DOCKET NO. NORTH CAROLINA INDUSTRIAL COMMISSION CLAIM FOR BENEFITS UNDER THE PUBLIC SAFETY EMPLOYEES' DEATH BENEFITS ACT, G.S. § 143-166, ET SEO. , being first duly sworn, deposes and says: (Print Name of Claimant) (County) This claim is filed for benefits under the Law Enforcement Officers' Death Benefits Act by 1. reason of the death of The said employee was killed in the discharge of his/her official duties as a full-time law 2. enforcement officer on the day of , 20 . 3. The injury and death occurred in the following manner: The name of the employer was 4. (address) Workers' compensation benefits have been paid or are being paid by reason of this death 5. and I. C. File Number ______ has been assigned to said workers' compensation claim. The name, address, and last 4 digits of the social security number of the surviving spouse are: 6. _____ (Last 4 Digits of SSN)_____ (Address) The names, dates of birth, addresses, and last 4 digits of the social security numbers of the minor children of this employee are (please list additional children on back of this form): (Name)______ (Relationship)_____ (Last 4 Digits of SSN)_____ (Address) (Relationship) (Last 4 Digits of SSN) (Name) (Address) The surviving spouse was \square , was not \square residing with employee on the date of the injury or death. 7. Date of marriage:______ Place of marriage:_____ There are no children or eligible surviving spouse. The eligible beneficiaries are listed below: 8. (Name)______ (Last 4 Digits of SSN)_____ (Address)____ (Last 4 Digits of SSN) (Name) (Address)

9. The surviving spouse resided with employee continuously for 6 months prior to death? Yes__ No__

(Signature of Claimant)

RALEIGH, NORTH CAROLINA 27699-1236

Subscribed and sworn to before me this the _____ day of ______, 20____.

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

(Address)