



**APPLICATION FOR FATAL DEPENDENTS BENEFITS**

In all claims for compensation, except occupational pneumoconiosis or other occupational diseases, the application and proofs of dependency in fatal cases must be filed within six months from and after the employee's date of death. In occupational pneumoconiosis claims, the application for compensation and proofs of dependency in fatal cases must be filed by the dependents of the employee within two years from and after the employee's death. In occupational disease claims other than occupational pneumoconiosis, the application for compensation and proofs of dependency in fatal cases must be filed by the dependents of the employee within one year from and after the employee's death. NOTE: THESE TIMES FOR FILING ARE A CONDITION THAT MUST BE MET OR THE RIGHT TO COMPENSATION WILL BE FOREVER BARRED.

<b>Deceased Employee</b>	Employee:	Employer:
	Address:	Address:
	City, State, Zip:	City, State, Zip:
	Social Security Number:	Date of Injury:
	Date of Death:	Date of Birth:
	I, _____ hereby apply for fatal dependent benefits. My relation to the deceased is _____. (Name of Applicant)	

<b>Reason For Filing Claim</b>	Death resulted from: <input type="checkbox"/> Occupational disease <input type="checkbox"/> Occupational injury	
	(Names and address of Employer)	(Dates worked)
	(Names and address of Employer)	(Dates worked)
	Explain how this injury or disease, suffered in and resulting from employment, was a contributing factor to this death. (If additional space is needed, complete the statement on a separate sheet of paper.)	

<b>Surviving spouse or guardian of children must complete this section.</b>	<b>SEE INSTRUCTIONS ON THE BACK OF THIS FORM AND COMPLETE THE APPLICABLE SECTION OR SECTIONS BELOW</b>	
	Current Address: (include city, state, zip)	Social Security Number:
	What was your name before your marriage to the deceased?	Date and place of marriage:
	Date and place of birth:	Driver's License number and state of issuance:
	Did you live with the deceased from the date of marriage to the date of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.	
	Was the deceased ever previously married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how was the marriage dissolved?	



## **INSTRUCTIONS**

**IMPORTANT:** To avoid delay in considering your claim, be sure to answer all questions that apply and attach the appropriate certificates and documents to your application. Please note that the form must be notarized.

Certified copies of the following documents must be submitted where applicable:

Death Certificate          Autopsy Report          Marriage Certificate          Divorce Decree          Birth Certificate

A certified copy of the death certificate showing the cause of death must be submitted. If an autopsy was performed, a complete copy of the autopsy report must be submitted.

A certified copy of the marriage certificate must be filed. If either the surviving spouse or the deceased employee was previously married and divorced, a certified copy of the divorce decree must be submitted. If the former marriage dissolved by death, a certified copy of the death certificate must be submitted.

If surviving children are to receive benefits, a birth certificate must be submitted for surviving children under 18 years of age. Children under 25 years of age attending school fulltime may qualify for benefits if a statement verifying their attendance is sent to Zurich Insurance by the registrar of an accredited school.

If dependent children are living in a different household from that of the deceased, information must be submitted including their name, date of birth, Social Security number, driver's license number (if applicable), address and the dependency circumstances involved. Their legal guardian must file an application on behalf of such children and must include a copy of the guardianship appointment.

Benefits must be paid for an invalid child if appropriate medical information is filed that proves that the child is an invalid. Other dependents (parents, grandparents, siblings, etc.) must submit proof of dependency, in affidavit form, with their application for compensation. Individuals having knowledge that the applicants were dependent upon the earnings of the deceased for support, and describing the amount of contribution and the dates and methods of contribution should make affidavits. Also, a statement must be filed by the applicant explaining all the amounts and sources of other income.

If you have any question or need assistance with this form, please contact Zurich Insurance by phone at 1-800-987-3373, or write to PO Box 66941, Chicago, IL 60666-0941.