

CLAIM FOR BENEFITS UNDER THE LAW ENFORCEMENT OFFICERS', FIREMEN'S, RESCUE SQUAD WORKERS' AND CIVIL AIR PATROL MEMBERS' 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 _____, 200_____.
 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 social security number of the surviving spouse are:
(Name)_____ (SSN)_____
(Address)_____
- The names, dates of birth, addresses, and social security numbers of the minor children of this employee are (please list additional children on back of this form):
- (Name)_____ (Relationship)_____ (SSN)_____
(Address)_____
- (Name)_____ (Relationship)_____ (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)_____ (SSN)_____
(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 _____, 200_____.

(Address)

Signature and Seal of Notary Public or Clerk of Court
My Commission expires:_____

**PLEASE SUBMIT TO: MS. LINDA LANGDON, DOCKET DIRECTOR
4336 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4336**