

<b>Form SF-4</b> Rev. 1-1-2001	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b>  <b>SPECIAL FUNDS DIVISION</b>  324 Spring Street, P. O. Box 950, Little Rock, AR 72203-0950 501-682-5187 / 1-866-880-8444 (Toll-free)	<b>SF-4</b>
Authority: Ark. Code Ann. §11-9-527		

**SURVIVING SPOUSE NOTICE & AFFIDAVIT**

Date: \_\_\_\_\_  
(Date Mailed)

Re: \_\_\_\_\_  
Claimant - AWCC File No.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**CERTIFIED MAIL**

You are currently receiving compensation benefits under the provisions of the Arkansas workers' compensation law because of the death of your spouse. Your benefits continue until your death or remarriage. The law states you are entitled to a lump-sum payment upon your remarriage.

Please complete, sign, and have notarized the following affidavit. This form must be returned to our office within the next thirty (30) calendar days. Failure to do so will result in a suspension of your benefits. If you have questions, please call us at 501-682-5187 or (toll-free)1-866-880-8444.

/s/ Death and Permanent Total Disability Trust Fund

**AFFIDAVIT**

I, \_\_\_\_\_, surviving spouse of \_\_\_\_\_, deceased,  
Name Claimant  
 do hereby certify and affirm that I have not remarried since the death of my named spouse and to the accuracy of the following information:

My place of employment: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Home/message telephone: \_\_\_\_\_

State of \_\_\_\_\_ )

\_\_\_\_\_  
 Signature

County of \_\_\_\_\_ )

Subscribed & sworn to before me, a Notary Public, on this the \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
 Notary Public

**Ark. Code Ann. §11-9-106(a):** "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under .... this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."