

**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]



BENEFICIARY'S CLAIM FOR COMPENSATION
continued

CLAIM #

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.				
22a1. Last Name		22a2. First Name		22a3. Middle Name
<input type="text"/>		<input type="text"/>		<input type="text"/>
22a4. Name Suffix				
<input type="text"/>		<input type="text"/>		
23a1. Address Line 1		23a2. Address Line 2		
<input type="text"/>		<input type="text"/>		
23a3. City/Town		23a4. State	23a5. ZIP/Postal Code	23a6. County
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
23a7. State/Province/Region (non USA only)		23a8. Country		
<input type="text"/>		<input type="text"/>		
24a. Full time student?	25a. Date of Birth (mm/dd/yyyy)	26a. Marital Status	27a. Is child step-child?	28a1. Social Security Number
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
28a2. Driver License/ID Number		28a3. Driver License/ID Jurisdiction		28a4. Green Card Number
<input type="text"/>		<input type="text"/>		<input type="text"/>
28a5. Foreign ID		28a6. Foreign ID Country		Please complete the following information about the person that has custody of this child, if different from Section I. Beneficiary Details
<input type="text"/>		<input type="text"/>		
29a1. Last Name of person with custody of child		29a2. First Name of person with custody of child		
<input type="text"/>		<input type="text"/>		
30a1. Address Line 1		30a2. Address Line 2		
<input type="text"/>		<input type="text"/>		
30a3. City/Town		30a4. State	30a5. ZIP/Postal Code	30a6. County
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
30a7. State/Province/Region (non USA only)		30a8. Country		
<input type="text"/>		<input type="text"/>		
31a1. Phone Type	31a2. Phone Country Code (non USA)		31a3. Phone Area Code (USA)	31a4. Phone Number
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell	<input type="text"/>		<input type="text"/>	<input type="text"/>
		31a5. Phone Extension		<input type="text"/>

Child 2

22b1. Last Name		22b2. First Name		22b3. Middle Name
<input type="text"/>		<input type="text"/>		<input type="text"/>
22b4. Name Suffix				
<input type="text"/>		<input type="text"/>		
23b1. Address Line 1		23b2. Address Line 2		
<input type="text"/>		<input type="text"/>		
23b3. City/Town		23b4. State	23b5. ZIP/Postal Code	23b6. County
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
23b7. State/Province/Region (non USA only)		23b8. Country		
<input type="text"/>		<input type="text"/>		
24b. Full time student?	25b. Date of Birth (mm/dd/yyyy)	26b. Marital Status	27b. Is child step-child?	28b1. Social Security Number
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
28b2. Driver License/ID Number		28b3. Driver License/ID Jurisdiction		28b4. Green Card Number
<input type="text"/>		<input type="text"/>		<input type="text"/>
28b5. Foreign ID		28b6. Foreign ID Country		Please complete the following information about the person that has custody of this child, if different from Section I. Beneficiary Details
<input type="text"/>		<input type="text"/>		
29b1. Last Name of person with custody of child		29b2. First Name of person with custody of child		
<input type="text"/>		<input type="text"/>		
30b1. Address Line 1		30b2. Address Line 2		
<input type="text"/>		<input type="text"/>		
30b3. City/Town		30b4. State	30b5. ZIP/Postal Code	30b6. County
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
30b7. State/Province/Region (non USA only)		30b8. Country		
<input type="text"/>		<input type="text"/>		
31b1. Phone Type	31b2. Phone Country Code (non USA)		31b3. Phone Area Code (USA)	31b4. Phone Number
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell	<input type="text"/>		<input type="text"/>	<input type="text"/>
		31b5. Phone Extension		<input type="text"/>



CLAIM #

Section IV. Children 25 Years of Age or Younger of Deceased Worker - continued

Child 3

22c1. Last Name		22c2. First Name		22c3. Middle Name		22c4. Name Suffix	
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? <input type="radio"/> Yes <input type="radio"/> No		25c. Date of Birth (mm/dd/yyyy) <input type="text"/>		26c. Marital Status <input type="checkbox"/>		27c. Is child step-child? <input type="radio"/> Yes <input type="radio"/> No	
28c2. Driver License/ID Number				28c3. Driver License/ID Jurisdiction		28c4. Green Card Number	
28c5. Foreign ID				28c6. Foreign ID Country		Please complete the following information about the person that has custody of this child, if different from Section I. Beneficiary Details	
29c1. Last Name of person with custody of child				29c2. First Name of person with custody of child			
30c1. Address Line 1				30c2. Address Line 2			
30c3. City/Town		30c4. State		30c5. ZIP/Postal Code		30c6. County	
30c7. State/Province/Region (non USA only)				30c8. Country			
31c1. Phone Type <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell		31c2. Phone Country Code (non USA)		31c3. Phone Area Code (USA)		31c4. Phone Number	
						31c5. Phone Extension	

