STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

FORWARD TO

P.O. BOX 422400
SAN FRANCISCO CA 94142

NOTICE OF EMPLOYEE DEATH

EACH EMPLOYER SHALL NOTIFY THE ADMINISTRATIVE DIRECTOR OF THE DEATH OF EVERY EMPLOYEE REGARDLESS OF THE CAUSE OF DEATH EXCEPT WHERE THE EMPLOYER HAS ACTUAL KNOWLEDGE OR NOTICE THAT THE DECEASED EMPLOYEE LEFT A SURVIVING MINOR CHILD (TITLE 8, CHAPTER 4.5, SECTION 9900).

DECEASED EMPLOYEE:

NAME: ____________________ AGE: ______ SOCIAL SECURITY NUMBER: ____________________

LAST KNOWN ADDRESS: ____________________

NAME, RELATIONSHIP AND LAST KNOWN ADDRESS OF NEXT OF KIN: ____________________

____

JOB TITLE AND NATURE OF DUTIES: ____________________

____

DATE, TIME AND PLACE OF ACCIDENT: ____________________

DATE, TIME AND PLACE OF DEATH: ____________________

CIRCUMSTANCES OF DEATH (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN DEATH. TELL WHAT HAPPENED. USE ADDITIONAL SHEET IF NECESSARY):

____

CAUSE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE OR CORONER'S REPORT):

____

HAVE ANY WORKERS' COMPENSATION DEATH BENEFITS BEEN PROVIDED IN CONNECTION WITH THIS DEATH? _____YES _____ NO

IF YES, TO WHOM: ____________________

ATTACH A COPY OF THE FORM 5020, "EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS," IF ONE WAS FILED.

PLEASE NOTE:

IF THE DEATH IS WORK-RELATED, THE EMPLOYER ALSO IS REQUIRED TO REPORT THE DEATH TO HIS OR HER WORKERS' COMPENSATION INSURANCE CARRIER AND TO THE NEAREST OFFICE OF THE DIVISION OF INDUSTRIAL SAFETY IMMEDIATELY BY TELEPHONE OR TELEGRAPH. AN EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS SHOULD ALSO BE FILED WITH THE WORKERS' COMPENSATION INSURANCE CARRIER.

( ) INSURED ( ) SELF-INSURED ( ) LEGALLY UNINSURED

EMPLOYER: ____________________

STREET: ____________________

CITY/STATE: ____________________ ZIP: __________

TELEPHONE: ____________________
(INCLUDE AREA CODE)

INSURANCE CARRIER
OR ADJUSTING AGENT: ____________________

STREET: ____________________

CITY/STATE: ____________________ ZIP: __________

TELEPHONE: ____________________
(INCLUDE AREA CODE)

BY:____________________

TITLE: ____________________

DATE: --------------------

DIA 510 (REV. 9/84)