### DWC FORM-41, Supplement A (BENEFICIARY'S CLAIM FOR COMPENSATION)

A beneficiary, or a person acting on a beneficiary's behalf, of a deceased employee whose death resulted from a work-related injury or occupational disease must file a **BENEFICIARY'S CLAIM FOR COMPENSATION** (DWC FORM-41, Supplement A) within one year of the employee's death to protect a claim for entitlement to death benefits.

The Texas Workers' Compensation Act, Texas Labor Code, Sections 408.182, 408.183 and 408.184 address distribution and duration of death benefits. Disputes about who may be a beneficiary and amount of benefits are processed by the Division's field office handling the claim. For information concerning the claim, the beneficiary or his/her representative may contact the nearest field office or call (800) 252-7031.

The notice is considered filed with the Division when personally delivered or postmarked to the field office handling the claim or to Texas Department of Insurance, Division of Workers' Compensation, 7551 Metro Center Drive, Suite 100, Austin, Texas 78744. The claim for payment of burial benefits must be filed with the insurance carrier.

This form is also available in Spanish/ El formulario también está disponible en Español.

[Texas Workers' Compensation Act, Texas Labor Code, Sections 408.181 - 408.187, Death and Burial Benefits; Rule 122.100, Claim for Death Benefits and Rules 132.1 - 132.16, Death and Burial Benefits]



#### Send form to DWC:

TEXAS DEPARTMENT OF INSURANCE DIVISION OF WORKERS' COMPENSATION 7551 Metro Center Drive, Suite 100 Austin, Texas 78744



CLAIM#	
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### BENEFICIARY'S CLAIM FOR COMPENSATION

If you are a beneficiary of a worker who died from an on-the-job injury or occupational disease, you or your representative must file this form, along with a completed DWC FORM-41, with the Texas Department of Insurance, Division of Workers' Compensation within one year of the worker's death to protect your claim for entitlement to death benefits.

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information call our Open Records section at 512-804-4437

Information	, call our Open Ki	ecoras se	ection at 512-6	04-44		Danafialanı Datail						
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2. Marital	3. Relationship to	4 If rolat	ionship is child, is	<u> </u>	5. If your claim is	s based on dependency, wha	t 6 Date of Bir	th (mm/dd/yyyy)	<u> </u>	ing.	7. Gender	
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8c. Green Care	d Number	<u></u>		<u>.ii</u>	8d1. Foreign ID		<u></u>	<u></u>	9d2. Foreign II	) Countr	<u></u> y	
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10g. State/Pro	vince/Region (non USA	A only)		<u> </u>		10h. Country						<u>i</u>
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death? 16. If widow, is	O Yes O No schild expected?	17. Was spo	OSeparated Couse?	<b>)</b> Divorc	ed					10	Yes O No	
O Yes		O In a nu	ursing home O	iving apa	rt pending divorce	O hospitalized O living	ng apart due to	career or militar	y service			
	1		Se	ction	III. Prior Ma	rriages of Deceas	ed Worke	r				
18a1. Last Nar	me			18	Ba2. First Name		18a3. Mid	dle Name			18a4. Name S	Suffix
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19a3. City/Tow	vn				19a4. State	19a5. ZIP/Postal Code		19a6. Count	ty			
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## BENEFICIARY'S CLAIM FOR COMPENSATION continued

