

**F  
P  
D  
R**



**Bureau of Fire and Police Disability and Retirement**

1800 SW First Avenue, Suite 250, Portland, OR 97201  
203-823-6823; FAX – 503-823-5166; B236/250



**DEATH CLAIM REPORT**

**INSTRUCTIONS:** To make a claim for death benefits, complete this form through the Representative Signature section and submit the completed form to FPDR. A copy of the death certificate is required to complete the filing of a claim for benefits.

**MEMBER INFORMATION**

**FPDR DATE STAMP**

Fire  Police      Station/Precinct/Shift: \_\_\_\_\_

Member's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE INFORMATION**

**MEDICAL PROVIDER INFORMATION (If known)**

Name: \_\_\_\_\_

Name of Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

(include city, state & zip code) \_\_\_\_\_

Telephone: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Name of Hospital, if any: \_\_\_\_\_

**DATE OF INJURY (if applicable):**

**CLAIM TYPE:**

.....

**Service-Connected/Occupational Death Before Retirement**

**DATE OF MEMBER'S DEATH:**

**Nonservice-Connected Death Before Retirement**

**INJURY/ILLNESS DESCRIPTION (Complete only if death is Service-Connected)**

Describe Injury or Illness

Describe Cause of Injury or Illness:

Location of Incident:

Precinct/Station     In vehicle (in transit)     At scene of fire/call     Training Site     Other

**REPRESENTATIVE'S STATEMENT:** I hereby affirm the above information is true. When signed this report becomes notice of a claim and authorizes medical providers and other custodians of claim records to release relevant records to FPDR.

I understand that, as provided by Section 5-308 of Chapter 5 of the Charter of the City of Portland, Oregon, this benefit shall be reduced by any monthly death benefit made by PERS, and I authorize PERS to release to FPDR the amount of any PERS benefit I may receive.

A photocopy or facsimile of this authorization is as valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_