

# DEATH BENEFITS REPORT

AWCB Case Number:

--

**Complete this form and attach to Compensation Report (Form 07-6104) when you begin, change, suspend or terminate death benefits payments.**

1. Deceased Employee's Name (Last, First, Middle Initial)	2. Insurer Claim Number	3. Date of Injury
4. Date of Death		5. Social Security Number
6. Place of Death		7. Date of Birth
8. Employer	9. Insurer	
10. Address		
11. Address		
City                      State              Zip Code              Telephone	City                      State              Zip Code              Telephone	

**12. WIDOW(ER) AND/OR CHILDREN:**

a. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
b. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
c. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
d. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
e. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code

**13. DEPENDENT PARENTS, GRANDCHILDREN, BROTHER(S) AND/OR SISTER(S):**

a. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
b. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code
c. Name (Last, First Middle Initial)	Date of Birth	Weekly Rate	Date Benefits Terminated
Address	City	State	Zip Code

This is to certify that the original Death Benefits Report and the Compensation Report (Form 07-6104) have been mailed to all dependents at the above address(es), and copies have been mailed to the Alaska Workers' Compensation Board.

14. Name and Title of Person Submitting Report (Print or Type)	15. Signature	16. Report Date
17. Address	City                      State              Zip Code              Telephone	