NORTH CAROLINA INDUSTRIAL COMMISSION **DOCKET NO.**_____

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 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 _____, 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)_____
(Phone Number) _____ (Email 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)_____
(Phone Number) _____ (Email Address) _____

(Name)_____ (Last 4 Digits of SSN)_____
(Address)_____
(Phone Number) _____ (Email 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)

_____
(Email Address)

_____ _____
Signature and Seal of Notary Public or Clerk of Court (Phone Number)
My Commission expires:_____

PLEASE SUBMIT TO: DOCKET DIRECTOR
NCIC CLERK'S OFFICE
1236 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1236

9/2021