

A Confidential Informational Form Letter for a BENEFICIARY who is NOT Represented by Counsel

To: P&O Department
Virginia Workers' Compensation Commission

Name of Beneficiary (ies): _____

Name of Employee: _____

Re: Jurisdiction Claim No. _____

I submit the following information in order to assist the Virginia Workers' Compensation Commission in determining whether to approve the proposed settlement of the deceased employee's workers' compensation claim.

I understand that this information will be sealed and held in confidence by the Commission.

1. Date and cause of death of employee: _____

2. Name and ages of all dependents:

Name	Age	Relationship to Employee, i.e., son, daughter, or spouse

3. Are you currently working? (yes or no) (circle one) If yes, please provide the following:

Employer	Weekly Wages

4. Please indicate the amount and source of any other income: (if you have no other income sources, please indicate "none" in the area below.)

Source	Amount

5. Are you able to read, write and understand the English language? (Yes or no) (Circle one).
If you are not literate in English, state the name of the person reading and/or translating and explaining the settlement papers to you.

Name of Person	Address	Telephone No.

6. What is your intended use of the settlement proceeds?
7. Have all medical and burial expenses relating to this claim been paid? Yes _____ No _____ If not, indicate outstanding amount \$_____.
8. Because you are not required to settle, please explain, in your own words in the space provided below, why it is in your best interest to settle the claim in a lump sum in lieu of continuing benefits.

Please provide the following: (required)

Signature of Beneficiary	Address:	Telephone No.:	Date:
:			

Please attach additional sheets to supplement your answers to any of the above questions.

Please return this completed form to:

**P&O Department
Virginia Workers' Compensation Commission
333 E. Franklin Street
Richmond, VA 23219**