

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

Application Checklist for Report of Public Safety Officer's Death

The PSOB Office extends its condolences to you on the loss of your colleague. The following checklist is provided to simplify the PSOB filing process for you and the fallen officer's survivors. Please contact the PSOB Office toll free at 1-888-744-6513 for assistance with any part of the PSOB claim.

Collect the following information regarding the officer's line-of-duty death from your agency records.

- Detailed Statement of Circumstances from the initiation of the incident to the pronouncement of the officer's death.
- Investigation, Incident, and/or Accident Reports.
- Death Certificate.
- Autopsy Report, or a statement signed by the head of the public safety agency or the medical examiner explaining that no autopsy was performed.
- Toxicology Report, or a statement signed by the head of the public safety agency or the medical examiner explaining that no analysis was performed.
- Documentation for heart attacks and stroke to include:
 - Detailed statement listing all of the officer's on-duty actions during the 24-hour period prior to the onset of the heart attack or stroke.
 - Medical records related to the officer's health, including hospital admission/discharge reports, physician reports, physical examination results, and health risk and wellness evaluations covering the past three years.

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This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit, and the information may be disclosed to federal, state, and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits.

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2½ hours per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, DC 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20530.

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OFFICER INFORMATION

1. NAME OF OFFICER

First

Middle

Last

2. OFFICER'S TITLE

3. SOCIAL SECURITY NUMBER

(000-00-0000)

4. DATE OF INJURY

(mm/dd/yyyy)

5. DATE OF DEATH

(mm/dd/yyyy)

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OFFICER INFORMATION

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED

Name of Employing Agency

Physical Address of Employing Agency

City

State

Select a State or Territory

ZIP Code

(00000 or 00000-0000)

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PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT?

Yes ☐

No ☐ If no, attach an affidavit explaining the officer's duty status.

[Attach Documents](#)



AS A:

- Law Enforcement ☐
- Corrections Officer ☐
- Probation Officer ☐
- Parole Officer ☐
- Fire Fighter ☐
- Judicial Officer ☐
- Ambulance and Rescue Squad Member ☐
- Other (Specify) ☐

IN THE SERVICE OF:

- State Government ☐
- Local Unit of Government ☐
- Federal Government ☐
- Legally organized volunteer fire, ambulance or rescue squad, department organized, chartered or formed by a public agency to act on its behalf in providing fire or rescue services to the public ☐
- Other (Specify) ☐

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PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

8. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED.

Full-Time ☐

Part-Time ☐

Volunteer ☐

Other ☐

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PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

9. WAS INJURY CONTRIBUTED BY:

	YES	NO	UNKNOWN
Officer's gross negligence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer's intentional misconduct?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer's intent to bring about his own death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Officer's voluntary intoxication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any person who may be entitled to benefit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attach an explanation for any "yes" answer.

[Attach Documents](#)



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PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS

Provision of this information does not constitute a finding for or against any interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabitating with another person in what could be construed as a common-law marriage, please indicate that relationship below.

10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS: ?

Surviving Spouse ☐ Cohabitant ☐

First

Middle Initial

Last

Social Security Number (000-00-0000)

Mailing Address

City

State

ZIP Code (00000 or 00000-0000)

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PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS

10a. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS: ?

CHILDREN, REGARDLESS OF AGE OR DEPENDENCY STATUS

Child #1

Child #1	<input type="text" value="Select One"/>
First	<input type="text"/>
Middle Initial	<input type="text"/>
Last	<input type="text"/>
Date of Birth	<input type="text"/> (mm/dd/yyyy)
Social Security Number	<input type="text"/> (000-00-0000)
Marital Status regardless of age	<input type="radio"/> Married <input type="radio"/> Single
Address	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select a State or Territory"/>
ZIP Code	<input type="text"/> (00000 or 00000-0000)
Telephone Number	<input type="text"/>

Parent or Legal Guardian Name

First

Middle Initial

Last

Social Security Number

(000-00-0000)

Additional Child

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PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS

10b. IF THE DECEDENT IS SURVIVED BY NEITHER SPOUSE NOR ELIGIBLE CHILDREN, PROVIDE A COPY OF THE OFFICER'S MOST RECENT DEPARTMENT LIFE INSURANCE POLICIES, INCLUDING BENEFICIARY DESIGNATION PAGE. 

Department Life Insurance Policy

[Attach Documents](#)



PLEASE NOTE: The decedent's family will be asked to provide the most recent private insurance policies.

