COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383

FATAL CLAIM PETITION FOR COMPENSATION BY DEPENDENTS FOR DEATH COVERED BY THE PENNSYLVANIA OCCUPATIONAL DISEASE ACT

Deceased's Social Security Number: _____ - _____ - _____

Date of Injury: _____/_____/_____ (MM DD YYYY)

PA BWC Claim Number: _____ (IF KNOWN)

Deceased Employee

First Name _____ Last Name _____

Date of Birth _____/_____/_____ (MM DD YYYY) Date of Death _____/_____/_____ (MM DD YYYY)

Dependent

First Name _____ Last Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

County _____ Telephone (_____) _____-_____

Injury

Description of Injury and Cause of Death

_____

_____

_____

_____

_____

_____

VS.

Employer

Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

County _____

Telephone (_____) _____-_____ FEIN _____

Insurer or Third Party Administrator (if self-insured)

Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

Telephone (_____) _____-_____ Bureau Code _____

County _____

Claim Number _____ FEIN _____

1. Death was a result of ☐ Silicosis ☐ Anthraco-Silicosis ☐ Asbestosis

2. The deceased employee has been employed in a hazardous occupation in the Commonwealth of Pennsylvania having a ☐ Silica hazard ☐ Asbestos hazard for at least two years in the aggregate during the ten years preceding disability as follows:

NAME OF EMPLOYER IN PENNSYLVANIA	ADDRESS	DATES OF EMPLOYMENT FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

3. The deceased employee was last engaged in a hazardous occupation having a ☐ Silica hazard ☐ Asbestos hazard in the employ of the defendant on _____/_____/_____. (MM DD YYYY)

4. The deceased employee became totally disabled on _____/_____/_____. (MM DD YYYY)

(OVER)

5. The deceased employee received aid from the following doctors and/or hospitals: (Give names and addresses. If none, so state.)

_____

_____

6. Expenses of the last illness and burial amounted to $_____._____

   Amount paid by the employer $_____._____

7. The average weekly wage of the deceased employee in the employ of the defendant employer was $_____._____.

8. Was compensation paid to the deceased employee between the time total disability began and the date of his/her death?
   ☐ Yes ☐ No If Yes, payments began on ____/____/_____ (MM DD YYYY)

9. Dependents of the deceased employee are as follows:

NAME	RESIDENT	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

10. The petitioner ☐ is ☐ is not a widow/widower of the deceased.

    a. If petitioner is a widow or widower, state where ceremony was performed and give date of marriage.

    _____ _____/_____/_____ (MM DD YYYY)

    b. Was marriage a common law marriage? ☐ Yes ☐ No

11. The claimant has provided the following additional information: _____

_____

_____

WHEREFORE, the aforementioned claimant asks that the Bureau make an award that the defendant shall pay such compensation as due under the Pennsylvania Occupational Disease Act.

DATE OF THIS NOTICE: ____/____/_____ (MM DD YYYY)

I hereby certify that a copy of this Petition has been served on the opposing party.

_____
SIGNATURE OF PETITIONER OR REPRESENTATIVE

Petitioner

First Name _____ Last Name _____

Signature _____

PLEASE ENTER MY APPEARANCE FOR PETITIONER:
Attorney

Name _____

Firm Name _____

Street 1 _____

Street 2 _____

City/Town _____ State _____ Zip Code _____-_____

Telephone (_____) _____-_____ PA Attorney ID Number _____

NOTICE: This petition should be clearly completed (preferably typed) and original mailed to the Bureau at the address in the upper left corner on the front.

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program