



Pension Benefits Questionnaire

Phone: 360-902-5119 Fax: 360-902-6455

Remember to put your claim number on all attachments.

Name _____ Date of Birth _____ L&I Claim Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Your Residence (if different from mailing address) _____

City _____ State _____ Zip Code _____

Legal Representative (if applicable) _____

A. Your marital status on the day you were injured. (Check one.)

Were you married or in a registered domestic partnership on the date of injury?

☐ Yes ☐ No

B. Your current marital status. (Check one. Required documentation is noted with a number. See page 2.)

☐ I am single *and* have never been married or in a registered domestic partnership.

☐ I am married *or* am in a registered domestic partnership.

Spouse's name: _____ Date of birth: _____ ①

☐ I was widowed on this date: _____ and have not remarried. ②

☐ I was divorced on this date: _____ and have not remarried. ③

C. Your children at this time. (Check one. Required documentation is noted with a number. See page 2.)

I **now** have:

☐ A child or children under the age of 18 who live(s) with me. ④

☐ A child or children under the age of 18 who lives with the other parent or guardian. ⑤

Name, phone number, and address of parent/guardian with custody:

☐ A child or children between age 18 – 23 attending an accredited school as a full-time student. ⑥

☐ A child of *any* age who is disabled. ⑦

☐ None of the above apply to me.

D. Current Social Security benefits? (Please answer both questions.)

Are you **currently** receiving Social Security benefits? ☐ Yes ☐ No

Have you **applied** for Social Security benefits? ☐ Yes ☐ No

E. Signature

I understand that the Department of Labor and Industries will use and rely on my answers to the questions listed above to calculate the amount of my pension (*under Washington State Industrial Insurance Act, Title 51 RCW*). I declare under penalty of perjury that the information I've provided above is true and correct.

Print Name _____ Signature _____ Date _____

Documentation you are required to attach to complete this form. (See corresponding numbers on page 1.)

If this applies to you (more than one may apply):	Attach this documentation:
❶ If you are married or in a registered domestic partnership.	A copy of your marriage certificate or declaration of registered domestic partnership.
❷ If your spouse or registered domestic partnership died after your date of injury <i>and</i> you have <i>not</i> remarried.	1. A copy of your marriage certificate or declaration of registered domestic partnership. 2. A copy of the death certificate.
❸ If you were divorced (or your registered domestic partnership was legally dissolved) after your date of injury.	1. A copy of your marriage certificate or declaration of registered domestic partnership. 2. A copy of the signed, final decree of dissolution.
❹ If you have a child or children under age 18 who lives with you.	A copy of the child's birth certificate.
❺ If you have a child or children under age 18 who lives with the other parent or guardian.	1. A copy of the child's birth certificate. 2. A copy of the legal documentation, such as a court custody order or court parenting plan. Or A signed statement indicating who has custody of the child
❻ If you have a child or children between age 18 – 23 attending an accredited school as a full-time student.	1. Written verification of the child's full-time status from the school. 2. The student's current address. 3. A copy of the student's birth certificate.
❼ If you have a child of any age who is disabled.	1. A copy of the child's birth certificate. 2. Medical documentation of disability. Call 360-902-5119 for details.

Questions? Call 360-902-5119.

Fax completed forms to 360-902-6455.

Remember to put your claim number on all attachments. All documents must be copies, not originals.