



Date

Claim No.

Folio No.

Declaration of Entitlement

For Surviving Spouse or Registered Domestic Partners Benefits Under Industrial Insurance

For benefits to continue without interruption, this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

- If you are signing yourself, please sign in the signature block or the document will be considered incomplete and will be returned.
- If you are signing with a power of attorney, submit a copy of the power of attorney.
- For your protection, your signature is used for comparison on checks made payable to you.

Print name of surviving spouse or registered domestic partner		
Mailing Address		
City	State	Zip Code
Is residence address the same as mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list residence address:		

Do you have children/dependents under 18 years old and/or who are disabled that don't live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list names and addresses of the dependents not residing with you.
If there has been a change in dependency circumstances for any child you receive benefits for, please provide the following information: Name of dependent; date of dependency change; and explanation.

Have you been convicted of a crime or incarcerated in the last year prior to completing this or any prior declaration form? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , When: _____ Where: _____	
Are you: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered Domestic Partnership	
Is this a change since your last declaration form? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , give the date and list the change (i.e. marriage, divorce, registered domestic partnership, death, etc.)	
Date: _____	Change: _____

Any changes in status of dependents or children for whom you are receiving pension benefits must be reported. Changes in dependency circumstances may alter your monthly benefit. Dependency changes include: death; marriage; declaration of a registered domestic partnership; incarceration; emancipation; or change in care and custody.

Failure to report status changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.

Signature (required)

Phone number

Date

Social Security Number (ID only)

Notary signature and impression of seal or stamp are required. [RCW 42.44.090\(1\)](#)

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

Notary Seal or Stamp
