

## **ADDITIONAL INFORMATION FOR CLAIMS FILED FOR DECEASED INDIVIDUALS**

This section is for claimants who are filing a claim on behalf of a deceased individual. This includes decedents who are believed to have died as a result of their 9/11-related physical injuries or conditions, and those who have died due to other causes. Questions marked with a red asterisk (" \* ") are required.

**1. Have you been appointed by a court as the Personal Representative for the deceased individual?\***

Yes      No

If **No**, have you attempted to be appointed the Personal Representative by a court?      Yes      No

If **Yes**, explain why you were not appointed as the Personal Representative by a court or attach a statement to your claim form with the explanation.

**2. Did the Decedent leave a will?\***

Yes      No      Do Not Know

**3. Did the decedent previously file a Personal Injury claim with the re-opened September 11th Victim Compensation Fund?\***

Yes      No      Do Not Know

If **Yes**, enter the claim number here if known:      VCF -

**4. Did the decedent die as a result of his or her 9/11-related physical injury or condition?\*** **Note:** If you are unsure if the decedent's death was caused by an eligible 9/11-related condition, you should follow the steps specific to victims who are believed to have died as a result of an eligible condition. If the VCF determines that the cause of death is not related to an eligible condition, we will update the claim and process it accordingly.

Yes      No

If **Yes**, continue to Question 5. If **No**, skip to Question 8.

## **INFORMATION ABOUT ADDITIONAL LOSS FOR INDIVIDUALS WHO DIED AS A RESULT OF THEIR 9/11-RELATED PHYSICAL INJURIES OR CONDITIONS**

You may claim additional loss for an individual who died as a result of their 9/11-related physical injuries or conditions. These claims for loss are not applicable for individuals who did **not** die as result of their 9/11-related injuries or conditions. If the decedent died of other causes, please do not complete this section.

**5. Do you seek compensation for any out-of-pocket burial or memorial service expenses?**

Yes      No

If yes, list the burial or memorial expenses

**6. How many people (other than the decedent) were living in the decedent's household at the time of the decedent's death?**

In the table below, list each individual who lived in the household:

Name	Date of Birth (mm/dd/yyyy)	Relationship to Decedent

**7. Were there any individuals who were not living in the household who were receiving substantial financial support from the decedent at the time of death?**

Yes    No    Do Not Know

If **Yes**, list each individual in the table below:

Name	Date of Birth (mm/dd/yyyy)	Relationship to Decedent	Type and amount of financial support provided

### COLLATERAL SOURCE PAYMENTS FOR DECEDENTS' BENEFICIARIES

This section is applicable for individuals who died as a result of their 9/11-related physical injuries or conditions. The questions apply to the collateral source payments received by the decedent's beneficiaries as a result of his or her death.

Identify any compensation or benefits the decedent's beneficiaries or estate received, or are entitled to receive, from non-VCF sources as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts. For example, if the decedent's beneficiaries received insurance or a specific payment from an employer that is not part of the normal compensation, these might be considered "collateral source" payments. Under the statute, the Special Master is required to reduce the compensation award by the amount of collateral source compensation a decedent or a decedent's beneficiaries or estate has received, or are entitled to receive, as a result of the terrorist-related aircraft crashes of September 11, 2001 or the debris removal efforts. Note: Settlement payments from September 11th-related lawsuits do not need to be listed again in this section.

**8. Have the decedent's beneficiaries received or applied for any benefits from a death benefit program as a result of the decedent's death (other than insurance and charitable contributions)? Examples of these benefits include Public Safety Officers' Benefit payments.**

Yes    No    Do Not Know

9. Have the decedent's beneficiaries applied to receive any payments from the Social Security Administration, workers' compensation programs, life insurance payments, or accidental death and dismemberment ("ADD") payments as a result of the decedent's death? This includes uniformed service benefits similar to Social Security or workers' compensation.

