

CLAIM FOR BENEFITS UNDER THE PUBLIC SAFETY EMPLOYEES' 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 Public Safety Employees' 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 \_\_\_\_\_, 20\_\_\_\_.
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 last 4 digits of the social security number of the surviving spouse are:  
(Name) \_\_\_\_\_ (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) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Last 4 Digits of 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) \_\_\_\_\_ (Last 4 Digits of SSN) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Last 4 Digits of 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 \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(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**