



Complete if known:

DWC Claim #

Carrier Claim #

Claim for Workers' Compensation Death Benefits

Este formulario está disponible en español en el sitio web de la División en <http://www.tdi.texas.gov/forms/dwc/dwc042sbenclm.pdf>.

Para obtener asistencia en español, llame a la División al 800-252-7031.

When a person dies due to a work-related injury or illness, certain family members may be able to get death benefit payments. The family members who can get death benefits are called beneficiaries. Beneficiaries include:

- The wife or husband of the person who died.
- Children and stepchildren of the person who died. Children who are 17 or younger and children who are 24 or younger and going to school may be able to get death benefits.
- Adult children with disabilities, parents or other family members who depended on the person who died to pay some or all of their bills.
- Non-dependent parents and step-parents in some cases if the person who died did not have a spouse or children.

You must turn in this form to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) no later than one year after the employee's death. After one year, you can only get death benefits if:

- You are requesting benefits for someone 17 or younger.
- You are requesting benefits for a person who is not competent or able to request benefits.
- You can show that you had a good reason for not requesting benefits earlier.

Documents you need to request benefits

You must send in this form, a copy of the death certificate, and documents to show how each person requesting benefits is related to the person who died. Examples: certified copy of a marriage license, birth certificate, adoption decree, divorce decree, or related court orders.

- Fax the form and documents to TDI-DWC at (512) 804-4378; or
- Mail the form and documents to:

Texas Department of Insurance
Division of Workers' Compensation
PO Box 12050
Austin, Texas 78711

Other benefits

A person may request up to \$10,000 in burial benefits. To request burial benefits, file a claim with the insurance carrier within one year of the employee's death.

Questions?

If you have questions about death benefits and who can get them, there are several ways you can get help:

- Call the Division of Workers' Compensation at (800) 252-7031.
- Call the Office of Injured Employee Counsel at (866) 393-6432.
- Talk to your attorney.
- Contact the insurance carrier's adjuster.
- Review the Texas Labor Code §408.181 through §408.187 and TDI-DWC rules, 28 TAC §122.100 and 28 TAC Chapter 132 Death Benefits - Death and Burial Benefits.

Section A. Information about the Employee Who Died

Name (First, Middle, Last)	Social Security Number (if known)
Address at time of death (Street, City, State, ZIP)	
Race / Ethnicity <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander	

Employer name	Address (Street, City, State, ZIP)
Phone number	Supervisor's name (First, Last) (if known)

Death caused by <input type="checkbox"/> injury <input type="checkbox"/> disease	Date of injury (mm/dd/yyyy)	Date of death (mm/dd/yyyy)
Please explain the injury and how it happened (if known)		

Section B. Information about the Person Filling Out this Form

Name (First, Middle, Last)	
Check all boxes that apply: 1. <input type="checkbox"/> I am the spouse, child or another dependent of the person who died. 2. <input type="checkbox"/> I am a non-dependent parent of the person who died. 3. <input type="checkbox"/> I am filling out the form for someone else.	
If you checked box 1 or 2, enter your: Social Security Number	Date of birth (mm/dd/yyyy)
Address (Street, City, State, ZIP)	
Phone number	Relationship to the person who died

Section C: Non-Dependent Parent Information

Did the work injury take place between September 1, 2007 and August 31, 2009? If so, **you must also request and get burial benefits in order to get death benefits.** If this applies to you, check the box that tells the status of your request for burial benefits:

1. Received burial benefits from the insurance carrier (attach proof).
2. Pending with insurance carrier.
3. Filed at the same time as the claim for death benefits.

NOTE: For injuries before September 1, 2007, non-dependent parents cannot get death benefits. For injuries after August 31, 2009, non-dependent parents are not required to get burial benefits in order to request death benefits.

Section D: Are You Requesting Death Benefits on Behalf of Children or Others? Yes No

If yes, fill in the information for each family member requesting death benefits. If you are a non-dependent parent, you must list any other surviving parents in this section or in Section E. (Attach more pages if needed.)

Name (First, Middle, Last)		Social Security Number	
Address (Street, City, State, ZIP)			
Phone number		Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)		Relationship to person who died	
Is this person 17 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is this child's parent or legal guardian:	
Name			
Address (Street, City, State, ZIP)			
Phone number			

Name (First, Middle, Last)		Social Security Number	
Address (Street, City, State, ZIP)			
Phone number		Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)		Relationship to person who died	
Is this person 17 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is this child's parent or legal guardian:	
Name			
Address (Street, City, State, ZIP)			
Phone number			

Name (First, Middle, Last)		Social Security Number	
Address (Street, City, State, ZIP)			
Phone number		Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)		Relationship to person who died	
Is this person 17 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is this child's parent or legal guardian:	
Name			
Address (Street, City, State, ZIP)			
Phone number			

Name (First, Middle, Last)		Social Security Number	
Address (Street, City, State, ZIP)			
Phone number		Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)		Relationship to person who died	
Is this person 17 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is this child's parent or legal guardian:	
Name			
Address (Street, City, State, ZIP)			
Phone number			

Section E: Do You Know of Anyone Else Who May Be Able to Get Death Benefits? Yes No

If yes, complete this section. (Attach more pages if needed.)

Name (First, Middle, Last)	Relationship to person who died
Address (Street, City, State, ZIP) (if known)	Phone number (if known)

Name (First, Middle, Last)	Relationship to person who died
Address (Street, City, State, ZIP) (if known)	Phone number (if known)

Name (First, Middle, Last)	Relationship to person who died
Address (Street, City, State, ZIP) (if known)	Phone number (if known)

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Name (First, Middle, Last)	Relationship to person who died
Address (Street, City, State, ZIP) (if known)	Phone number (if known)

You must send a copy of the employee's death certificate and documents to show how each person requesting benefits is related to the person who died. Examples: Certified copy of a marriage license, birth certificate, adoption decree, divorce decree, and related court orders.

Sign Here

Date

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.