

SECTION 1: GENERAL INSTRUCTIONS

Complete and physically sign this form if you are **asking to represent a deceased claimant as their authorized agent.**

To become an authorized agent, you must be one of the following:

- A surviving spouse
- A trustee of an inter vivos trust (living trust)
- A child, parent, brother or sister, nephew, or niece of the person who died

Paid Leave Oregon may discuss a current or pending Paid Leave claim with the authorized agent. The authorization gives us permission to provide information from our records that would otherwise be confidential. This includes, but is not limited to:

- Information about any benefits the claimant has received or will receive
- Information provided in the claimant's initial application
- Information about any pending or issued decisions we made on a claim

It also gives the authorized agent permission to provide information to Paid Leave, including information needed to:

- Complete a claim for benefits
- File a new claim for benefits for the claimant
- Arrange any approved benefit payments on the claimant's behalf
- Request a hearing to review a Paid Leave decision and appear in a hearing before the Office of Administrative Hearings on behalf of the claimant

Paid Leave only recognizes one authorized agent per claimant at a time. We will not accept a request for an authorized agent for a deceased claimant if an executor or personal representative of the deceased claimant's estate, or a person otherwise authorized by probate court to manage the estate, is authorized to act on behalf of the claimant for Paid Leave Oregon purposes.

Note: Paid Leave must issue benefit payments to survivors in the order listed in ORS 293.490(3).

Please provide all required information. Missing information can cause a delay in processing your request. Signatures on this form must be handwritten. We cannot accept electronic signatures.

If you are ready to send an application for benefits on the claimant's behalf, you may send it with this form.

Note: You, as the authorized agent, are the only person who can send a benefit application on behalf of the claimant.

Need help?

This information is vital. The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll-free). TTY users call 711. You can also send an email to access.paidleave@oregon.gov.

SECTION 2: INSTRUCTIONS FOR COMPLETING THE FORM

Person Requesting to be an Authorized Agent: Fill out Parts A, B and C of this form.

- **Part A:** Complete this part with the deceased claimant's information and date of death.
- **Part B:** Complete this part with your own information.
- **Part C:** Complete, **physically** sign, and date this part. We cannot accept electronic signatures.
 - The authorization ends automatically when the deceased claimant's current benefit year ends, or if you do not send an application for Paid Leave benefits within 30 days of your approval as the authorized agent.
- Attach documents that confirm your relationship with the deceased claimant and documents that show the identity of the deceased claimant and your own identity. You can find a list of acceptable documents that you can use for these purposes in Section 3 of the instructions.
- Attach a death certificate or other documentation approved by the department that shows the date of death.
- You must send this form and any other required documents to Paid Leave. You can either send them electronically through the [Contact us](#) form at frances.oregon.gov, or by mail to this address:

**Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311**

SECTION 3: ACCEPTABLE DOCUMENTS

Acceptable documents for confirming your relationship to the deceased:

- Legal Birth Certificate
- Legal Marriage Certificate
- Other documents, at the discretion of Paid Leave Oregon, issued by an independent third party that establish the marriage, parenthood, or other family relationship between the claimant and the person applying for authorized agent status on behalf of the claimant.
- Trust document that establishes you are a trustee.

Acceptable documents to establish the identity of the deceased claimant and the person applying to represent the deceased claimant to act on their behalf:

Note: You must send two primary identity documents or one primary and two secondary documents for yourself and for the claimant you will represent. They need to be full color scans and PDFs.

Primary documents

- Driver's license (or learner's permit) from a U.S. state or territory (We will accept an expired license if it expired in the last 12 months and is intact.)
- Other government-issued photo ID (Must be a permanent document with a photo. Military IDs, temporary or paper documents are not accepted.)
- State-issued photo ID (We will accept expired ID if it expired in the last 12 months and is intact.)
- US Passport or US Passport Card
- U.S. Permanent Resident Card (I-551)
- USCIS-issued Employment Authorization Card (I-766) (No employer-issued ID cards)
- Foreign passport
- Veteran's Health ID Card
- DHS Trusted Traveler Cards (Global Entry, NEXUS, SENTRI)
- Canadian driver's license
- Certificate of Naturalization (Form N-550 or N-570)
- National ID card (only if residing outside of the U.S.)
- Federally recognized, Tribal-issued photo ID
- Non-immigrant visa issued by the U.S. Department of State (not expired more than five years)
- Temporary immigrant visa (I551) issued by the U.S. Department of State (not expired more than five years)

Secondary documents (Full-color scans and PDFs of the following documents are acceptable as secondary documents)

- Social Security Card
- U.S. Certification of Birth Abroad (FS-545)
- U.S. Certification of Report of Birth (DS-1350)
- Canadian Indian and Northern affairs card
- College or university student photo ID
- College or university transcript

- U.S. Consular Report of Birth Abroad (FS-240)
- U.S. health insurance card
- U.S. birth certificate with official seal (first and last name)
- W-2 form
- 1098 form
- Auto insurance card
- Border crossing card
- U.S. Coast Guard merchant mariner card
- U.S. Citizen Identification Card form (I-197)
- DOD certificate of discharge
- Auto or home insurance statement
- Letter attesting state residency
- Supplemental Nutrition Assistance Program recipient certification
- Native American tribal document
- Non SSA-1099 form
- SSA-1099 form
- U.S. or U.S. territory voter registration card or certificate
- Women, Infants, and Children (WIC) Puerto Rico recipient certification

Secondary documents (Must be less than 90 days old)

- **Utility bill** (showing your account number, full name, and current address)
- **Medical bill** (showing your account number, full name, and current address)
- **Bank, loan, or financial institution statement** (showing your account number, full name, and current address; issued by the bank)
- **Pay stub** (showing your full name, employer or company name, current address; must be an actual pay stub not a paycheck)



Authorized Agent for Deceased Claimant Form

PART A - CLAIMANT INFORMATION

First name:	Last name:
Social Security Number (SSN): _____ or	
Individual Taxpayer Identification Number (ITIN): _____	
Date of birth (MM/DD/YYYY): / /	Date of death (MM/DD/YYYY): / /:
Physical address:	Mailing address (If different from physical address):
Email address (optional):	Phone number (optional):

PART B – AUTHORIZED AGENT INFORMATION

First name:	Last name:
Date of birth (MM/DD/YYYY): / /	Relationship to claimant:
Physical address:	Mailing address (If different from physical address):
Phone number:	Email address (optional):

PART C – AUTHORIZED AGENT AUTHORIZATION AND SIGNATURE

Authorized agent certification: I am a surviving spouse, a trustee of an inter vivos trust, a child, parent, brother or sister, nephew or niece of the person who died. I am acting in the best interest of the deceased claimant's estate and will maintain confidentiality of any information I receive from Paid Leave Oregon on behalf of the claimant.

Authorized agent signature: _____ Date: / /

How your approved status as an authorized agent for deceased claimant may end:

- Your authorization will automatically end When the claimant's current benefit year ends.
- If you do not apply for Paid Leave benefits for the claimant within 30 days of your approval as the authorized agent, your authorization will end.

You must physically sign this form. We cannot accept electronic signatures.