



Date	Claim No.	Folio No.
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Declaration of Entitlement

For Totally Disabled Worker Benefits Under Industrial Insurance

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

Your signature is required.

- If you are signing with a power of attorney, submit a copy of the power of attorney.
- For your protection, your signature is used for comparison on checks made payable to you.

Print name of totally disabled worker
Mailing Address
City State Zip Code
Is residence address the same as mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list residence address:

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

Have you been convicted of a crime or incarcerated in the last year prior to completing this or any prior declaration form? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , When: Where:	
Are you: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered Domestic Partnership	
Is this a change since your last declaration form? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes , give the date and list the change (i.e. marriage, divorce, registered domestic partnership, death, etc.)	
Date:	Change:
Are you now or have you ever received Social Security Administration (SSA) benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Any changes 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 work activities, status changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.

Signature (required)	Phone number	Date	Social Security Number (ID only)
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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

Notary Seal or Stamp
