



Date	Claim No.	Folio No.
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DECLARATION OF ENTITLEMENT

For TOTALLY DISABLED WORKER BENEFITS UNDER INDUSTRIAL INSURANCE

Reminder: Your Signature is required

If you are signing yourself, please be sure to sign in the signature block or the document will be considered incomplete and will be returned.

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

Print name of totally disabled worker		
Mailing address		
City	State	ZIP
Residence is same as MAILING address Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, list residence address		

Have you worked since you submitted the last declaration form? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when did you start?	
Number of days worked per week	Average earnings per week \$
Employer's name and mailing address	
Do you have children/dependents under 18 years old and/or are disabled that don't live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list names and addresses of the dependents not residing with you.	

Any change in status of dependents or children for whom you are receiving pension benefits must be reported. Changes in dependency circumstances may alter your monthly benefit. Dependency changes include death, marriage, declaration of a registered domestic partnership, incarceration, emancipation or change in care and custody. **Failure to report status changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Have you been convicted of a crime and under sentence since you submitted the last Declaration of Entitlement form?
No Yes If yes, when? _____ Where? _____

Since completion of the last Declaration of Entitlement form, has your marital/registered domestic partnership status changed (death of current spouse/registered domestic partner, dissolution of marriage/registered domestic partnership, etc)?

No Yes If yes, give date and list status change.

Social Security # (ID only)	Phone #	Date	Signature (required)
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Notary Signature and impression of seal or stamp are required. RCW 42.44.090(1)

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
Title
My commission expires

<p>Notary Seal or Stamp</p>
