

ADDENDUM TO PETITION FOR BENEFIT DETERMINATION FOR DEATH CLAIMS ONLY

Employee Name: _____ **Date of Death** _____

Please attach a copy of each dependent's birth certificate and the spouse's marriage certificate, if available. If no dependents, attach a certified copy of Letters Testamentary or Letters of Administration.

Please include the deceased employee's death certificate, wage records, and medical records and bills showing the treatment received for the work incident and resulting death.

Surviving Spouse Name _____ Not Applicable

SSN _____ Date of Birth _____ Date of Marriage _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Other Dependent Name (#1) _____ Not Applicable

Date of Birth _____ Dependency is: Whole Partial Dependent is: Minor Incompetent

Relation to Deceased Employee _____

If Dependent is a Minor, Name of Person Bringing Minor Dependent's Claim _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Other Dependent Name (#2) _____ Not Applicable

Date of Birth _____ Dependency is: Whole Partial Dependent is: Minor Incompetent

Relation to Deceased Employee _____

If Dependent is a Minor, Name of Person Bringing Minor Dependent's Claim _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Please attach additional pages for additional dependents, if necessary.

If no Dependent(s), Name of Executor of Employee's Estate _____ Not Applicable

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Phone _____ Email _____

Dependent(s) Attorney _____ BPR # _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Office Contact Person _____ Email _____