Yes      No      Do Not Know

If you answered **Yes** to either Questions 8 or 9 above, **OR** if beneficiaries have received any other payments as a result of the decedent's death, other than from charitable contributions, list them in the table below:

Source of Collateral Death Benefits (e.g. SSA*, Workers' Compensation, Life or ADD Insurance)	Status of the Application (Granted, Denied, Pending or Do Not Know)	Name of each beneficiary who has, is, or will be receiving payments:

\* Complete an Exhibit 1 – SSA Authorization for each beneficiary who is receiving SSA survivor benefits. The authorization can be found under "Forms and Resources" on the [www.vcf.gov](http://www.vcf.gov) website.

10. Have the decedent's beneficiaries received any other payments as a result of the decedent's death (excluding charitable contributions)?

Yes      No      Do Not Know

If **Yes**, explain:

### Notice to Individuals of Filing of Claim

You are required to notify the following people that you are filing a claim on behalf of the decedent:

- ✓ The immediate family of the decedent (including, but not limited to, the spouse, former spouse(s), children, other dependents, siblings, and parents);
- ✓ The executor/administrator and beneficiaries of the decedent's will;
- ✓ The beneficiaries of the decedent's life insurance policies; and,
- ✓ Any other person who may reasonably be expected to assert an interest in an award or to have a cause or action to recover damages relating to the wrongful death of the decedent.

The "Forms and Resources" page of the VCF website contains the notice you must provide to the required individuals. You are required to provide this notice to everyone in the four categories above, even if they are not included in the decedent's will.

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Please complete the information in the following sections:

**A. Decedent's Mother:**

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)		
Email Address				Telephone Number	

**B. Decedent's Father:**

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)		
Email Address				Telephone Number	

**C. Did the decedent have a spouse or partner?**

Yes – spouse    Yes – partner    No

If Yes:

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)		
Email Address				Telephone Number	

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**D. Did the decedent have a former spouse or partner?**

Yes – former spouse      Yes – former partner      No

If **Yes**:

Last Name		First Name	Middle Name
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below			
Mailing Address			Apartment/Suite Number
City	State/Province	Zip/Postal Code	Country (if not the U.S.)
Email Address			Telephone Number

**E. Did the decedent have siblings?**

Yes      No

If **Yes**, indicate how many siblings the decedent had, including siblings who are deceased: 

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Complete the information below for each sibling. If the decedent had more than two siblings, identify each sibling by copying this page, completing a section for each sibling, and including the additional page(s) with the claim form submittal:

**Sibling 1:**

Last Name		First Name	Middle Name
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below			
Mailing Address			Apartment/Suite Number
City	State/Province	Zip/Postal Code	Country (if not the U.S.)
Email Address			Telephone Number

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**Sibling 2:**

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)		
Email Address				Telephone Number	

**F. Did the decedent have dependents (including biological or adopted children)?**

Yes      No

If **Yes**, indicate how many dependents the decedent had, including dependents who are deceased:

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Complete the information below for each dependent. If the decedent had more than two dependents, identify each dependent by copying this page, completing a section for each dependent, and including the additional page(s) with the claim form submittal:

**Child/Dependent 1:**

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City	State/Province	Zip/Postal Code	Country (if not the U.S.)		
Email Address				Telephone Number	

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**Child/Dependent 2:**

Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City		State/Province		Zip/Postal Code	
Country (if not the U.S.)					
Email Address				Telephone Number	

**G. Are there any other potential beneficiaries or persons who may have an interest in the claim?**

Yes      No

If **Yes**, complete the information below:

Relationship to decedent:

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Last Name		First Name		Middle Name	
This individual is deceased I do not know if this individual is living This individual is living but I am unable to locate this information This individual is living and the information is below					
Mailing Address				Apartment/Suite Number	
City		State/Province		Zip/Postal Code	
Country (if not the U.S.)					
Email Address				Telephone Number	