



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/dwc042sbencm.pdf>.

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

Part 1: Information about the employee who died

1. Name (first, middle, last)		2. Social Security number (if known)
3. Address at time of death (street or PO Box, city, state, ZIP code)		
4. 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		
5. Employer name	6. Employer address (street or PO Box, city, state, ZIP code)	
7. Employer phone number	8. Supervisor's name (first, last) (if known)	
9. Death caused by <input type="checkbox"/> injury <input type="checkbox"/> disease	10. Date of injury (mm/dd/yyyy)	11. Date of death (mm/dd/yyyy)
12. Please explain the injury and how it happened. (if known)		

Part 2: Information about the person filling out this form

13. Name (first, middle, last)	
14. Address (street or PO Box, city, state, ZIP code)	
15. Phone number	16. Relationship to the person who died

Employee's name:

DWC Claim number:

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17. Check all boxes that apply:

1. ☐ I am the spouse, child, or another dependent of the person who died.
2. ☐ I am a non-dependent parent of the person who died.
3. ☐ 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)

Part 3: 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 Part 4.

(Attach more pages if needed.)

18. Name (first, middle, last)		19. Social Security number	
20. Address (street or PO Box, city, state, ZIP code)			
21. Phone number		22. Full-Time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Date of birth (mm/dd/yyyy)		24. Relationship to person who died	
25. 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:			
26. Name (first, middle, last)		27. Phone number	
28. Address (street or PO Box, city, state, ZIP code)			
29. Name (first, middle, last)		30. Social Security number	
31. Address (street or PO Box, city, state, ZIP code)			
32. Phone number		33. Full-Time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date of birth (mm/dd/yyyy)		35. Relationship to person who died	
36. 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:			
37. Name (first, middle, last)		38. Phone number	
39. Address (street or PO Box, city, state, ZIP code)			

Employee name:

DWC claim number:

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40. Name (first, middle, last)		41. Social Security number
42. Address (street or PO Box, city, state, ZIP code)		
43. Phone number	44. Full-Time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Date of birth (mm/dd/yyyy)	46. Relationship to person who died	
47. 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:		
48. Name (first, middle, last)	49. Phone number	
50. Address (street or PO Box, city, state, ZIP code)		

51. Name (first, middle, last)		52. Social Security number
53. Address (street or PO Box, city, state, ZIP code)		
54. Phone number	55. Full-Time student <input type="checkbox"/> Yes <input type="checkbox"/> No	
56. Date of birth (mm/dd/yyyy)	57. Relationship to person who died	
58. 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:		
59. Name (first, middle, last)	60. Phone number	
61. Address (street or PO Box, city, state, ZIP code)		

Part 4: 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.)

62. Name (first, middle, last)	63. Relationship to person who died
64. Address (street or PO Box, city, state, ZIP code) (if known)	65. Phone number (if known)

66. Name (first, middle, last)	67. Relationship to person who died
68. Address (street or PO Box, city, state, ZIP code) (if known)	69. Phone number (if known)

Employee name:		For DWC use only
DWC claim number:		

70.Name (first, middle, last)	71.Relationship to person who died
72.Address (street or PO Box, city, state, ZIP code) (if known)	73.Phone number (if known)

74.Name (first, middle, last)	75.Relationship to person who died
76.Address (street or PO Box, city, state, ZIP code) (if known)	77.Phone number (if known)

78.Name (first, middle, last)	79.Relationship to person who died
80.Address (street or PO Box, city, state, ZIP code)	81.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 include a certified copy of a marriage license, birth certificate, adoption decree, divorce decree, and related court orders.

Signature

Date

Employee name:

DWC claim number:

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FAQ

Claim for workers' compensation death benefits

Who can get death benefits?

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 (DWC) or the insurance carrier 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.

Where do I send this form and what documents are needed?

You can send this form to DWC or the insurance carrier. You must include a copy of the death certificate and documents to show how each person requesting benefits is related to the person who died. Examples include a certified copy of a marriage license, birth certificate, adoption decree, divorce decree, and related court orders. If sending to DWC, use the information below:

Fax: 512-804-4378

Mail: Texas Department of Insurance, Division of Workers' Compensation
Claims and Customer Services, Mail Code CCS
PO Box 12050
Austin, Texas 78711-2050

Are there any other benefits available?

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 many ways you can get help:

- Call DWC at 800-252-7031, Monday to Friday, 8 a.m. to 5 p.m., Central time.
- Call the Office of Injured Employee Counsel at 866-393-6432.
- Talk to your attorney.
- Contact the insurance carrier's adjuster.
- Review Texas Labor Code Sections 408.181 - 408.187, 409.007 and 28 Texas Administrative Code (TAC) 122.100; 28 TAC 124.8 and 28 TAC Chapter 132 Death Benefits -- Death and Burial Benefits.

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 Section 552.021 and 552.023).
- 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.