

CLAIM FOR BENEFITS UNDER THE LAW ENFORCEMENT OFFICERS', FIREMEN'S, RESCUE SQUAD WORKERS' AND CIVIL AIR PATROL MEMBERS' DEATH BENEFITS ACT, G.S. § 143-166, ET SEQ.

_____, being first duly sworn, deposes and says:
(Print Name of Claimant) (County)

1. This claim is filed for benefits under the Law Enforcement Officers' Death Benefits Act by reason of the death of _____
2. The said employee was killed in the discharge of his/her official duties as a full-time law enforcement officer on the _____ day of _____, 201_____.
3. The injury and death occurred in the following manner: _____
4. The name of the employer was _____
(address) _____
5. Workers' compensation benefits have been paid or are being paid by reason of this death and I. C. File Number _____ has been assigned to said workers' compensation claim.
6. The name, address, and social security number of the surviving spouse are:
(Name) _____ (SSN) _____
(Address) _____

The names, dates of birth, addresses, and social security numbers of the minor children of this employee are (please list additional children on back of this form):
(Name) _____ (Relationship) _____ (SSN) _____
(Address) _____

(Name) _____ (Relationship) _____ (SSN) _____
(Address) _____
7. The surviving spouse was , was not residing with employee on the date of the injury or death. Date of marriage: _____ Place of marriage: _____
8. There are no children or eligible surviving spouse. The eligible beneficiaries are listed below:
(Name) _____ (SSN) _____
(Address) _____

(Name) _____ (SSN) _____
(Address) _____
9. The surviving spouse resided with employee continuously for 6 months prior to death? Yes__ No__

(Signature of Claimant)

Subscribed and sworn to before me this
the _____ day of _____, 201_____.

(Address)

Signature and Seal of Notary Public or Clerk of Court
My Commission expires: _____

PLEASE SUBMIT TO:

**DOCKET DIRECTOR
NCIC CLERK'S OFFICE
1236 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1236**