

INSTRUCTIONS FOR COMPLETING BENEFICIARIES CLAIM FOR COMPENSATION

Eligible beneficiaries have **one year** after the date of the employee's death to file this form to claim death benefits.

Forms may be found on the Department's web site listed below or by calling the Employment Relations Division (406) 444-6543.

Injured Employees - Employees have two reporting requirements:

1. Notify the employer of a work related accident within **30 days** of its occurrence; and
2. Submit a First Report of Injury (FROI) or Beneficiaries' Claim for Compensation Form to the Employer, Employers' Insurer or to the Department of Labor and Industry within **one year** of the accident.
3. To file an occupational disease claim, submit a FROI or Beneficiaries Claim for Compensation form to the Employer, Employers' Insurer or to the Department of Labor and Industry within **one year** of the date the Occupational Disease was known.

This should be done for all injuries in order to protect the employees' right to benefits in the event a seemingly minor injury develops into a more serious condition.

Employers - Employers must report every work related injury to their insurer within **6 days** of notice of the injury. This report must be submitted even if the employer questions whether the reported accident is job-related. The form provides space for the employer to fully explain all conditions concerning the accident or occupational disease, and additional information may be attached.

Eligible Beneficiaries - a surviving spouse; unmarried children under age 18 or age 22 if in school, or in an accredited apprenticeship program; or a disabled/handicapped child over 18 who was dependent upon the deceased for support at the time of injury may collectively receive compensation of 2/3 the wages earned by the deceased at the time of the incident up to the specified maximum amount allowed by law. Spouse's benefits cease upon remarriage or at 500 weeks, whichever is first. Survivorship benefits continue for children meeting the above conditions even if the spouse remarries. A parent (s) dependent upon the deceased for support at the time of injury may receive compensation of 2/3 of the wages earned by the deceased at the time of the incident up to the specified maximum amount allowed by law. If there is no eligible spouse, child or dependent family members, a lump sum death benefit may be paid to non dependent parents. Please attach a copy of the death certificate and copies of any marriage certificate(s), divorce decree(s), children's birth certificate(s), dependent information as defined in 26 U.S.C. 152, or other documentation that may assist in establishing the eligibility of beneficiaries to expedite the processing of this claim. All eligible beneficiaries have **one year** after the date of the employee's death to file the beneficiaries form to claim death and burial benefits.

INFORMATION

If you have questions about filling out this form or other workers' compensation claim-related questions, please contact us

(406) 444-6543 or visit our website:

www.erd.dli.mt.gov

Department of Labor and Industry
Employment Relations Division
Claims Assistance Bureau
PO Box 8011
Helena MT 59604-8011
(406) 444-6543

BENEFICIARIES' CLAIM FOR COMPENSATION

**MT DEPARTMENT OF LABOR & INDUSTRY
Employment Relations Division
PO Box 8011, Helena MT 59604-8011
(406) 444-6543**

Instructions
The claim must be submitted within 12 months from the date of injury or occupational disease (OD) that caused the death. Read each section carefully and complete those which are applicable. Please submit **original signed** form to the employer's insurer or to the Dept. of Labor & Industry. A letter may be attached to further explain any answer. Provision of the Social Security Number (SSN) is voluntary, per Privacy Act of 1974, 5U.S.C. 552a. The SSN is used as a key identifier of the claimant. Failure to provide the SSN may delay certain actions on a claim.

1. Deceased	1. Full Name of Deceased		Social Security Number		
	Home Address		City	State Zip Code	
	Date of Injury/OD	Date of Death	Date of Birth	Age	
	Employer at Time of Injury/OD		Occupation		
	Employer's Address		City	State Zip Code	

2. Spouse of the deceased may claim benefits both for the spouse and minor children (child under the age of 18) of the spouse and the deceased. A copy of the marriage certificate must be attached. Complete sections 1, 2 and 4.

2. Spouse	Full Name of Deceased's Spouse		Social Security Number	
	Address		City	State Zip Code
	Check One: At time of injury/OD were you <input type="checkbox"/> Living with, or <input type="checkbox"/> Separated from but supported by the deceased			

3. Guardian or conservator of the children of the deceased may claim benefits on behalf of the minor children. The letter of guardianship, conservatorship or divorce decree awarding custody must be attached. Complete sections 1, 3 and 4.

3. Guardian Conservator	Full Name of Guardian or Conservator			
	Address		City	State Zip Code

4. List the names and exact birthdates of the deceased's minor children (children under the age of 18). Include dependent stepchildren and any child legally adopted by the deceased. Indicate their status by placing an "S" for stepchild and "A" for adopted or an "N" for natural child. Copies of birth certificates or copies of adoption papers must be attached. Attach extra sheets if necessary.

4. Minor Children	Full Name	Status (S, A or N)	Date of Birth

5. Any adult child of the deceased who is unmarried over 18 and under 22 years of age and is a full time student in an accredited school or apprenticeship program; or a disabled/handicapped child over 18 who was dependent upon the deceased for support at the time of injury/OD may also be eligible for benefits. If a guardian has submitted a claim for a disabled/handicapped child over 18 no additional claim is necessary. Complete sections 1 and 5. Attach extra sheet if necessary.

5. Adult Children	Name of Adult Child over 18 Attending School		Date of Birth	Social Security Number		
	Address		City	State	Zip Code	
	Name of Accredited School or Apprenticeship Program		School Address			
	Name of Disabled/Handicapped Child over 18		Date of Birth	Social Security Number		
	Address		City	State	Zip Code	

6. Dependent parents, brothers or sisters may be eligible for benefits if there are no other individuals entitled to death benefits. Copies of dependent information as defined in 26 U.S.C. 152 must be attached. Non-dependent parents may receive a lump sum payment if no other beneficiary exists. Complete sections 1 & 6.

6. Other	Name of Parent, Brother or Sister		Social Security Number		
	Address		City	State	Zip Code

I hereby make claim for workers' compensation benefits due to the death of the above named that died as a result of injuries sustained while working for the above named employer.

Signature of Beneficiary, Guardian, Conservator, Parent, Brother or Sister _____

Date _____

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