CLAIM#	CLAIM#	
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Section IV. Children 25 Years or Younger of Deceased Worker Note: A copy of the birth certificate for each child listed in this section must be attached.																							
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Section IV. Children 25 Years of Age or Younger of Deceased Worker - continued									
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23c1. Address Line 1		23c2. Address Line 2							
23c3. City/Town	23c4. State	23c5. ZIP/Postal Code	23c6. County						
23c7. State/Province/Region (non USA only)		23c8. Country							
24c. Full time student? 25c. Date of Birth (mm/dd/yyyy)	26c. Marital Statu	us 27c. Is child step- 28c1. Soc child?	cial Security Number						
		O Yes O No							
28c2. Driver License/ID Number	28c3. Driver Lice	ense/ID Jurisdiction 28c4. Gre	een Card Number						
28c5. Foreign ID	28c6. Foreign ID	Country Please of	complete the following information of this child, if different from Section						
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29c1. Last Name of person with custody of child		29c2. First Name of person with o	custody of child						
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30c3. City/Town	30c4. State	30c5. ZIP/Postal Code	30c6. County						
30c7. State/Province/Region (non USA only)		30c8. Country							
31c1. Phone Type O Home O Business O Cell 31c2. Phone Country Code (	non USA)	31c3. Phone Area Code (USA)	31c4. Phone Number	31c5. Phone Extension					
O Home O Business O Ceil									
Soot	ion V Modic	and Duriel Evenes	•						
	4. Was autopsy pe	cal and Burial Expense erformed? 35. Amount of fu		eral bill been paid?					
	O Yes O	No	O Yes	O No					
37. Name of person or organization paying funeral bill		<u> </u>							
	<u> </u>								
		LINE LIB COLOR							
	ection VI. Ad Ba2. First Name	Iditional Beneficiaries	a3. Middle Name	38a4. Name Suffix					
39a. Marital 40a. Relationship to Deceased 41a. If relationship is child, is	the 42a. If your cla	aim is based on dependency, 43	a. Date of Birth (mm/dd/yyyy)	44a. Gender					
Status Worker child a full time student?  O Yes O No	what was the a	amount of the monthly		OMale					
l l l l l l l l l l l l l l l l l l l	contribution?			OFemale					
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			Ju	urisdiction					
45a3. Green Card Number	45a4. Foreign	ID		5a5. Foreign ID Country					
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46a7. State/Province/Region (non USA only)		46a8. Country							
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47a1. Phone Type  O Home O Business O Cell  47a2. Phone Country Code	(HOH USA)	47a3. Phone Area Code (USA)	47a4. Phone Number	47a5. Phone Extension					
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Section VI. Additional Beneficiaries - continued									
38b1. Last Name	38b2. First Nar	ame	38b3. Middle Name	38b4. Name Suffix					
39b. Marital 40b. Relationship to Deceased Status Worker		o. If your claim is based on dependency, at was the amount of the monthly	43b. Date of Birth (mm/dd/yyyy)	44b. Gender					
	O Yes O No	tribution?		O Male O Female					
45b. Social Security Number		1. Driver License/ID Number	45b2. D	Priver License/ID Jurisdiction					
45b3. Green Card Number	45b4	4. Foreign ID	45b5. F	oreign ID Country					
46b1, Address Line 1		LONG Address Line 0							
4601. Address Line 1		46b2. Address Line 2		dandandandand					
46b3. City/Town	46b4. Si	State 46b5. ZIP/Postal Code	46b6. County						
46b7. State/Province/Region (non USA only)		46b8. Country							
47b1. Phone Type	47b2. Phone Country Code (non USA	(SA) 47b3. Phone Area Code (USA)	47b4. Phone Number 4	17b5. Phone Extension					
O Home O Business O Cell									
38c1. Last Name	38c2. First Nar	ame 38	8c3. Middle Name	38c4. Name Suffix					
39c. Marital 40c. Relationship to Deceased Status Worker		t. If your claim is based on dependency, at was the amount of the monthly	3c. Date of Birth (mm/dd/yyyy)	44c. Gender					
	O Yes O No contr	tribution?		O Male O Female					
45c. Social Security Number	45c1	1. Driver License/ID Number	45c2. D	river License/ID Jurisdiction					
45c3. Green Card Number	45c4	4. Foreign ID	45c5. Fo	oreign ID Country					
46a1, Address Line 1		46a2. Address Line 2							
40a1. Address Line 1		40d2. Address Line 2		<b>3333</b> 3					
46a3. City/Town	46a4. Si	State 46a5. ZIP/Postal Code	46a6. County						
46a7. State/Province/Region (non USA only)		46a8. Country							
47a1. Phone Type O Home O Business O Cell	47a2. Phone Country Code (non USA	SA) 47a3. Phone Area Code (USA)	47a4. Phone Number	7a5. Phone Extension					
Home O Business O Cell									
Each person must file a separate	claim for death benefits un	nless the claim expressly inclu	udes or is made on behalf of a	nother person.					
Signature of Beneficiary			Date						
Signature of Witness (Only when signed with an X)			Date						



