



THIRD PARTY NOTICE AND QUESTIONNAIRE – DEATH
 LEGAL DIVISION
 SFN 54470 (05/2017)

1600 E Century Ave, Ste 1
 PO Box 5585
 Bismarck ND 58506-5585
Telephone 800-777-5033
 Toll Free Fax 888-786-8695
 TTY (hearing impaired) 800-366-6888
 Fraud and Safety Hotline 800-243-3331
 www.workforcesafety.com

SECTION 1 – Injured worker information

Claim number	Injured worker's (First name)	(Last name)	Date of injury
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SECTION 2 – Questions

Do you believe an individual or business other than the employer caused the accident?
 Yes No

Provide the name and address of the individual or business you believe is responsible for the accident.

Provide name and address of the individual or business's insurance company.

Provide name and telephone number of witnesses to the accident.

Have you been in contact with any individual or business or its insurance company because of the accident?
 Yes No

Date of contact	Contact person's name
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Do you intend to pursue legal action against any individual or business because of the accident?
 Yes No

If you have hired an attorney because of this accident, provide their name, address, telephone number, and email address.

Have you or will you receive any money from an individual or business because of this accident?
 Yes No

If yes, provide the amount of money.	Date money was received.
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If you have not received any money from an individual or business or their insurance company, are you or your attorney attempting to get money because of the accident?
 Yes No

SECTION 3 – Lien notice/signature

Lien notice
 WSI has a lien in the full amount it has paid in all benefits for this claim. This lien attaches to all claims, demands, settlement proceeds, judgment awards, or insurance payable by reason of a legal liability of a third person. If you receive any money in regard to this claim from a third person or their insurance company, and WSI does not receive payment of its lien within 30 days of their payment to you, WSI may sue you and/or your personal injury attorney for the full amount of the lien. No release of liability or satisfaction of any judgment, claim or demand is valid or effective against WSI's lien.

Signature
 By signing this document, I acknowledge that the information provided here is true and correct to the best of my knowledge. I understand that I must notify WSI at the time I begin to pursue settlement negotiations or seek the assistance of an attorney in this matter.

Injured worker's representative signature	Date
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