



Illinois Court of Claims

Secretary of State

Illinois Court of Claims, 630 S. College St., Springfield, IL 62756

Application for Death Benefits Pursuant to Line of Duty Compensation Act

Pursuant to provisions of the Line of Duty Compensation Act, application is hereby made for payment of benefits on account of the death of: _____

1. Name of Decedent: _____

2. Address of decedent's Illinois residence at time of death: _____

3. Address at Time of Entry into the U.S. Armed Forces (if on active duty as an Armed Forces member): _____

4. Place of Birth: _____

5. Date of Death: _____

6. Date of Injury Resulting in Death: _____

7. Branch of Service (if on active duty as an Armed Forces member): _____

8. Employer and Employer's Address (if not an Armed Forces member): _____

9. Rank and Title of Position or assignment in which decedent was serving at time of death or at time of injury resulting in death: _____

10. Name(s) and Address(es) of all beneficiaries designated by decedent on Line of Duty Compensation Act Designation of Beneficiary Form for receipt of benefits:

Name	Address	\$ amount or % share

11. Attach a copy of Line of Duty Designation of Beneficiary form: _____

12. For claims on deaths of Armed Forces members on active duty, attach copies of the following Department of Defense documents (if available):

- A. Report of Casualty (DD Form 1300)
- B. Certificate of Death (DD form 2064) (if available)
- C. Record of Emergency Data (DD Form 93) (if available)
- D. Servicemember's Group Life Insurance Election and Certificate (SGLV8222)

13. If the decedent left a will, please attach a copy of it. Provide social security numbers and current addresses of every beneficiary designated in the will.

14. Attach copies of any other form(s) on which decedent designated beneficiaries for receipt of death benefits.

15. Decedent's Marital Status at time of death: _____
16. (If applicable) Name, Address and Phone Number of decedent's surviving spouse:

17. Did decedent have children? Yes No
18. (If applicable) Name(s), Address(es), Phone Number(s) and Birthdates of decedent's children:

19. Name(s), Address(es) and Phone Number(s) of other parent(s) of child or children listed in 16:

20. (If decedent left no surviving spouse or children) Name(s), Address(es) and Phone Number(s) of decedent's surviving parents: _____

21. (If decedent left no surviving spouse, children or parents) Name(s), Address(es) and Phone Number(s) of decedent's next-of-kin and relationship to decedent: _____

22. Attach copies of any other documents (e.g., incident or investigation reports, statements, newspaper articles, obituaries) that explain the circumstances involved in the decedent's death.
23. Attach copies of any other documents that may be relevant or useful in consideration of this claim.
24. (If decedent was on active duty as an Armed Forces member) Name, Address and Phone Number of the Military Casualty Assistance Officer assigned to assist with matters relating to decedent's death: _____

25. (If decedent was not on active duty as an United States Armed Forces member) Name, Title, Employer, Address and Phone Number of decedent's supervisor at time of decedent's death: _____

Applicant Information

Name of Applicant: _____

Address: _____

Relationship, if any, to Decedent: _____

Date of Application: _____

Applicant's Email: _____

Applicant's Signature

TO: Court of Claims, State of Illinois
630 S. College St., Springfield, IL 62756

RE: Application for Death Benefits, pursuant to provisions of the Line of Duty Compensation Act relative to the death of:

Name of Decedent

Date of Birth

**Statement of Supervisor, Commanding Officer
or Military Casualty Assistance Officer**

1. Supervisor's Commanding Officer's or Casualty Assistance Officer's Name, Employer, Rank or Title, Address and Telephone Number: _____

2. Decedent's position or assignment at time of death or at time of injury resulting in death:

3. Time decedent began duty or assignment on date of death or on date of injury resulting in death:

4. Approximate time of death or injury resulting in death: _____
5. Statement of circumstances resulting in or events causing the death of a Law Enforcement Officer, Civil Defense Worker, Civil Air Patrol Member, Paramedic, Firefighter, Chaplain, State Employee or Armed Forces member:

6. Attach copies of all documents (e.g., incident or investigation reports, statements, newspaper articles, obituaries, Military Report of Casualty (DD Form 1300), death certificate), which explain the circumstances involved in decedent's death.
7. Is there any indication, inference or evidence that the death or injury resulted from the willful misconduct or intoxication of the decedent? Yes No
If yes, state circumstance(s) and Name(s) and Address(es) of witnesses or persons having knowledge of willful misconduct or intoxication: _____

Signature

1. Return original and three copies of Application for Death Benefits and this form, and other materials to substantiate the claim, to the address below. Copies may be Xeroxed and collated.
2. Be sure the Application for Benefits is signed.
3. Be sure the application is filled out completely.

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630 S. College St.
Springfield, IL 62756

For more information, please call 877-411-2570