# INSTRUCTIONS FOR FILING YOUR BENEFICIARY'S CLAIM FOR COMPENSATION (DWC FORM-41 Supplement A)

Special Instructions for Certain Requested Information

**International Address and Phone Note**: The DWC FORM-41, Supplement A, contains blocks that allow a beneficiary to provide contact information, both address and phone number, for countries other than the United States.

Section I.

Block 2 Marital Status:

D - Divorced M - Married S - Separated L - Single W - Widowed

Block 3 Enter the relationship that you had with the deceased worker:

C - Child G - Grandparent GC - Grandchild CS - Common-Law Spouse

P - Parent SP - Step-Parent S - Spouse SB - Sibling

SC - Step-Child

Block 8a thru 8d2 Provide the Social Security Number for the Injured or Deceased Worker. If the Injured or Deceased Worker

does not have a Social Security Number, provide a driver's license number, Green Card number or Foreign ID. If a Driver's License is provided, the jurisdiction or state that issued the license must also be provided. If a Foreign ID is provided, the country that issued the ID must also be provided. Only one identification

number is required.

Block 10g and 10h If your address is in a country other than the USA, the State/Province/Region (if applicable) and Country

are used to accommodate international address requirements.

Block 11a - 11d If you have no home telephone, please provide a number where you can be reached. If you reside in a

country other than the USA, also provide the Phone Country Code to accommodate international telephone

requirements.

Section III. (Space provided for two prior marriages)

Block 19a7 and 19a8 If the prior marriage address is in a country other than the USA, the State/Province/Region (if applicable)

and Country are used to accommodate international address requirements.

Block 19b7 and 19b8 If the prior marriage address is in a country other than the USA, the State/Province/Region (if applicable)

and Country are used to accommodate international address requirements.

**Section IV.** (Space provided for three children)

Block 23a7 and 23a8 If the child's address is in a country other than the USA, the State/Province/Region (if applicable) and

Country are used to accommodate international address requirements.

Block 28a1 - 28a6 Provide the Social Security Number for the child. If the child does not have a Social Security Number,

provide a driver's license number, Green Card number or Foreign ID. If a Driver's License is provided, the jurisdiction or state that issued the license must also be provided. If a Foreign ID is provided, the country

that issued the ID must also be provided. Only one identification number is required.

Block 30a7 and 30a8 If the custodian's address is in a country other than the USA, the State/Province/Region (if applicable) and

Country are used to accommodate international address requirements.

**Section VI** (Space provided for three additional beneficiaries)

Block 40a Enter the relationship that beneficiary had with the deceased worker:

C - Child G - Grandparent GC - Grandchild CS - Common-Law Spouse

P - Parent SP - Step-Parent S - Spouse SB - Sibling

SC - Step-Child

Block 45a - 45a5 Provide the Social Security Number. If the beneficiary does not have a Social Security Number, provide a

driver's license number, Green Card number or Foreign ID. If a Driver's License is provided, the jurisdiction or state that issued the license must also be provided. If a Foreign ID is provided, the country that issued

the ID must also be provided. Only one identification number is required.

Block 46a7 and 46a8 If the beneficiary's address is in a country other than the USA, the State/Province/Region (if applicable) and

Country are used to accommodate international address requirements.

