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Bureau of Fire and Police Disability and Retirement 1800 SW First Avenue, Suite 450, Portland, OR 97201 203-823-6823; FAX – 503-823-5166; B236/450



DEATH CLAIM REPORT

<u>INSTRUCTIONS</u> : To make a claim for death benefits, complete this form through the Representative Signature section and submit the completed form to FPDR. A copy of the death certificate is required to complete the filing of a claim for benefits.	
MEMBER INFORMATION	FPDR DATE STAMP
Fire Police Station/Precine	ct/Shift:
Member's Legal Name:	
Address:	
AUTHORIZED REPRESENTATIVE INFORMATION	MEDICAL PROVIDER INFORMATION (If known)
N	Name of Attending Physician:
Name:	Physician's Address:
Address:	(include city, state & zip code)
	Physician's Telephone:
Telephone:	Name of Hospital, if any:
Relationship to Member:	
DATE OF INJURY (if applicable):	CLAIM TYPE:
	□ Service-Connected/Occupational Death Before Retirement
DATE OF MEMBER'S DEATH:	□ Nonservice-Connected Death Before Retirement
INJURY/ILLNESS DESCRIPTION (Complete only if death is Service-Connected) Describe Injury or Illness	
Describe Cause of Injury or Illness:	
Location of Incident:	
Precinct/Station In vehicle (in transit)	At scene of fire/call Training Site Other
REPRESENTATIVE'S STATEMENT: I hereby affirm the above information is true. When signed this report becomes notice of a claim and authorizes medical providers and other custodians of claim records to release relevant records to FPDR.	
I understand that, as provided by Section 5-308 of Chapter 5 of the Charter of the City of Portland, Oregon, this benefit shall be reduced by any monthly death benefit made by PERS, and I authorize PERS to release to FPDR the amount of any PERS benefit I may receive.	
A photocopy or facsimile of this authorization is as valid as the original.	
Signature:	
Revised 2010	