Beneficiary #1

First

Middle Initial

Last

Social Security Number

(000-00-0000)

Mailing Address

City

State

Select a State or Territory

ZIP Code

(00000 or 00000-0000)

[Additional Beneficiary](#)

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PART III: INFORMATION CONCERNING OTHER CLAIMS

11. TO YOUR KNOWLEDGE HAS OR WILL A CLAIM BE FILED FOR BENEFITS UNDER:

- A) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code?  Yes ☐ No ☐
- B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622?  Yes ☐ No ☐

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PART IV: CERTIFICATION

A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

12. EMPLOYING ORGANIZATION - To the best of my knowledge and belief, the above stated information is true and complete.

Organization

Name and Title of Employing
Agency Head

Address

City

State

Select a State or Territory

Zip Code

(00000 or 00000-0000)

Phone No.

E-mail Address

(example@example.com)

Date

(mm/dd/yyyy)

Signature of Employing Agency Head

☐ Checking this box asserts that all of the information you have provided on this form is true and correct, and will be treated as an electronic signature by the applicant.

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PART IV: CERTIFICATION

13. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY THAT WILL CONSIDER OR HAS BEEN CONSIDERED THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS?

Yes ☐ No ☐

14. WAS A FAVORABLE DECISION RENDERED?

Yes ☐ No ☐

If "yes," please give address and telephone number for each entity:

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REPORT OF PUBLIC SAFETY OFFICER'S DEATH

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits.

OFFICER INFORMATION

Question #6 - Please enter the full and complete name of the employing agency. Please do not use any abbreviations.

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

Question #8

Full-time - The number of hours worked that are considered full-time as defined by the employing agency.

Part-time - The number of hours worked that are considered part-time as defined by the employing agency.

Volunteer - Any person who performs the duties of a public safety officer without financial compensation for a department or organization that is legally organized, chartered, or formed by a public agency.

PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS

Provision of this information does not constitute a finding for or against any interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabitating with another person in what could be construed as a common-law marriage, please indicate that relationship.

Question #10 - A surviving spouse or cohabitant is a person who is legally married or, under common law, is recognized as a legal cohabitant.

Question #10a - A child is defined as any natural child who was born before or after the death of the public safety officer (whether out-of-wedlock or not), or who is an adopted child or stepchild of the deceased public safety officer. At the time of death, the child must be 18 years of age or younger; 19 through 22 years of age and pursuing a full-time course of study or training, if the child has not already completed 4 years of education beyond high school; or 19 years or older and incapable of self-support due to a physical or mental disability. It will be necessary

to provide verification of the relationship of these children by submitting adoption papers, birth certificates, medical records, DNA reports, etc.

If a child was unborn at the time of the officer's death, please select "posthumous" from the drop down box. If at the time of filing this application, the child remains unborn please follow these instructions: If a name has not been selected for the unborn child, please enter "Baby" in the first name field. In the date of birth field, enter the current date. In the Social Security number field, enter 111-11-1111. The PSOB Office will contact you at a later date to obtain complete information.

Question #10b - This section is to be filled out if the officer is not survived by a spouse or eligible children. If the officer had private life insurance policies, the family should also provide a copy of the beneficiary designation page.

Eligible Beneficiaries

Beneficiary Hierarchy Under the Public Safety Officers' Benefits Act	
Before September 11, 2001	On or After September 11, 2001
Survived by spouse but no eligible children, ¹ the spouse will receive 100% of the benefit.	Survived by spouse but no eligible children, the spouse will receive 100% of the benefit.
Survived by spouse and eligible children, the spouse will receive 50% of the benefit and the children will receive equal shares of the remaining 50%.	Survived by spouse and eligible children, the spouse will receive 50% of the benefit and the children will receive equal shares of the remaining 50%.
Survived by eligible children but no spouse, the children will receive equal shares of the benefit.	Survived by eligible children but no spouse, the children will receive equal shares of the benefit.
Survived by neither a spouse nor eligible children, the surviving parents will receive equal shares of the benefit.	Survived by neither a spouse nor eligible children, the benefit shall be paid to the individual designated by the officer under his or her most recently executed life insurance policy, provided that the beneficiary survived the officer.
Survived by neither a spouse, eligible children, nor parents, a claim for benefits will not be initiated.	Survived by neither a spouse nor eligible children and does not have a life insurance policy, the surviving parents will receive equal shares of the benefit.

1. An **eligible child** is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of the public safety officer who, at the time of the officer's death, was 18 or under, or between 19 and 22 (inclusive) and a full-time student at an eligible educational institution, or age 18 or older and incapable of self-support due to mental or physical disabilities.

PART III: INFORMATION CONCERNING OTHER CLAIMS

Question #11a - Please select "yes" if the officer was employed by a federal law enforcement agency.

Question #11b- Please select "yes" if the officer was employed by the District of Columbia.