

Mail or fax to:
Department of Labor and Industry
Workers' Compensation Division
P.O. Box 64221
St. Paul, MN 55164-0221
(651) 284-5032 or 1-800-342-5354
Fax: (651) 284-5731

Notice of Discontinuance of Workers' Compensation Benefits Upon Death of Employee



Print in ink or type
Enter dates in MM/DD/YYYY format

DO NOT USE THIS SPACE

WID number or SSN	Date of injury (DOI)	Date of death	
Employee (last, first, middle initial)	Employer		
Employee address			
City	State	ZIP code	Notes
Insurer claim number			

Reasonable medical expense related to the injury will still be paid.
Insurer must complete the following.

Due to the employee's death, workers' compensation wage-loss benefits were discontinued on _____ (date).

1. Was the employee's death related to the work injury? Yes No Unknown

If yes, the insurer must contact the heirs or dependents as soon as possible and file a First Report of Injury (related to the death) with the Workers' Compensation Division.

2. Will any permanent partial disability benefits the employee was receiving at the time of death continue to be paid to the heirs or dependents?

Yes, for how long? _____

No, why not? _____

Information for heirs and dependents regarding discontinuance

- You may make a claim for benefits by notifying the employer or the workers' compensation insurer claim representative in writing that you believe the death was related to the injury and are claiming workers' compensation benefits.
- If you have questions about the benefits paid or owed to the deceased employee, continuing permanent partial disability benefits or dependency benefits, call the insurer claim representative at the telephone number listed at the end of this form.
- If you still have questions, contact the Workers' Compensation Division office nearest you.

525 Lake Ave. S., Suite 330
Duluth, MN 55802
(218) 733-7810 or 1-800-342-5354

443 Lafayette Road N.
St. Paul, MN 55155
(651) 284-5032 or 1-800-342-5354

Average weekly wage at DOI \$			Include contingent attorney fees in benefit totals				
The following benefits have been paid			From	Through	Weeks	Rate	Total
<input type="checkbox"/> Temporary total disability or <input type="checkbox"/> Permanent total disability <div style="border: 1px solid black; height: 40px; width: 300px; margin: 5px 0;"></div> <input type="checkbox"/> Benefit addendum attached							
Temporary partial disability							
Retraining benefits							
Permanent partial disability _____%							
<input type="checkbox"/> Injuries on or after 10/01/95 <input type="checkbox"/> Impairment compensation (injuries 01/01/1984 through 09/30/1995) <input type="checkbox"/> Economic recovery compensation (injuries 01/01/1984 through 9/30/1995) <input type="checkbox"/> Part of body (injuries before 01/01/1984) _____							
Attorney fees/expenses			Benefit totals				
M.S. § 176.081, subd. 1, contingent fees paid			Lump-sum payment under award or order (include contingent attorney fees)				
M.S. § 176.081, subd. 1, contingent fees still withheld			Attorney fees reimbursed to employee (M.S. § 176.081, subd. 7)				
Heaton fees paid			Interest paid				
Roraff fees paid			Total compensation paid (include contingent attorney fees)				
M.S. § 176.191 fees paid			Total supplementary benefits (include contingent attorney fees)				
Other fees paid			Total medical expenses paid to date				
Costs and disbursements paid							

Insurer/self-insurer/TPA			Claim representative name			
Address			Phone number (include area code)		Extension	
City	State	ZIP code	Date sent to employee's last known address		Date served on employee's attorney (if any)	

This document can be given to you in Braille, large print or audio. To request, call (651) 284-5032 or 1-800-342-5354.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subdivision 3.