decedent's death?

# Appendix A

Victim's SSN or Natio	nal ID Number:

### 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.	What is	the decedent	's date of death?*			Date of Death	(mm/dd/yy	<b>yy</b> )
2. Have you been appointed by a court as the Personal Representative for the deceased individual?*  Yes No								dual?*
	If <b>No</b> , have	ve you attempte	d to be appointed the	Personal Rep	resentative by	a court?	Yes	No
			why you were not appour claim form with the		Personal Repre	sentative by a	court or a	attach a
3.	Did the Yes	<b>Decedent leave</b> No Do	e a will?* Not Know					
4.		ompensation F	ously file a Personal 'und?* Not Know	Injury claim	with the re-op	ened Septem	ber 11th	
	If Yes	s, enter the claim	n number here if know	n: VCF -				
5.	unsure if specific to	the decedent's victims who <u>ar</u>	a result of his or he death was caused be believed to have did ted to an eligible condition.	by an eligibl ed as a result	e 9/11-related of an eligible c	condition, you ondition. If the	u should e VCF det	follow the ste ermines that the
	If Yes	s, continue to Qu	iestion 5. If <b>No</b> , skip to	Question 8.				
			ADDITIONAL LOSS			O DIED AS A	RESUL	T OF
Tl	hese clain	ns for loss are r	ss for an individual who not applicable for indi died of other causes, <sub>l</sub>	viduals who d	did <u>not</u> die as i	result of their		
6.	Yes	No .	tion for any out-of-p	ocket burial	or memorial se	ervice expens	es?	
	, 55, 110	23.10.01						
7.	How ma	ny people (othe	er than the decedent	) were living	in the deceder	nt's househo	d at the t	ime of the

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

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

8. 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.

9. 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

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√ictim's	SSN	or	National	ID	Number:

10.	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 9 or 10 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:

<sup>\*</sup> 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 <a href="https://www.vcf.gov">www.vcf.gov</a> website.

11. 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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Victim's	SSN	or	National	ID	Number	

Please complete the information in the following sections:

#### A. Decedent's Mother:

Last Name	First Na	me	Middle Name
This individual is deceased			
I do not know if this individua	l is living		
This individual is living but I a	m unable to locate this	sinformation	
This individual is living and th	e 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 Na	me	Middle Name
This individual is deceased			
I do not know if this individual	l is living		
This individual is living but I a	m unable to locate this	information	
This individual is living and th	e 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 Na	me	Middle Name
This individual is deceased			
I do not know if this individua	l is living		
This individual is living but I a	m unable to locate this	information	
This individual is living and th	e 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 Na	me	Middle Name
This individual is deceased			
I do not know if this individua	l is living		
This individual is living but I a	m unable to locate this	information	
This individual is living and th	e 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:

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 Na	me	Middle Name
This individual is deceased			
I do not know if this individua	l is living		
This individual is living but I a	m unable to locate this	sinformation	
This individual is living and th	e 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 Na	me	Middle Name
This individual is deceased			
I do not know if this individua	l is living		
This individual is living but I a	m unable to locate this	information	
This individual is living and th	e 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:

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 Na	me	Middle Name
This individual is deceased			
I do not know if this individual	is living		
This individual is living but I a	m unable to locate this	sinformation	
This individual is living and the	e 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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Victim's	SSN	or	National	ID	Numb	er:
						$\neg$

### Child/Dependent 2:

Last Name	First Na	me	Middle Name
This individual is deceased			
I do not know if this individual	l is living		
This individual is living but I a	m unable to locate this	sinformation	
This individual is living and th	e 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:

Last Name	First Na	me	Middle Name			
This individual is deceased						
I do not know if this individua	l is living					
This individual is living but I a	m unable to locate this	information				
This individual is living and th	e 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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