

WORKERS' COMPENSATION BOARD OF BC

WHEN WRITING PLEASE REFER TO CLAIM OR ACCOUNT NUMBER

Disability Awards, Pensions Section Mailing Address: PO Box 2182 Stn Terminal, Vancouver BC V6B 3V7 Location: 6951 Westminster Highway, Richmond BC Telephone 604 276-3150, Toll Free 1 888 967-5377, Fax 604 279-7609 www.WorkSafebc.com

Death Information of Pensioner/Widow(er)

Disability Awards – Pensions Section

Claim number		Document number	
Name of deceased			
Street address			
City		Province	Postal code
Date of death (yy/mm/dd)	Social insurance number	Date of birth (yy/mm/dd)	CPO ID number (office use only)

Please provide photocopy of death certificate.

Name of spouse/next of kin		Relationship		
Street address				
City		Province		Postal code
Social insurance number (optional)	Date of birth (yy/mm/dd)		CPO ID number (office use only)	

If no spouse/next of kin, please complete "executor" section.

Name of executor				
Street address				
City		Province		Postal code
Home phone number ()		Work phone number ()		
Social insurance number (optional)	Date of birth (yy/mm/dd)	CPO ID ni	umber (office use only)

For office use only

Who called	Relationship		
Last cheque payable to (spouse/estate)			
VOD date (yy/mm/dd)	Termination date (yy/mm/dd)		
Information taken by	Date (yy/mm/dd)		