

<b>Form SF-6</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-6</b>
Authority: Ark. Code Ann. §11-9-527		

**AFFIDAVIT FOR DEPENDENTS OTHER THAN SPOUSE OR CHILD  
(Parent, brother, sister, grandparent, grandchild)**

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

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

\_\_\_\_\_  
Dependent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_

**CERTIFIED MAIL**

Under the provisions of Ark. Code Ann. 11-9-527, workers' compensation benefits are being paid to you as a dependent of . You will continue to receive these benefits until your death.

We ask you to complete, sign, have notarized, and return this Affidavit to our office at the address above within thirty (30) calendar days. Failure to do so will result in suspension of your benefit checks. If you have questions, please call us at 501-682-5187 or 1-866-880-8444 (toll free).

/s/ Death & Permanent Total Disability Trust Fund

**AFFIDAVIT**

I, \_\_\_\_\_, do certify that I was a dependent of \_\_\_\_\_, deceased,  
Dependent's Name Claimant  
 and have instructed family members or the executor/-trix of my estate to promptly notify the Trust Fund upon my death.

\_\_\_\_\_  
 Beneficiary's signature

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

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

Subscribed and sworn to before me this \_\_\_\_\_ 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."