

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
 My Commission expires: _____

 (Phone Number)

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