

Notice of Discontinuance of Workers' Compensation Dependency Benefits

Worker identification (WID) number:	Jurisdiction claim number (JCN):
Employee:	Employer:
Date of injury (mm/dd/yyyy):	Date of death (mm/dd/yyyy):
Insurer or third-party administrator:	Claim administrator claim number:

Your Minnesota workers' compensation dependency benefits are being discontinued.

Name of person ceasing dependent status:	Date this dependent's status will cease:
Legal reason the dependent status will cease (all supporting documents must be attached to this form):	

Status of any remaining dependency benefits to be paid on this claim are as follows.

Check one of the following boxes:

There will be **no change** in the total benefit payment amounts to the remaining dependents.

There will be a **reduction** in total benefit payment amounts to the remaining dependents.

There are no remaining dependents. **All payments will cease** in entirety.

Provide details, statute cites, etc.:

Instructions to heirs and dependents regarding discontinuance

You are responsible for reviewing this form to make sure your benefits have been properly paid. **You do not need to take any action** if you believe you have received all benefits due. If you have questions about the discontinuance of the benefits, first contact the claim representative whose telephone number is listed below. If you still have questions, contact a Workers' Compensation Division office:

525 Lake Ave. S., Suite 330
Duluth, MN 55802
218-733-7810
800-342-5354

443 Lafayette Road N.
St. Paul, MN 55155
651-284-5030
800-342-5354

This material can be made available in different forms, such as audio, Braille or large print. To request, call 651-284-5030 or 800-342-5354.

Insurer, self-insured, third-party administrator:	Claim representative name:
Address:	Phone number (include area code and extension):
City, state, ZIP:	Date served on dependent(s):
Date served on guardian:	Date served on attorney:

Filing instructions for claim administrator

- Serve this form on the dependent.
- Upload this form into Work Comp Campus and attach all supporting documents.
- Submit the electronic data interchange (EDI) transactions needed to update the dependents and claim benefit details (SA, SX, CA) in conjunction with this form filing.
- If benefits continue to be paid on the claim, then also update the dependency benefits webform in Campus with all changes: dependents, allocations, federal government benefits, schooling status, etc.

