

**REPORT OF DEATH
PUBLIC SAFETY WORKER**

TO BE COMPLETED BY POLITICAL SUBDIVISION, COMMONWEALTH AGENCY, THE ADJUTANT GENERAL, COMMONWEALTH LAW ENFORCEMENT AGENCY HEAD, UNIVERSITY OR COLLEGE PRESIDENT OR ANY SURVIVOR ELIGIBLE FOR BENEFITS OR INDIVIDUAL AUTHORIZED TO ACT ON THE SURVIVOR'S BEHALF-INSTRUCTIONS ON REVERSE

Name and Mailing Address of Political Subdivision, Commonwealth Agency or Entity named above in whose service death occurred

Name of Deceased (Last, First, Middle)	Social Security #	Date of Injury	Date of Death
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Deceased's Last Mailing Address

Name of Deceased's Superior Officer and Telephone Number (include Area Code)

At the time of injury that resulted in death, was the Deceased in the Performance of Duties? ___ Yes ___ No

In the Capacity as a

Employment Status

___ Police Officer

___ Full Time

___ Correction Officer

___ Part Time

___ Firefighter

___ Volunteer

___ Ambulance/Rescue Squad

___ Other (Specify) _____

___ Other (Specify) _____

Name, address and telephone number of Political Subdivision employee responsible for issuing payment to the beneficiary(ies), if claim is determined to be eligible.

CERTIFICATION

I certify that the information provided above and on any of the attachments is correct to the best of my knowledge and belief. I hereby request a determination of eligibility under Act 101 of 1976, as amended.

Sworn and subscribed before me this _____ day

of _____ A.D., 20 _____
(SEAL)

Signature - Authorized Official Date

Signature - Notary Public

Typed Name of Official

My Commission Expires _____

Title

TO BE COMPLETED BY DEPARTMENT OF GENERAL SERVICES - BUREAU OF RISK AND INSURANCE MANAGEMENT

Based on this form and its attachments, it is our opinion that payment(s) in the total amount of \$ _____ is justified under the conditions set forth under Act 101 of 1976, as amended.

Signature - Authorized Employee Date

Title

REPORT OF DEATH INSTRUCTIONS

A Political Subdivision or Commonwealth Agency is responsible for completion of all items. The form must be signed by an authorized official and must be notarized.

Obtain the following documents:

1. Copy of Workers' Compensation form filed on behalf of the Public Safety Worker.
2. Notarized statement from the supervisor or officer in charge describing in detail the duties being performed by the Public Safety Worker at the time and the circumstances under which death occurred.
3. Certified copy of the Autopsy report.
4. Volunteers - Certified copy of the Fire Department/Ambulance Squad Letters of incorporation or Charter.
5. Volunteers - A notarized statement from the Fire Chief/Commander providing a complete description of the deceased's membership information.
6. If the cause of death was medical, submit a notarized statement from a medical expert that the death occurred as a result of the performance of duties and a detailed analysis of the reason for his opinion. Also, submit copies of any relevant hospital/medical records.
7. Any other information that may assist in determining eligibility.

Submit Report of Death with required documents to:

Department of General Services
Bureau of Risk and Insurance Management
401 North Street, Room 406 NOB
Harrisburg, PA 17120

Applies to Political Subdivision Only

Receive check from DGS and immediately process and deliver check(s) to beneficiary(ies).

Obtain copy of canceled check(s) and forward to DGS as soon as possible.