

Section 9: Dependent & Beneficiary

Please list any other person who may have rights associated with this claim.

Be sure to include the Injured Party's spouse and if the Injured Party has minor children, adult disabled dependent children or dependent minor grandchildren living with the Injured Party at the time of diagnosis.

Also, list beneficiaries who are entitled to pursue an action of wrongful death under applicable state law.

Please complete one copy of Section 9 for each Dependent or Beneficiary. Copies of the electronic form for just Section 9 can be found on the Trust website at www.JTTSTrust.com.



1. Dependent or Beneficiary Name:

2. Relationship to Injured Party: Spouse Child Other

3. Social Security #:

4. Date of Birth:

5. Address:

6. Financially Dependent at Diagnosis Date:



7. For dependents other than spouse or minor child, please explain the nature of the financial dependence: