Department of Labor and Industries
Pension Benefits
PO Box 44281
Olympia WA 98504-4281

Declaration of Entitlement

For Totally Disabled Worker Benefits Under Industrial Insurance

Date	Claim No.	Folio No.

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.

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

Print name of totally disabled worker	Have you worked since you submitted the last declaration form? ☐ Yes ☐No If **yes**, when did you start?
Mailing Address	Number of days worker per week / Average earning per week $
City State Zip Code	Employer's name and mailing address
Is residence address the same as mailing address? ☐ Yes ☐No If **no**, list residence address:	Do have children/dependents under 18 years old and/or who are disabled that don't live you with you? ☐ Yes ☐ 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?
☐ No ☐ Yes If **yes**, When: Where:

What is your current martial/registered domestic partnership status?
Is this a change since your last declaration form? ☐ No ☐ 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? ☐ No ☐ 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)

Notary signature and impression of seal or stamp are required. RCW 42.44.090(1)

Subscribed and sworn to before me this date	**Notary Seal or Stamp**
Notary public signature	
For the state of	
Residing at	
Title	
My commission expires	