# REQUEST FOR LINE OF DUTY DEATH BENEFIT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 59127 (11-2010)

## Part I. Fire Department Information

| | | | |
|---|---|---|---|
| Fire Department Name | | | Date |
| Address | City | State | ZIP Code |
| Person Completing This Form | Position | | |
| Address (if different from above) | City | State | ZIP Code |
| Telephone Number / Fax Number | E-Mail Address | | |

## Part II. Deceased Firefighter Information

| | | | |
|---|---|---|---|
| Name | Date of Death | Time of Death | |
| Address | City | State | ZIP Code |
| Cause of Death | | | |
| Date and Time of Last Emergency Response or Training Event | | | |

Was the firefighter a current member of a paid or volunteer fire department? ☐ Yes ☐ No

Was death due to injuries sustained during an emergency response or training event or from a heart attack or stroke? ☐ Yes ☐ No

Did death occur within 48 hours of an emergency response or training event? ☐ Yes ☐ No

If no was answered for any of the above questions, the death does not qualify for the line of duty death benefit under section 18-05.1-02 of the North Dakota Century Code.

## Part III. Survivor Information

1. Was the deceased firefighter married at the time of death? ☐ Yes ☐ No - Go to Question 2

| | | | |
|---|---|---|---|
| Name of Spouse | | | Telephone Number |
| Address (if different from above) | City | State | ZIP Code |

*A completed Form W-9 for the spouse must accompany this request.*

2. If the deceased firefighter was not married at the time of death, was a Public Safety Officers Benefit Act [42 U.S.C. 3796 et seq.] form listing designated beneficiaries on file with the fire department? ☐ Yes ☐ No

*A copy of the Public Safety Officers Benefit Act form must accompany this request.*

*A completed Form W-9 for all designated beneficiaries must accompany this request. If the designated beneficiary(s) is a minor child, payment will be made payable to the court appointed guardian. A completed Form W-9 for the court appointed guardian must accompany this request.*

If you answered that no Public Safety Officers Benefit Act form is on file with the department, or if no beneficiary is designated, the line of duty death benefit will be paid to the deceased firefighter's estate. Payment will be made payable to the individual responsible for administering the estate.

*A completed Form W-9 for the individual responsible for administering the deceased firefighter's estate must accompany this request.*

## Part IV. Fire Chief Affidavit

The Fire Chief Affidavit will be used as evidence that the death qualifies as a line of duty death under sections 18-05.1-02 and 18-05.1-03 of the North Dakota Century Code. The affidavit should provide details of the last emergency response or training activity and details of the cause of death including dates and times. Supporting documentation such as fire department logs, medical examiner's statement, death certificate and eye witness testimony may be included but is not required. *A Fire Chief Affidavit must accompany this request.*

Additional information may be requested by the North Dakota Insurance Department. Please allow 5 to 10 working days after submission of all required documentation for processing.

A line of duty death benefit is requested for the firefighter listed in Part II of this request. I hereby attest that the information provided is complete and accurate.

| Fire Chief or Designee Signature | Date |
|---|---|
| | |

Request and supporting documents may be submitted by fax to (701) 328-4880 or by mail to:

North Dakota Insurance Department
600 East Boulevard Avenue, Dept. 401
Bismarck, ND 58505-0320

For questions related to the Line of Duty Death Benefits or this form, call (701) 328-2930.

Insurance Department Use Only

| ☐ Approved ☐ Disapproved | Date |
|---|---|
| Reason for Disapproval | |