INCIDENT AND INJURY INFORMATION

**Please note that this request must be submitted by a first level supervisor or an H/R Supervisor.*

Today's Date: _____ Department / Agency: _____

Name of Deceased: _____

Date of Death: _____ Line of Duty Death? ○ Non-Line of Duty Death? ○

Title / Position: _____

Date of Birth: _____

Was Deceased a full-time paid employee?

Was Deceased Individual Sworn, Certified, and or Active at Time of Death? Yes/No

Years of Service: _____

Describe Incident and events of death:

**Please submit copy of Department Incident Report or Industrial Claim with request*

_____
_____
_____
_____
_____
_____

BENEFICIARY INFORMATION

Beneficiary Name (Spouse / Parent): _____

Home Phone: _____ Mobile: _____ Other: _____

Home Address: _____ City/St/Zip: _____

Email Address: _____

Make Benefit Check To: _____ Relationship to Injured: _____

Where Shall Payment Be Delivered?: _____

How Many Dependents (Other Than Spouse): _____

Name, Sex, and Date of Birth of Dependents:

**This information is used internally to provide opportunities to dependents such as: summer camp, holiday gift giving, scholarship opportunities, etc.*

1. Name: _____ Sex: ___ DOB: _____

2. Name: _____ Sex: ___ DOB: _____

3. Name: _____ Sex: ___ DOB: _____

4. Name: _____ Sex: ___ DOB: _____

5. Name: _____ Sex: ___ DOB: _____

**dependent is that which is adopted, biological, or of which the public safety individual has guardianship*

**if needed please continue information on separate document*

INFORMATION PROVIDED BY

**Must be submitted by a first level supervisor or an H/R Supervisor.*

Your Name: _____ Title: _____

Department/Agency: _____

Agency Address: _____ City/St/Zip: _____

Office Phone: _____ Mobile: _____ Other: _____

Email: _____

Your Signature: _____ Date: _____

Second Level Supervisor Name: _____ Title: _____

Office Phone: _____ Mobile: _____ Other: _____

Signature: _____ Date: _____

Department Head/Chief Name: _____ Email: _____

To submit form by email, send to benefits@100club.org | To Submit by Fax, use (602) 242-1715

.....

TO BE COMPLETED BY AUTHORIZED 100 CLUB PERSONNEL

Verified/Approved: _____ Date: _____ Data ID: _____ Payment ID: _____

Posted: _____ Date: _____ Check #: _____ Amount: _____

Denied: _____ Date: _____