

WC-2a GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
 (7/92) NOTICE OF PAYMENT OR SUSPENSION OF DEATH BENEFITS

Commence  
 Suspend  
 Amend the WC-1/WC-2a dated \_\_\_\_\_, 19\_\_\_\_ Insurer File  
 Number  
 as indicated in  Part A below/  Part B below

\_\_\_\_\_  
 Deceased Employee's Name (First) (Middle) (Last) Deceased  
 Employee's

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Deceased Employee's Street Address City State ZIP Date of  
 Injury

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Insurer

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 State ZIP Phone ( ) City State ZIP Phone City

A: Benefits will be paid at the rate of \$\_\_\_\_\_\* per week based on an  
 average weekly wage of \$\_\_\_\_\_, payable from \_\_\_/\_\_\_, 19 \_\_.  
 The date of the first check is \_\_\_/\_\_\_/\_\_\_, the amount is  
 \$\_\_\_\_\_, and this  does not/ does include a \_\_\_%  
 penalty in the amount of \$\_\_\_\_\_.  
 The date of death was \_\_\_/\_\_\_/\_\_\_.

\* File form WC-6, Wage Statement, if weekly benefit is less than the maximum.

TOTAL DEPENDENTS: (Use additional sheets if required.)

Name Address/Telephone Number Date of Birth Relationship

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PARTIAL DEPENDENTS: (Complete only when there are no total dependents. Use additional  
 sheets if required.)

Weekly Contribution

Name Address Date of Birth Relationship From  
 Deceased

\_\_\_\_\_

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B: Benefits will be suspended on \_\_\_\_\_, 19\_\_

Reason \_\_\_\_\_

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By \_\_\_\_\_ ( ) \_\_\_\_\_  
(Type or Print and Sign) (Date) Phone

The original of this form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be given to the person receiving benefits when payments are started and when payments are stopped.

### A. OUTLINE OF BENEFITS

**O.C.G.A. §34-9-265:** If an EMPLOYEE IS INJURED AT WORK AND DIES AS A RESULT, his or her DEPENDENTS receive:

- Medical expenses for the deceased's last injury.
- Up to \$5,000.00 for funeral expenses.
- 2/3 of the deceased's average weekly wage with a maximum of \$175 per week for accidents on or after July 1, 1986, a maximum of \$225 per week for accidents on or after July 1, 1990, and a maximum of \$250 per week for accidents on or after July 1, 1992.
- a minimum of \$25 per week, or the actual weekly wage if less than \$25 per week.

If the surviving spouse is or becomes the SOLE DEPENDENT within the first year following the death of the employee, the amount of weekly benefits the spouse alone will be entitled to is limited to \$100,000.

Compensation provided by this code section is PAYABLE ONLY TO DEPENDENTS and ONLY DURING DEPENDENCY.

If there is MORE THAN ONE DEPENDENT, weekly benefits will be APPORTIONED.

### DEFINITION OF DEPENDENT

**O.C.G.A. §34-9-13:** The following are some of the persons who may receive benefits:

A SURVIVING SPOUSE who had not voluntarily abandoned his/her spouse at the time of the accident resulting in death. Dependency shall terminate upon remarriage or cohabitation in a meretricious relationship.

UNMARRIED CHILDREN (including stepchildren, adopted children, and posthumous children) under 18 years of age (under 22 if a full-time student in a post-secondary institution of higher learning) or incapable of self-support.

PARTIAL DEPENDENTS - Persons partially dependent are eligible only if there are no total dependents.

## **B. RIGHT TO HEARING**

If your benefits as a dependent have been suspended and you disagree, you should request a hearing by sending form WC-14 to the State Board of Workers' Compensation at the address below. If you need a form WC-14, write to the address below and ask for one to be mailed to you, or call 1-800-533-0682 (in Atlanta, 656-3870).

STATE BOARD OF WORKERS' COMPENSATION  
Suite 1000-South Tower  
One CNN Center  
Atlanta, Georgia 30303-2788