GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE OF PAYMENT OR SUSPENSION OF DEATH BENEFITS

❑ COMMENCE ❑ SUSPEND

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury

A. IDENTIFYING INFORMATION

Name of Claimant / Conservator

Mailing Address	City	State	Zip Code

EMPLOYER	Name	**INSURER/ SELF-INSURER**	Name
Address		**CLAIMS OFFICE**	Name
		SBWC ID	Insurer/Self-Insurer File #
		Mailing Address	
City / State / Zip Code		City / State / Zip Code	
Employer E-mail	Phone Number	Claims E-mail	Phone Number

B. DEATH BENEFITS

❑ 1. Benefits will be paid at the rate of $ _____ *per week based on an average weekly wage of $ _____ ,

Payable from _____. The date of the first check is _____ / _____ / _____ , the amount is $ _____ ,

And this ❑ does not / ❑ does include a _____ % penalty in the amount of $ _____ . The date of death was _____ / _____ / _____ .

***File Form WC-6, Wage Statement, if weekly benefit is less than the maximum**

❑ 2. Benefits will be suspended on _____ because:

C. TOTAL DEPENDENTS

(Use additional sheets if required)

NAME	ADDRESS	PHONE NUMBER	BIRTHDATE	RELATIONSHIP

D. PARTIAL DEPENDENTS

(Complete only when there are no total dependents. Use additional sheets if required)

NAME	ADDRESS	PHONE NUMBER	BIRTHDATE	RELATIONSHIP

E. NO DEPENDENTS

❑ (Attach check and mail to the State Board of Workers' Compensation)

❑ This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form has been sent to the claimant(s) and all counsel of record.

Type or Print Name	Signature	Date

E-mail	Phone Number

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

A. OUTLINE OF BENEFITS

DEATH BENEFITS

O.C.G.A. §34-9-265: If an EMPLOYEE IS INJURED AT WORK AND DIES AS A RESULT, his or her DEPENDENTS receive:

- Medical expenses for the deceased's last injury.
- Up to $7,500 for funeral expenses.
- 2/3 of the deceased's average weekly wage with a maximum of $575 per week for accidents on or after July 1, 2016, and a maximum of $675 per week for accidents on or after July 1, 2019.
- A minimum of $50.00 per week, or the actual weekly wage if less than $50.00 per week.

If the surviving spouse is or becomes the SOLE DEPENDENT within the first year following the death of the employee, the amount of weekly benefits the spouse alone will be entitled to the maximum allowed at the time of injury.

Compensation provided by this code section is PAYABLE ONLY TO DEPENDENTS and ONLY DURING DEPENDENCY.

If there is MORE THAN ONE DEPENDENT, weekly benefits will be APPORTIONED AMONG THE DEPENDENTS.

DEFINITION OF DEPENDENT

O.C.G.A. §34-9-13: The following are some of the persons who may receive benefits:

A SURVIVING SPOUSE who had not voluntarily abandoned his/her spouse at the time of the accident resulting in death. Dependency shall terminate upon remarriage or cohabitation in a meretricious relationship.

UNMARRIED CHILDREN (including stepchildren, adopted children, and posthumous children) under 18 years of age (under 22 if a full-time student in a post-secondary institution of higher learning) or incapable of self-support.

PARTIAL DEPENDENTS - Persons partially dependent are eligible only if there are no total dependents.

NO DEPENDENT DEATH CASES

Rule 265: The insurer or self-insurer in no-dependency death cases, shall pay to the State Board of Workers' Compensation the amount set forth in Code Section 34-9-265(b).

B. RIGHT TO HEARING

If your benefits as a dependent have been suspended and you believe that benefits were suspended incorrectly, you should request a hearing by sending Form WC-14 to the State Board of Workers' Compensation at the address below. If you need a Form WC-14, please contact the State Board of Workers' Compensation at the phone numbers listed below or visit the website.

STATE BOARD OF WORKERS' COMPENSATION
270 PEACHTREE STREET, N.W.,
ATLANTA, GEORGIA 30303-1299
In Atlanta: 404-656-3818
or: 1-800-533-0682
http://www.sbwc.georgia.gov

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).