

Death & Funeral Benefits - External

QuickStart Guide

When you first begin the Death & Funeral benefits process you have the option to select one of two filing options: "Dependents Claim for Death Benefits" and "Claim for Funeral Benefits Only". Depending on what your selection is, CompHub may dynamically display additional fields. These Start Forms are likely the most extensive in CompHub.

Death Claims can become complex right from the get go and this process is heavily reliant on business rules defined by COMAR and subject extensive validation before reaching Claims. To that end, a link to view/download the instructions is embedded directly on the form

Start New Action

Choose the type of claim to file by checking either options

Dependent's Claim for Death Benefits : Claim for Funeral Benefits Only:

Please read through the following instructions prior to submitting a death claim. [Death Claim Filing Instructions.pdf](#)

Will you be filing documents relating to an existing death claim? (Certificate of Funeral Expenses, proof of family income, etc.) Yes No

Are you filing this claim as the dependent of the deceased? Yes No

Required Documentation

Please be ready with the following documents:

- A certified copy of the certificate of death for the deceased employee.
- A certified copy of the certificate of marriage for the dependent claimant and deceased employee if the dependent claimant is the surviving spouse of the deceased employee.
- A certified copy of the certificate of birth for the dependent claimant, if the dependent claimant is the surviving child of the deceased employee.

The dependent claimant or authorized individual who filed the claim shall submit:

- Proof of family income at the date of the accidental personal injury or disablement.
- An affidavit attesting to the authenticity of the documents submitted as proof of family income
- And if applicable, copies of any legal documents or orders directing the deceased employee to pay child support or alimony.

Proof of family income may include:

- Payroll stubs or wage records covering the 14-week period prior to the accidental injury or date of disablement.
- W-2s, 1099 forms or other evidence of earnings from self-employment and Tax returns.

Start New Action

Choose the type of claim to file by checking either options

Dependent's Claim for Death Benefits : Claim for Funeral Benefits Only:

Please read through the following instructions prior to submitting a death claim. [Death Claim Filing Instructions.pdf](#)

Will you be filing documents relating to an existing death claim? (Certificate of Funeral Expenses, proof of family income, etc.) Yes No

Claim Number: Advanced

Results

No records

If the Dependent's Claim for Death Benefits is chosen, CompHub will display a new section called Required documentation and additional selections will appear and options will become mandatory.

Start New Action

Do you wish to file documents relating to an existing death claim (Certificate of Funeral Expenses, proof of family income, etc.)? Yes No

If there is an existing Death Claim, users can also add required documentation through this process, these additional documents will be approved by the Claims Division before being added.

Death & Funeral Benefits

Dependents

Dependents are implemented in CompHub in multiple ways. They may be the user filing, they may be filed on behalf of, or they can be defined during the process

The screenshot shows the 'Start New Action' form. At the top, it asks 'Do you wish to file documents relating to an existing death claim (Certificate of Funeral Expenses, proof of family income, etc.)?' with 'Yes' and 'No' radio buttons. Below this, it says 'Please read through the following instructions prior to submitting a death or funeral benefits claim:' with a link to 'Death Claim Filing Instructions.pdf'. The user has selected 'Claim for Funeral Benefits Only'. A red box highlights the question 'Are you filing this claim as the dependent of the deceased?' with 'Yes' selected. The 'Deceased Information' section contains fields for First Name, Last Name, Date of Birth, Email, Cause of Death (Accidental Injury or Occupational Disease/Infirmity), and Accident Date. A 'Required Documentation' section lists the documents needed for the claim.

In this scenario the Dependent can be the Dependent themselves or an Attorney classified in CompHub as a Claimant Attorney. The Response to "Are you filing this as a dependent to the deceased?" will tell us that.

This section shows the 'Dependents Information' header. A red box highlights the text 'Please use the add icon (+) to add dependent(s)'. Below this, it says 'To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit)'. A table titled 'Dependents' has columns for 'Dependent Name', 'Relationship to the Deceased', 'SSN', and 'Address'. The table is currently empty, with '+' and trash icons above it.

The 'Edit Dependents' form contains the following fields: Dependent First Name (Arnold), Dependent Middle Name, Dependent Last Name (Cemargo), SSN (456321654), Relationship To Deceased (son), Date Of Birth (01/01/1980), Average Weekly Wage (\$50.00), Email Address, Country (US), Address Line 1 (1116 south mountain road), State (MD), Address Line 2, County (Harford), Address Line 3, Postal Code (21085-3423), and City (Joppe). A red box highlights the 'Is this the primary dependent?' field with 'Yes' selected. 'Save' and 'Cancel' buttons are at the bottom right.

