



ADDITIONAL INFORMATION FOR DEATH BENEFITS

INSTRUCTIONS:

- Please print or type. **DO NOT USE RED INK.**

Eligibility for death benefits is generally given to the deceased's biological dependents, current spouse, those persons receiving sole support, and others who rendered services pertaining to this death.

Name of Deceased	
Claim Number	Date of Death

SUPPORTING DOCUMENTS REQUIRED:

- Death Certificate of the deceased
- Birth Certificate(s) of spouse and dependents
- Marriage Certificate from current spouse

- Divorce Decrees and/or Death Certificate from any previous marriage(s) of deceased
- Divorce Decrees and/or Death Certificate from any previous marriage(s) of current spouse

1. This application is made on behalf of the following named persons who were dependent on the deceased for support.

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP TO DECEASED	DEPENDENCY		
			Wholly	Partially	Date of Birth
Person Completing This Form (Applicant, please print)					

2. For persons in #1 (OTHER THAN CURRENT SPOUSE AND/OR DEPENDENT MINOR CHILDREN) who were dependent on the deceased for support, complete the following:

NAME	WEEKLY AMOUNT CONTRIBUTED BY DECEASED	DATE OF LAST CONTRIBUTION	OTHER WEEKLY INCOME

3. The following person(s) are applying for reimbursement of payment made on behalf of the deceased. (Please attach any service invoice, bill or proof of payment.)

NAME	AMOUNT OF PAYMENT	DATE OF PAYMENT	PROVIDER/RISK NUMBER

4. Was deceased residing with you at time of death? Yes No If no, give deceased's address and include county.

Street Address	City	State	9-digit ZIP Code	County
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5. Was deceased previously married? Yes No If yes, list full names of spouse(s) and how the marriage(s) terminated.

6. Did deceased have any children from the former marriage(s)? Yes No If yes, list names, addresses and ages of such children.

7. Was the deceased 's current spouse previously married? Yes No If yes, list full name of former spouse(s) and how the marriage(s) terminated.

8. Did deceased's current spouse have any children from the former marriage(s)? Yes No If yes, list name(s), address(s) and age(s) of such children.

(Signature of Applicant)

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(Telephone Number)

(Address)

(City, State, 9-digit ZIP Code, County)