

**CLAIM FOR DEATH BENEFITS
PUBLIC SAFETY WORKER**

TO BE COMPLETED BY CLAIMANT, POLITICAL SUBDIVISION OR COMMONWEALTH AGENCY - INSTRUCTIONS ON REVERSE

PART I - DECEASED PUBLIC SAFETY WORKER

Name of Deceased (Last, First, Middle)	Social Security #	Date of Injury	Date of Death
Name of Political Subdivision or Commonwealth Agency in whose service death occurred			
Marital status at time of death	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Single
If married or separated, was deceased married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

PART II - SURVIVORS (INDICATE APPROPRIATE CATEGORY SPOUSE CHILD/CHILDREN PARENT(S))

Name(s) (Last, First, Middle)	Address	Social Security #

If child(ren) is the legal survivor(s), provide birthdate(s) _____

Has a legal guardian been appointed for the child(ren)? yes no
If yes, Provide name and mailing address of guardian for each child. _____

PART III - CERTIFICATION (MUST BE COMPLETED BY CLAIMANT OR LEGAL REPRESENTATIVE)

I hereby make claim for compensation for myself as, or in behalf of, the survivor(s) listed above, under Act 101 of 1976, as amended, as a result of the death of the above named Public Safety Worker, who was killed in the performance of duties. Every statement and information set forth above and attached is true to the best of my knowledge and belief.

Sworn and subscribed before me this _____ day

of _____ A.D., 20 _____
(SEAL) Signature - Claimant or Legal Rep Date

Signature - Notary Public Typed/Printed Name

My Commission Expires _____ Telephone # () _____

PART IV - TO BE COMPLETED BY DEPARTMENT OF GENERAL SERVICES - BUREAU OF RISK AND INSURANCE MANAGEMENT

Based on this form and its attachments, it is our opinion that payment(s) in the total amount of \$ _____ is justified under the conditions set forth under Act 101 of 1976, as amended.

Signature - Authorized Employee Date

Title

CLAIM FOR DEATH BENEFITS INSTRUCTIONS

Parts 1 and 2 may be completed by a claimant, a political subdivision or a commonwealth agency. If additional space is needed, a separate sheet of paper may be attached.

Part 3 must be completed by the claimant or legal representative and must be notarized.

Obtain the following documents:

1. Certified copy of the death certificate.
2. If payment is to be made to a spouse, a certified copy of the public record of marriage or other evidence as required by the Administrative Code, Title IV, Part III, 89.6(b).
3. If payment is to be made to or on behalf of minor children, certified copies of the birth certificate(s) or other evidence as required by the Administrative Code, Title IV, Part III, 89.6(c). If children are under 18 years of age, guardianship papers or a court order to make payment must also be obtained.
4. If payment is to be made to parents, a certified copy of the deceased's birth certificate that identifies the parents or a certified copy of an adoption decree in which the claimant(s) is named as a parent(s).

Submit Claim for Death Benefits with required documents to:

Department of General Services
Bureau of Risk and Insurance Management
P.O.Box 1365
Harrisburg, PA 17105