



# PENSION BENEFITS QUESTIONNAIRE

**You are entitled to receive pension benefits under the Washington Industrial Insurance Act, Title 51, RCW. This information is required by law and necessary for the department to accurately compute your benefits. Please answer the following questions and sign the declaration at the bottom of the page.**

**If you have any questions, you may contact the Pension Benefits Section at (360) 902-5119. Thank you for your assistance.**

- 1.) Submit **copies, not originals**, of the requested information. Please write your claim number on each document.
- 2.) Complete, sign and **return** this form as soon as possible.

Name (Last, First, MI)	Date of birth	Claim Number
Mailing address (Provide if no Legal Representative)	Phone number	Social Security number (ID only)
Residence address (If different than mailing address)		
Mailing address of Legal Representative (if applicable)		

**At the time of your injury or occupational disease, were you married or in a registered domestic partnership?**

YES  NO If yes, please provide a copy of your marriage certificate/declaration of registered domestic partnership. (This proof is required regardless of your current marital/domestic partnership status; proof is needed if you were married or in a domestic partnership on the date of injury.)

**Currently, what is your status? Please check the appropriate box.**

- I am single.
- I am married or in a registered domestic partnership. Provide name and date of birth of spouse or registered domestic partner.  
Name of (**spouse or reg. domestic partner**) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Provide a **copy** of your marriage certificate or declaration of registered domestic partnership.
- My relationship legally terminated on (date of dissolution) \_\_\_\_\_. Provide a **copy** of the signed final decree or written copy of termination of registered domestic partnership, as well as a copy of your marriage certificate or declaration of registered domestic partnership if the date of dissolution is **after** the date of your injury.

**What is the current status of your child/children? Please check the appropriate box and provide a copy of each child's birth certificate.**

- I have a child/children less than 18 years of age, or any age if disabled and dependent on me. **Medical documentation is required for those who are disabled and dependent on you.**
- I have a child/children who resides with me and I am not currently married to or in a registered domestic partnership with the other parent listed on the birth certificate(s). Provide a **copy** of the documentation indicating who has legal custody.
- I have a child/children who resides in another household. Provide a **copy** of the documentation indicating who has legal custody and give the current name and address of that person.

Name of legal custodian	Address of legal custodian
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- I have a child/children between the ages of 18 and 23, who is in an accredited school as a full-time student. Provide written verification of this from the school; provide the student's current address, and a **copy** of their birth certificate.

Have you applied for, or are you receiving benefits from Social Security?  YES  NO

I understand that the Department of Labor and Industries will use and rely upon my answers to the questions listed above to calculate the amount of my pension under the Washington Industrial Insurance Act, Title 51 RCW.

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

Printed Name	Signature	Date
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