Department of Labor and Industries
Division of Insurance Services
PO Box 44282
Olympia WA 98504-4282

Beneficiary Application for Claim Benefits

Language preference (check one):
☐ English ☐ Spanish ☐ Russian ☐ Korean ☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Cambodian ☐ Other:

Deceased Worker

Claim Number		Social Security Number of Deceased Worker
Name of Deceased Worker		Healthcare Provider Treating Deceased at Time of Death
Date of Birth	Date of Injury	Date of Death
Location of Death		Date of Marriage or Registered Domestic Partnership
Autopsy ☐ Yes ☐ No	Cause of Death	
Funeral Home Name		Employer When Injured
Funeral Home Address		Employer When Injured Address
City State Zip Code + 4		City State Zip Code + 4

Applicant Information

Name of Applicant	Relationship to Deceased	Date of Birth	Telephone Number
Residence Address	City	State	Zip Code + 4
Mailing Address	City	State	Zip Code + 4

If you are a spouse or Registered Domestic Partner, were you living at separate addresses on the date of death?
☐ No ☐ Yes If yes, give the date and cause of separation below.

Date of Separation	Cause of Separation	
Social Security Number	Date of Divorce or Legal Dissolution from Deceased	Date of Remarriage or New Registered Domestic Partnership since Worker's Death

Dependent Children or Stepchildren of Deceased

Name (First, Last)	Date of Birth	Sex

Are any of the children between the ages of 18 and 23 in a state institution or enrolled full time in school?
☐ No ☐ Yes If yes, please submit proof.

Guardian

Name of Guardian		Social Security No. (ID only)
Address		
City	State	Zip Code +4
Telephone Number	Date of Appointment	Date of Birth

Please attach a copy of the following documents that apply:

A. Death certificate and autopsy if performed.
B. Marriage certificate or Declaration of Registered Domestic Partnership.
C. Birth certificate(s) of children
D. Letters of guardianship or custody order.
E. Custody papers for stepchildren.
F. Proof of full time enrollment in accredited school of children between ages 18 and 23.

Persons making false statements in obtaining Industrial Insurance benefits are subject to civil and/or criminal penalties under the law.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature	Date
X	

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