



12. Is there a surviving parent(s)? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, enter Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Do they live in the same household? Yes\_\_\_\_\_ No\_\_\_\_\_

13. List all employers for whom the deceased worked during the last five (5) years.

Name and Address of Employer	Work Began (month/year)	Work Ended (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT INFORMATION**

14. Enter your Social Security Number

First

Middle

Last

15. Print your full name \_\_\_\_\_

16. Enter your relationship to deceased. \_\_\_\_\_

Signature: I authorize investigation of all statements contained in this application as may be necessary in determining a right to benefit payment.

I understand that false or misleading information given in my application or interview(s) constitutes a crime punishable by fine, imprisonment or both.

**I, the claimant, hereby sign below to signify that I fully understand and accept that once this lump sum payment is made, credit for all quarters of coverage earned by the deceased shall be nullified.**

SIGN

HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City and State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Residence: \_\_\_\_\_

Witnesses: Required ONLY if this application has been signed by (X). If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

Sign Here \_\_\_\_\_

Sign Here \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**INFO:** This is a one-time benefit payment to survivors of the deceased worker who died with less than the minimum required quarters of coverage for monthly benefits (or to the next of kin of the deceased worker who died with no eligible survivors to receive monthly benefits). The claim will be paid in the following order: (1) Surviving Spouse (2) Children in equal shares (3) Parents in equal shares (4) Duly appointed legal representative of the deceased (5) If none of the above, the person or persons entitled under laws and local customs of the last domicile of the deceased.

**NOTE:**

If you are a spouse of the deceased, attach with this form a copy of (A) Your Marriage Certificate and (B) Death Certificate

If you are not the spouse of the deceased, you must establish your right to the Lump-Sum Payment as the survivor, surviving heir, or estate.

The following documents must accompany your claim (A) Death Certificate (B) List of surviving heirs showing their relationship to the deceased, sworn to before a person authorized to administer oaths.