Form 11
October 2016 Edition

**KENTUCKY DEPARTMENT OF WORKERS' CLAIMS**
657 Chamberlin Avenue, Frankfort, KY 40601
Workers' Compensation Claim no. _____
Before _____

## Request to Substitute Party and Continue Benefits

The undersigned, being a dependent of the deceased plaintiff/employee, requests to be substituted as the Plaintiff/employee for the purpose of receipt of benefits, and further states as follows:

1. *Employee/Plaintiff:_____ *SSN/Greencard:_____
2. *Date of death (attach copy of certified Death Certificate):_____
3. *Cause of death: _____
4. Date of Award/Settlement and amount: _____
5. Name and address of party paying benefits:

   _____

   _____

   _____
6. Date of Marriage (attach copy of certified Marriage License): _____
7. List of dependent(s) requesting substitution (attach copies of certified Birth Certificates):

| NAME | SSN/GREEN CARD | DATE OF BIRTH | RELATIONSHIP | ADDRESS (mailing address, city, state, postal code) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Is decedent/employee survived by any minor dependents other than those listed above? ☐ Yes ☐ No

If yes, please list below:

| Name | Mailing Address, City, State, Postal Code | Date of Birth | Guardian/Custodial |
|---|---|---|---|
| | | | |
| | | | |

Wherefore, the dependent requests that he/she be substituted as the Plaintiff/Employee and that said benefits be paid directly to him/her.

The undersigned hereby states that the foregoing is true and accurate to the best of my knowledge and belief and so attests under penalty of perjury.

Respectfully submitted,

| | |
|---|---|
| _____ | _____ |
| Signature | Mailing Address |
| _____ | _____ |
| Relationship to decedent | City/State/Postal Code |
| _____ | _____ |
| Phone number | Country |

I certify that copies were served this _____day of _____, 20_____to:

Defendant/Employer or Attorney for Defendant/Employer:

_____

Other Parties (if applicable):

_____

_____

_____

**Notice: Any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**