

GRIEVANCE
 UNDER THE
BASIC CRAFTS WORKERS' COMPENSATION BENEFITS TRUST FUND ADDENDUM

(DEATH CASE ONLY)

Basic Crafts Case No. _____

 (Deceased Employee's Name & Social Security No.)

 (Employer's Name)

 (Street Address)

 (Street Address)

 (City, State & Zip Code)

 (City, State & Zip Code)

 (Applicant's Name)

 (Street Address)

 (City, State & Zip Code)

1. While employed as a _____ on _____
 (occupation at time of injury) (date of injury)
 at _____ by the employer, the employee sustained injury arising out of and in the
 (name and location of job site)
 course of employment to _____
 (state what parts of the body were injured)

2. The injury occurred as follows: _____
 (explain what employee was doing at the time of injury and how injury was received)
 _____, resulting in death on _____
 (date of death)

3. The employee left the following dependents:

Name	Date of Birth	Relationship	Address

Death Benefit Burial Expense Unpaid Compensation Unpaid Medical Expenses

Other (Explain):

6. Briefly explain the nature of the disputes and the steps taken to resolve them:

(use another page if necessary)

(Date)

(Print name & status of person filing grievance)

(Signature of person filing grievance)

Must be timely filled with the:

Basic Crafts Workers' Compensation Benefits Trust Fund
265 Hegenberger Road, Suite 240
Oakland, CA 94621-1480
Telephone: (510) 568-5920; Fax: (510) 568-5279