

LAB 500

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
CONCORD, NH 03301

INSURANCE CARRIER

DATE_____

AUTHORIZATION FOR COMPENSATION FOR DEATH

BENEFICIARY/GUARDIAN NAME	ADDRESS
DECEASED WORKER	SOCIAL SECURITY #
EMPLOYERS'S NAME	FEDERAL IDENTIFICATION #
DATE OF INJURY	DATE OF DEATH
AVG.WEEKLY WAGE	TOT WKLY COMP TO DEPENDENT(S)

Chapter 281-A, as amended, Sec 26, Par. I. In all cases where compensation is payable to a widow or widower for the benefit of herself or himself and dependent child or children, the Labor Commissioner shall have power to determine, from time to time, in his discretion what portion of the compensation shall be applied for the benefit of any such child or children and may order same paid to guardian.

ALLOCATION OF AWARD TO DEPENDENTS

ORIGINAL__SUBSEQUENT__

DEPENDENT NAME	DATE OF BIRTH	RELATIONSHIP	AMOUNT

EXPLANATION OF LUMP SUM SETTLEMENT (IF APPLICABLE)

LABOR COMMISSIONER_____

COMPENSATION ANNUALLY ACCOUNTABLE