

Employee's Certificate of Dependency Status

State of Rhode Island

Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100

Check if this is a corrected report

Claim Administrator File Number: _____

<p>1. Employee information:</p> <p>SSN or ID Last four digits only XXX-XX-_____</p> <p>Name _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Phone _____</p> <p>Date of Birth _____</p>	<p>2. Claim information:</p> <p>Employer name _____</p> <p>Claim Administrator _____</p> <p>Address _____</p> <p>City, St, Zip _____</p> <p>Injury Date _____</p> <p>Incapacity Date _____</p>
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**Employee: complete this form and return it to the Claim Administrator.
 This information is needed to calculate your compensation rate.**

3. Marital Status At the time of the injury the employee was Single Married

Spouse works Spouse does not work Spouse's name _____

4. Number of Exemptions Enter the maximum number of personal exemptions you are allowed to claim for workers' compensation purposes. Include yourself, your spouse, your dependents, and any other exemptions.

5. Dependents A dependent for workers' compensation includes children you support who are:

- Under age 18, or age 18 to 23 and a full time student
- Mentally or physically incapacitated from earning at any age

Dependent's Name	Date of Birth	Relationship	Full time student?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee's Signature	Date
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An Employee's Certificate of Dependency Status is required with a Memorandum of Agreement or a Nonprejudicial Agreement to verify marital status, maximum number of personal exemptions, and number of dependents for calculation of weekly benefits.

The claim administrator (the company handling the claim: the insurer, self-insured employer or third party administrator) completes sections 1 and 2 of the form. The employee completes the rest of the form, signs it, and returns the form to the claim administrator. The claim administrator sends the form to the DLT as part of a Nonprejudicial Agreement, Memorandum of Agreement, or as required by court order or decree.

Top of form:

- Correction Box: Check if this document is correcting a document previously filed.
- Claim Administrator File Number: Provide the claim number or file identification number for the company handling the claim: the insurer, self-insured employer or third party administrator.

1. Employee Information. The claim administrator completes section 1.

- SSN: provide ***at most*** the last 4 digits of the employee's social security number or the employee ID number assigned by RIDLT. DO NOT USE A FICTITIOUS NUMBER. Please contact RI DLT to obtain an assigned employee ID number.
- Name: enter the employee's first name, middle initial and last name.
- Address: complete the employee's street address, city, state, and zip code.
- Phone: provide the employee's phone number if available.
- Date of Birth: enter the employee's date of birth if available.

2. Claim Information. The claim administrator completes section 2.

- Employer name: enter the company name of the injured worker's employer.
- Claim Administrator: enter the company name of the party handling the claim.
- Address: complete the mailing address for the claim administrator.
- Injury date: enter the injury date.
- Incapacity date: Enter the incapacity date, which is the first full day that the employee was unable to work.

3. Marital Status. The employee completes section 3.

- Check the **single** box if you are unmarried, widowed or divorced. Check the **married** box if you are married or separated.
- If you are single, leave the rest of section 3 blank.
- Check "Spouse works" if your spouse is employed or "Spouse does not work" if not. A non-working spouse qualifies as a dependent for workers' compensation.
- Enter your spouse's name.

4. Number of Exemptions. The employee completes section 4.

- Enter the maximum number of personal exemptions you are allowed to claim for workers' compensation purposes. This includes you, your spouse, your dependent children, and any other exemptions.
- A single employee with no dependents has a maximum number of personal exemptions of at least one (1). A married employee with three (3) dependent children has a maximum number of personal exemptions of at least five (5); the employee, spouse and three children. An employee may be entitled to additional exemptions.

- The maximum number of allowed personal exemptions used here might not be the same number of personal exemptions or withholding allowances the employee actually claims for federal withholding.
- The Department of Labor and Training relies upon exemption guidelines established prior to the Tax Cuts and Jobs Act of 2017. You may refer to IRS Publication 501 (2017) for further guidance.

5. Dependents. The employee completes section 5.

- Dependents for workers' compensation include children you support who are under age 18, full time students to age 23, or mentally or physically incapacitated from earning at any age.
- A child may qualify as a personal exemption even if they do not qualify as a dependent for workers' compensation purposes. Contact your claim administrator if you believe that you are allowed to claim any other personal exemptions beside yourself, your spouse, and children who qualify as dependents for workers' compensation.

The employee must sign and date the form and return the form to the claim administrator.

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and will not be

accepted.

The claim administrator sends the form to the Department of Labor and Training as part of a Nonprejudicial Agreement, Memorandum of Agreement, or as required by court order or decree.