Section V. Medical and Burial Expenses

32. Total Medical Bills		33. Amount of unpaid bills		34. Was autopsy performed? <input type="radio"/> Yes <input type="radio"/> No		35. Amount of funeral bill		36. Has funeral bill been paid? <input type="radio"/> Yes <input type="radio"/> No	
37. Name of person or organization paying funeral bill									

Section VI. Additional Beneficiaries

38a1. Last Name		38a2. First Name		38a3. Middle Name		38a4. Name Suffix	
39a. Marital Status		40a. Relationship to Deceased Worker		41a. If relationship is child, is the child a full time student? <input type="radio"/> Yes <input type="radio"/> No		42a. If your claim is based on dependency, what was the amount of the monthly contribution?	
						43a. Date of Birth (mm/dd/yyyy) <input type="text"/>	
44a. Gender <input type="radio"/> Male <input type="radio"/> Female				45a. Social Security Number		45a1. Driver License/ID Number	
						45a2. Driver License/ ID Jurisdiction	
45a3. Green Card Number				45a4. Foreign ID		45a5. Foreign ID Country	
46a1. Address Line 1				46a2. Address Line 2			
46a3. City/Town		46a4. State		46a5. ZIP/Postal Code		46a6. County	
46a7. State/Province/Region (non USA only)				46a8. Country			
47a1. Phone Type <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell		47a2. Phone Country Code (non USA)		47a3. Phone Area Code (USA)		47a4. Phone Number	
						47a5. Phone Extension	



CLAIM #

Section VI. Additional Beneficiaries - continued

38b1. Last Name		38b2. First Name		38b3. Middle Name		38b4. Name Suffix			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
39b. Marital Status	40b. Relationship to Deceased Worker	41b. If relationship is child, is the child a full time student?	42b. If your claim is based on dependency, what was the amount of the monthly contribution?		43b. Date of Birth (mm/dd/yyyy)		44b. Gender		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		<input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female		
45b. Social Security Number		45b1. Driver License/ID Number			45b2. Driver License/ID Jurisdiction				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
45b3. Green Card Number		45b4. Foreign ID			45b5. Foreign ID Country				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
46b1. Address Line 1				46b2. Address Line 2					
<input type="text"/>				<input type="text"/>					
46b3. City/Town		46b4. State	46b5. ZIP/Postal Code		46b6. County				
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>				
46b7. State/Province/Region (non USA only)				46b8. Country					
<input type="text"/>				<input type="text"/>					
47b1. Phone Type		47b2. Phone Country Code (non USA)		47b3. Phone Area Code (USA)		47b4. Phone Number		47b5. Phone Extension	
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

38c1. Last Name		38c2. First Name		38c3. Middle Name		38c4. Name Suffix			
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
39c. Marital Status	40c. Relationship to Deceased Worker	41c. If relationship is child, is the child a full time student?	42c. If your claim is based on dependency, what was the amount of the monthly contribution?		43c. Date of Birth (mm/dd/yyyy)		44c. Gender		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>		<input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female		
45c. Social Security Number		45c1. Driver License/ID Number			45c2. Driver License/ID Jurisdiction				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
45c3. Green Card Number		45c4. Foreign ID			45c5. Foreign ID Country				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
46a1. Address Line 1				46a2. Address Line 2					
<input type="text"/>				<input type="text"/>					
46a3. City/Town		46a4. State	46a5. ZIP/Postal Code		46a6. County				
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>				
46a7. State/Province/Region (non USA only)				46a8. Country					
<input type="text"/>				<input type="text"/>					
47a1. Phone Type		47a2. Phone Country Code (non USA)		47a3. Phone Area Code (USA)		47a4. Phone Number		47a5. Phone Extension	
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Cell		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Each person must file a separate claim for death benefits unless the claim expressly includes or is made on behalf of another 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.

