STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

INSTRUCTION SHEET FOR FORM WC-5A
DEPENDENTS' CLAIM FOR COMPENSATION

Instructions

Please completely fill out the WC-5A DEPENDENTS' CLAIM FOR COMPENSATION FORM.

If you are represented, please provide the name and address of your representative.

Please attach the following supporting documents as applicable: Death Certificate, Marriage Certificate, and Birth Certificates of Dependents, if any.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail
Department of Labor and Industrial Relations, Disability Compensation Division
P.O. Box 3769, Honolulu, Hawaii 96812-3769

Delivery In-Person
Department of Labor and Industrial Relations, Disability Compensation Division
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

Delivery via Fax
Department of Labor and Industrial Relations, Disability Compensation Division
(808) 586-9219

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

FORM WC-5A DEPENDENTS' CLAIM FOR COMPENSATION

Deceased Person

Name of Claimant	Date of Death
Place of Death	Date of Injury Causing Death
Nature of Injury Causing Death	

Survivors of Claimant

Name of Dependent	Relation to Deceased	Telephone No. ( )
Address		
Other Dependents		
Name	Birth Date (if a minor)	Registry No. (if a minor)

Deceased's Employer

Name
Address

Employer's Insurance Carrier

Name
Address

I hereby make claim on behalf of myself and the dependents listed above for compensation arising out of the death of the above named deceased person.

Print Name	Signature	Date
Name of Representative	Telephone No. ( )	
Address of Representative		

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)