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

DATE OF INJURY

B D 0 2

DO NOT USE THIS SPACE

PRINT IN INK or TYPE

<u>Enter dates in MM/DD/YYYY</u> format.

WID or SSN

l l no

INSTRUCTIONS TO HEIRS AND DEPENDENTS REGARDING DISCONTINUANCE

compensation at the time of death, will this compensation continued to be paid to the heirs or dependents?

☐ YES If yes, for how long?

If the answer to Question 1 is "yes," the claim representative will be contacting the heirs and dependents within a reasonable period of time concerning any benefits to which they may be entitled. If you are not contacted, you should call the claim representative at the telephone number listed on the back of this form.

If the answer to Question 1 is "no" or "unknown," and you believe there is a relationship between the employee's death and the work-related injury, you and other heirs/dependents are entitled to make a claim for benefits. To make a claim, you should notify the above-named employer or the workers' compensation insurer in writing that you believe that the death was related to the injury and are claiming benefits under the Workers' Compensation Law.

If you have questions about the benefits that were paid to the employee, the possibility of continuing permanent partial disability, impairment compensation or economic recovery compensation, or the possibility of dependency benefits, you should first contact the claim representative whose telephone number is listed on the back of this form. If you still have questions, contact the Workers' Compensation Division's Benefit Management and Resolution Unit at the office nearest you.

Minnesota Department of Labor and Industry

525 Lake Avenue South, Suite 330 Duluth, MN 55802-2368 Telephone: (218) 733-7810

1-800-342-5354

If no, why not?

443 Lafayette Road North St. Paul, MN 55155-4301 Telephone: (651) 284-5030 1-800-342-5354 Mailing Address Workers' Compensation Division PO Box 64221 St. Paul, MN 55164-0221

MN BD02 (2/10) (over)

THE FOLLOWING BENEFITS HAVE BEEN PAID	FROM	THROUGH	WEEKS	RATE	*TOTAL
Temporary Total Disability or Permanent Total Disability					
Benefit Addendum Attached					
Temporary Partial Disability					
Retraining Benefits					
Permanent Partial Disability% Injuries on or after 10/01/95 Impairment Compensation (injuries 01/01/1984 - 09/3 Economic Recovery Compensation (injuries 01/01/19 [part of body] (injuries b					
Attorney Fees/Expenses		Benefit Totals			
M.S. 176.081, subd. 1 & 3 Paid		*Lump sum Payment Under Award or Order			
M.S. 176.081, subd. 1 & 3 Still Withheld		Attorney Fees Reimbursed to Employee (M.S. 176.081, subd. 7)			
Heaton Fees Paid			Inte	rest Paid	
Roraff Fees Paid		*TOTAL COMPENSATION PAID			
M.S. 176.191 Paid		*Total Supplementary Benefits			
Other Fees Paid		Total Medical Expenses Paid to Date			
Costs & Disbursements Paid					
INSURER/SELF-INSURER/TPA		CLAIM REPRESENTATIVE NAME			
ADDRESS		PHONE NUMBER (include area code)		EXTENSION	
CITY STATE ZI	P CODE DA	ATE SERVED ON	EMPLOYEE	DATE SE	RVED ON ATTORNEY

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

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 SECTION 609.52, SUBDIVISION 3.

^{*}Include attorney fees in these totals.