



# Declaration of Entitlement

For Dependent of Deceased Worker Benefits Under Industrial Insurance

Date	Claim No.	Folio No.
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**For benefits to continue without interruption, this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.**

- If you are signing yourself, please sign in the signature block or the document will be considered incomplete and will be returned.
- If you are signing with a power of attorney, submit a copy of the power of attorney.
- For your protection, your signature is used for comparison on checks made payable to you.

Print name of dependent(s)
Mailing Address
City State Zip Code
Is residence address the same as mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , list residence address:

Name of the deceased worker
Relationship with the deceased worker
Do you continue to be dependent upon the deceased worker's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your monthly income from all sources excluding the deceased worker: \$

Have you been convicted of a crime or incarcerated in the last year prior to completing this or any prior declaration form? <input type="checkbox"/> No <input type="checkbox"/> Yes If <b>yes</b> , When: _____ Where: _____
Are you now or have you ever received Social Security Administration (SSA) benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes

Any changes in status of dependents or children for whom you are receiving pension benefits must be reported. Changes in dependency circumstances may alter your monthly benefit. Dependency changes include: death; marriage; declaration of a registered domestic partnership; incarceration; emancipation; or change in care and custody.

**Failure to report work activities, status changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Signature (required)	Phone number	Date	Social Security Number (ID only)
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**Notary signature and impression of seal or stamp are required. [RCW 42.44.090\(1\)](#)**

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

<b>Notary Seal or Stamp</b>
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