

(APPLICATION FOR DEATH BENEFITS PURSUANT TO THE "LINE OF DUTY COMPENSATION ACT")

COURT OF CLAIMS - STATE OF ILLINOIS

630 South College
Springfield, IL 62756

APPLICATION FOR BENEFITS

Pursuant to provisions of the "Line of Duty Compensation Act" (820 ILCS 315, et seq.), application is hereby made for payment of benefits on account of the death of:

As follows:

1. Name of decedent: _____

2. Address of decedent's Illinois residence at time of death: _____

3. Address at time of entry into the United States Armed Forces (if on active duty as an Armed Forces member):

4. Place of birth: _____

5. Date of death: _____

6. Date of injury resulting in death: _____

7. Branch of Service (if on active duty as an Armed Forces member): _____

8. Employer and employer's address (if not an Armed Forces member): _____

9. Rank and title of position or assignment in which decedent was serving at the time of death or at the time of injury resulting in death:

10. Decedent's Social Security Number: _____
11. Name(s) and address(es) of beneficiary, or beneficiaries, designated by decedent on Line of Duty Compensation Act Designation of Beneficiary Form for receipt of benefits. Include all Social Security Numbers. Cash amount or Percentage share
- _____
- _____
- _____
- _____
- _____
- _____
12. For claims for deaths of Armed Forces members on active duty, attach copies of the following Department of Defense documents (if available):
- A. Report of Casualty (DD Form 1300)
 - B. Certificate of Death (DD Form 2064)
 - C. Record of Emergency Data (DD Form 93)
 - D. Servicemember 's Group Life Insurance Election and Certificate (SGLV8222)
13. Attach copies of any other form or forms on which decedent designated beneficiaries for receipt of death benefits. Provide social security numbers of every beneficiary so designated.
14. What was the decedent's marital status at the time of death?
- _____
15. If applicable, state the name, address, phone number and social security number of decedent's surviving spouse.
- _____
- _____
- _____
16. Did decedent have children? _____

17. If applicable, state the names, addresses, phone numbers, social security numbers and birthdates of decedent's children.

18. State the name(s), address(es), phone number(s) and social security number(s) of the other parent(s) of the child or children listed in the answer to question 17, above.

19. If decedent left no surviving spouse or children, state the names, addresses, phone numbers and social security numbers of decedent's surviving parents.

20. If decedent left no surviving spouse, children, or parents, state the name(s), address(es) phone number(s) and social security number(s) of decedent's next of kin. Also, state their relationship to decedent.

21. Attach copies of any other documents (eg: incident or investigation reports, statements,

newspaper articles, obituaries) which explain the circumstances involved in the decedent's death.

- 22. Attach copies of any other documents you believe may be relevant or useful in consideration of this claim.

- 23. If decedent was on active duty as a member of the United States Armed Forces, state the name, address and phone number of the Military Casualty Assistance Officer assigned to assist you with matters relating to decedent's death.

- 24. If decedent was not on active duty as an Armed Forces Member, state the name, title, employer, address and phone number of decedent's supervisor at the time of decedent's death.
