe fully, stating whether the injured person fell, was struck, etc. and what factors or events led up to or contributed to the accident.)
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.....
.....
- c. Place of Accident:
- d. Nature of injury and part(s) of body injured:

Note: Attach a medical report, if available.

	Name	Address
2. ATTENDING PHYSICIAN		
3. LAST PHYSICIAN OR HOSPITAL		
4. UNDERTAKER		
5. PERSON WHO PAID UNDERTAKER BILLS		

6. Amount of Undertaker's Bills \$ _____ Amount paid, if any \$ _____ (Attach funeral bill, if available.)

7. Claimant's date of birth _____ 8. Relationship to deceased _____

9. Is deceased survived by a spouse and/or children under 18 years of age or under 23 years of age and enrolled and attending as full-time students in any accredited educational institution? Yes No

10. Survivors or dependents of the deceased: (See reverse side for instructions)

NAME	ADDRESS	BIRTH DATE	RELATIONSHIP

(Attach proof of relationship such as birth certificate, marriage certificate, adoption papers, etc., if available)

(SEE INSTRUCTIONS ON REVERSE SIDE)

IF YOU HAVE ANY QUESTIONS ABOUT CLAIMING DEATH BENEFITS, CONTACT THE NEAREST OFFICE OF THE WORKERS' COMPENSATION BOARD.	SI TIENE ALGUNAS PREGUNTAS RESPECTO A COMO RECLAMAR BENEFICIOS POR MUERTE, COMUNIQUESE CON LA OFICINA MAS CERCANA DE LA JUNTA DE COMPENSACION OBRERA
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- 11. IF YOU ARE THE SPOUSE OR CHILD OF THE DECEASED ENTER THE FOLLOWING INFORMATION AS APPLICABLE:**
- a. You were married to the deceased on _____ day of _____, _____ at _____ by _____ (Attach marriage certificate, if available).
 (Place) Person Performing Ceremony
- b. Number of children under 18 years of age at the time of the death of the deceased. _____
- c. Number of children at least 18 years of age but under 23, enrolled and attending as full time students in any accredited educational institution at the time of the death of the deceased. _____

12. IF YOU ARE THE SPOUSE OF THE DECEASED, indicate your share of survivor's insurance benefits, if any, being received under the Social Security Act. \$ _____ (If available, attach copy of Social Security Award certificate showing your share of survivor's insurance benefits or copy of check showing the amount of the award.)

13. IF YOU ARE NEITHER THE SPOUSE OF THE DECEASED OR CHILD OF THE DECEASED UNDER 18 YEARS OF AGE OR UNDER 23 YEARS ENROLLED AND ATTENDING AS A FULL TIME STUDENT IN ANY ACCREDITED EDUCATIONAL INSTITUTION, ENTER THE FOLLOWING INFORMATION:

- a. Were you wholly or partially dependent on the deceased for your support? _____
- b. If partially dependent, to what degree? _____
- c. I own property as follows:
- (1) Real estate, assessed value \$ _____, from which I receive an income of \$ _____ annually and on which there is an indebtedness of \$ _____.
- (2) What other sources of income do you have? (Name each source and give amounts derived from each source named.)
- | | |
|--------|--------|
| SOURCE | AMOUNT |
|--------|--------|

14. IF YOU ARE A CHILD OR DEPENDENT GRANDCHILD, DEPENDENT BROTHER OR DEPENDENT SISTER, AT LEAST 18 YEARS OF AGE BUT UNDER 23 AND ENROLLED AND ATTENDING AS A FULL TIME STUDENT IN ANY ACCREDITED EDUCATIONAL INSTITUTION, ENTER THE FOLLOWING INFORMATION AND ATTACH CERTIFICATION OF ATTENDANCE, IF AVAILABLE FROM SUCH INSTITUTION.

<u>Name of Student</u>	<u>Name & Address of Educational Institution</u>	<u>Date Attendance Began</u>
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD PRESENTS, CAUSES TO BE PRESENTED, OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, OR SELF-INSURER, ANY INFORMATION CONTAINING ANY FALSE MATERIAL STATEMENT OR CONCEALS ANY MATERIAL FACT SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT.

Dated _____ Signed by _____ (Claimant's Signature) Telephone No. _____ **OR**
 Signed by _____ (A person on behalf of Claimant) _____ (Relationship) Telephone No. _____

TO THE CLAIMANT

- A. Under the Workers' Compensation Law, a claim for compensation in a death case may be filed by:
1. Spouse of the deceased;
 2. Children of the deceased who are under age 18 at the time of death;
 3. Children of any age who were totally blind or physically disabled at the time of accident and whose disablement is total and permanent;
 4. Grandchildren and brothers and sisters of the deceased who were under the age of 18 at the time of death and wholly or partially dependent upon the deceased for support at the time of accident;
 5. Parents and grandparents of the deceased who were wholly or partially dependent upon the deceased for support at the time of accident;
 6. Children of the deceased, dependent grandchildren, dependent brothers and dependent sisters of the deceased under the age of 23 who are enrolled and attending as full time students in any accredited educational institution, where death occurs on or after January 1, 1978.
- B. The spouse and the children may file a single claim. Each dependent grandchild, brother, sister, parent or grandparent must file a separate claim.

Notification Pursuant to the New York Personal Privacy Protection Law (Public Officers Law Article 6-A) and the Federal Privacy Act of 1974 (5 U.S.C. Sec. 552a).

The Workers' Compensation Board's ("Board") authority to request personal information from claimants is derived from Sections 20 and 142 of the Workers' Compensation Law. This information is collected to assist the Board in processing claims in an efficient manner and to help it maintain accurate claim records.

The Board is strongly committed to protecting the confidentiality of all personal information that it collects. Such information will be disclosed within the agency only to Board personnel and agents in furtherance of their official duties. Personal information will be disclosed outside the agency only in accordance with applicable state and federal law.

The Board's Director of Operations, located at 100 Broadway, Menands, New York 12241 (518-474-6674), is primarily responsible for the maintenance of agency records containing personal claimant information.

Failure to provide the information requested on this form will not result in the denial of your claim, but may delay the processing of your claim. The voluntary release of your social security number enables the Board to ensure that information is associated with, and quick action is taken on, your claim.

**NYS Workers' Compensation Board
 Centralized Mailing
 PO Box 5205
 Binghamton, NY 13902-5202**

Customer Service Toll-Free Number: 877-632-4996