During the process itself, Dependents can be added as part of the submission. The Edit Dependents subform allows a user to enter basic biographical and contact information about a given dependent.

Death & Funeral Benefits

User Submission

The Death Claim Form(s) are some of the most extensive throughout CompHub. Downloading the instructions and working through the form section by section will result in a successful filing.

Dependent's Claim for Death Benefits

Please read through the following instructions prior to submitting a death or funeral benefits claim:

[Click to view instructions](#)

[Death Claim Filing Instructions.pdf](#)

INSTRUCTIONS:

The form must be completed in its entirety pursuant to the Labor and Employment Article, §§ 9-683.1 through 9-683.5, Annotated Code of Maryland and COMAR 14.09.02.04 and must be signed.

IMPORTANT: It is the Dependent's or the Authorized Representative's responsibility to maintain a current mailing address with the Commission. The Commission Claim Number when assigned should be included on all forms or correspondence.

Disclosure Pursuant to COMAR 01.01.1983.18

1. The personal information requested on this form is intended to be used in processing your claim under the Maryland workers' compensation laws.
2. Failure to provide the information requested may result in your claim being rejected or a delay in the processing of your claim.
3. You may have a right to inspect, amend and correct the information provided on this form.
4. This form will be made part of your claim file. Portions of your claim file may be subject to public inspection.
5. The information contained on this form is routinely shared with State, Federal or local agencies.

Deceased Information

First Name: John Middle Name: Last Name: Smith Suffix: Please select...

Address

Country: US

Address Line 1: 9 E BALTIMORE ST State: MD

Address Line 2: County:

Address Line 3: Postal Code: 21202-

City: BALTIMORE

[Edit Address](#)

Social Security Number: 879234234 Date of Birth: 01/29/1978

Occupation (e.g. police officer, firefighter): Police officer Deceased's Average Weekly Wage*: \$1,500.00

Filing Party Information

Filing Party First Name: Tim Filing Party Last Name: David

Email: TimDavid@Wcc.Invalid

Phone Number: 9876534567 Ext: 6765434567 Country Code: 1

10-digit number, no special characters or spaces (Ex: 4105551234)

Country: US

Address Line 1: 9 E BALTIMORE ST State: MD

Address Line 2: County:

Address Line 3: Postal Code: 21202-

City: BALTIMORE

[Edit Address](#)

Filing party will be added to dependents list after the claim has been submitted.

Are you filing this claim as a dependent of the deceased? Yes No

Filing Party Date of Birth: 04/22/1990 Filing Party SSN: 765345676

Filing Party Average Weekly Wage: \$1,000.00

Filing party's relationship to deceased: Son

Employer of Deceased

REQUIRED: Select Advanced Search to provide the details of the employer for whom the claimant was working at the time of the accident. If the employer is not already located in Commission records, also use the Advanced Search button to enter the new employer.

[Advanced Search](#)

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Employer of Deceased

Name	FEIN	Address	Phone
A & J RESTAURANT CHANTILLY	521970835	1 ABC PKWY BELOIT WI 53511-4466	

Death Claim Information

Cause of Death: Accidental Injury Occupational Disease/Illness

Date of Injury: 04/01/2023 6:50 pm

Date of Death: 04/27/2023

State Cause of Injury or Disease

Spine fracture and multiple organ failure

Dependents Information

Please use the add icon (+) to add dependent(s)

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Dependents

Dependent Name	Relationship to the Deceased	SSN	Address	Date Of Birth	Dependent's Average Weekly Wage*
Sam Willey	Son		9 E BALTIMORE ST BALTIMORE MD 21202-	05/12/1996	\$1,000.00

* Average weekly wage at time of injury or disablement, see COMAR 14.09.03.06.

Attachments

Document Type	Description
Supporting Documents	Death and Funeral Benefits Request-Invoice
Supporting Documents	Death and Funeral Benefits Request-Signed Copy
Supporting Documents	Death and Funeral Benefits Request-payment

The instructions in their entirety can be viewed, printed or downloaded using the link

1 Fill out the Deceased Information section (Data will prepopulate if linked to an existing W-claim)

2 Enter the Filing Party information, you can specify your status as a dependent here if applicable.

3 Enter the Employer if not already populated.

4 Use the Death Claim information section to enter information regarding the cause of death.

Dependents may be added using the "Dependents Information" table.

Don't forget to attach any required documentation.