APPLICATION FOR DEATH BENEFITS OR BALANCE OF AWARD

Indicate which benefits being applied for: Injury Related ☐ or Non Injury Related ☐

An application for benefits must be made within one (1) year from date of death of the employee (hereinafter referred to as "deceased").

Name of Deceased:	Claim #:
Address:	Date of Injury:
City: ST: Zip:	Date of Death:
Name of Employer:	Deceased's SSN:
Address: City:	ST: Zip:

DEPENDENT SPOUSE

I, _____ Certify I was the legal spouse of the deceased at the time of death and, hereby make application for benefits as provided by the Wyoming Worker's Compensation Act.
Spouse's Name

☐ Requesting Lump Sum; All lump sum payments will be discounted.

*** Information required to process payment**

_____ _____
* Spouse Social Security Number * Spouse Date of Birth

_____ _____
* Print Spouse Name * Spouse Signature Date

DEPENDENT CHILDREN

I, _____ hereby make application for dependent children benefits as provided by the Wyoming Workers' Compensation Act for the following children:

NAME	AGE	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY NUMBER

Note: Dependent's benefits are payable to age 21 or age 25, if the dependent is enrolled in post secondary education. If the dependent is physically or mentally incapacitated, benefits are payable until the child dies or is qualified for and receiving benefits under the Medicaid home and community based waiver program. Place an "I" next to the age of any incapacitated child over 18, and include a statement of incapacity from that child's physician. Pursuant to Wyoming Statute 3-3-108, children's benefits which exceed $5000.00 per year will require that conservator over the child's estate be established. In order for the Division to pay a dependent child benefit, a copy of the court order establishing a guardian or conservator must be submitted to the Division. All benefits will be payable according to the terms of the court order. You may wish to consult an attorney regarding this requirement.

Are there any other children other than those listed above? _____

Guardian's Address: _____ Phone #:_____

_____ _____

Print Guardian Name Guardian Signature Date

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

Child: Birth Certificate of each Dependent Child
Adoption Order, if applicable
Court Ordered support (i.e. Child Support, etc.), if applicable
Proof of legal guardianship, if applicable

Spouse: Marriage Certificate
Death Certificate
Copy of last year's Tax Return

Return to:
Wyoming Workers' Compensation Division
5221 Yellowstone Road; Cheyenne, WY 82009