



INDUSTRIAL COMMISSION OF ARIZONA

800 W WASHINGTON STREET

PHOENIX, ARIZONA 85007

(602) 542-4661

CLAIM FOR DEPENDENT'S BENEFITS – FATALITY

CHECK APPROPRIATE BOX:

SPOUSE

PARENTS

SPOUSE WITH DEPENDENT CHILDREN

OTHER DEPENDENTS

DEPENDENT CHILDREN
(Must be filed by guardian)

BURIAL EXPENSE ONLY

INFORMATION REGARDING DECEASED: *(Provide copy of certified death certificate)*

1. First Name of Deceased: _____ Last Name: _____ Soc. Sec. # *: _____
2. Date of Birth: _____ Date of Death: _____
3. Date of Injury: (If different from date of death): _____
4. Deceased's Address: _____
5. Employer at time of death: _____
Employer's address: _____
6. Briefly state cause of death: _____
7. List name and address of health care providers that treated deceased in the last two years and state condition treated: _____

CLAIM FOR SPOUSAL BENEFITS: *(Provide copy of certified marriage certificate)*

1. Your First Name: _____ Last Name: _____ Date of Birth: _____
2. Your Address: _____
3. Date of Marriage to Deceased: _____
Place of Marriage: _____
4. Were You or Deceased Married Previously? Yes No If yes, state details *(Provide copies of divorce decrees)*

5. Did you reside with deceased at time of death? Yes No If living apart provide reason, such as divorced, divorce pending, annulment, abandonment.

CLAIM FOR DEPENDENT CHILDREN: *(Provide copy of certified birth certificates)*

1. List *dependent* children:

NAME	DATE OF BIRTH	RELATIONSHIP TO DECEASED	ADDRESS AT TIME OF DEATH

2. Which of these children are still in your care and custody?

3. Is a posthumous (unborn) child expected? Yes No If yes provide anticipated date of delivery:

OTHER DEPENDENTS:

1. Name:
2. Address:
3. Relationship to Deceased:
4. Extent of Dependency: Full Partial Please give details:

Submitter Printed Name

Signature of/or On Behalf of Dependent

Date

Submitter Email Address

Telephone Number

Submitter Address

To be filed at either office of the Industrial Commission:

Phoenix Office: Industrial Commission of Arizona
800 W. Washington Street
Phoenix, Arizona 85007-2922

Tucson Office: Industrial Commission of Arizona
2675 E. Broadway
Tucson, Arizona 85716-5342

P. O. Box 19070
Phoenix, Arizona 85005-9070

* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. IF YOU NEED THIS DOCUMENT IN ALTERNATIVE FORMAT, CONTACT SPECIAL SERVICES AT (602) 542-1829.