

Death on Open Claim Coversheet

Claim Number: _____ Worker's Name: _____

Request submitted by: _____ Phone Number: _____ Ext. _____

Death Related to the Conditions Accepted on the Claim

(pick one option)

- Yes
 No

Medical Fixity

I have attached documentation of medical fixity or a providers indication of when this would have been reached if not for the workers death.

Permanent Partial Disability (PPD) Rating

I have attached PPD ratings for all accepted conditions.

Vocational Fixity (complete if the worker was not working at the time of death)

(pick one option)

- I have attached documentation that the worker was expected to be able to return to work at the job of injury. If there are work restrictions, the employer would be able to accommodate those restrictions.
- I have attached a [Self-Insurance Vocational Reporting Form](#) (SIVRF) and appropriate report.

Claim Closure

I am submitting a [Claim Closure](#) form.

Please Note:

If the deceased has a qualified beneficiary ([RCW 51.08.020: "Beneficiary."](#)) please educate and provide them the opportunity to file for further benefits with form: [Beneficiary Application for Claim Benefits](#). This must be done within a year of the death.

NOTE: An application does not necessarily indicate a qualification for benefits. The Department will make this determination.

If you have any questions and don't know the pension adjudicator's name and contact information, call the receptionist at 360-902-6901.