

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Death Benefits Application

Part A (Applicant)

This file contains an example of the online application you will fill out for the Claim for Death Benefits. This information is provided as a reference tool only and it is not intended to be submitted. If you would like to proceed with the on-line application, please create a User Account.

1. How to Apply for Death Benefits page.

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How to Apply for Death Benefits

Application Instructions for PSOB Death Benefits:

The Bureau of Justice Assistance's Public Safety Officers' Benefits (PSOB) Office extends its condolences on the death of your loved one or colleague. This online system has been designed with you in mind, to impose the least possible burden while providing the PSOB Office with the information required to file your application.

Before beginning your application, please carefully review the instructions provided below.

- **Part A** is completed by the Applicant (Survivor) or the Applicant's Authorized Representative. If you are completing **Part A** as an Authorized Representative, answer the questions as if you are the Applicant.
- **Part B** is completed by the fallen Public Safety Officer's Employing Agency.
- If a **Part A** is completed on the Applicant's behalf by an Authorized Representative from the Officer's Employing Agency, a **Part B** must still be submitted on behalf of the Employing Agency. Also, if an Authorized Representative files a Part B on behalf of the Employing Agency, the Employing Agency must still sign and date, electronically or via a scanned copy, the certification submitted by the Authorized Representative.

Based on the responses provided in your application, a customized checklist of required documents will be generated. **Parts A and B**, and all required supporting documents listed in the custom checklist must be uploaded before the application can be successfully submitted.

You can review a [general list of required documents](#) for filing a death benefit claim, understanding the documents will vary based on each officer's situation. You will be prompted to upload the minimally necessary documentation before completing your application.

How to Apply:

Applicants – Enter Part A: Provide answers to the application questions and upload supporting documentation as instructed. When you submit Part A, you will see if the Officer's Public Safety Agency has completed Part B. If the Public Safety Agency has not completed Part B of the application, please contact the agency point of contact to request that Part B be submitted.

Part A – Applicant ▶

Agency User – Enter Part B: Provide information about the Public Safety Officer and Employing Agency and attach supporting documentation as instructed. If you are also entering information on behalf of an Applicant, please enter Part A upon completion of Part B.

Part B – Agency ▶

Privacy Act Notice

2025 Benefits

The amount of the PSOB benefit is \$448,575.00 for eligible deaths and disabilities occurring on or after October 1, 2024. The amount of the PSOB educational assistance benefit for one month of full-time assistance on or after October 1, 2024 is \$1,536.00.



2. Consent to Release Information and Assistance with your PSOB Application page.

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Consent to Release Information and Assistance with your PSOB Application

The Public Safety Officers' Benefits (PSOB) Office collaborates with various PSOB National Stakeholders, including the Concerns of Police Survivors, Inc. (C.O.P.S.) and National Fallen Firefighters Foundation (NFFF), to provide information and support to survivors and surviving agencies of America's fallen and catastrophically injured Public Safety Officers.

With funding from the Bureau of Justice Assistance, C.O.P.S. and NFFF provide a wide range of peer support and counseling services to survivors, as well as assistance with filing a PSOB application. By completing the consent to release below, you authorize the PSOB Office to release your name and contact information to C.O.P.S., NFFF, or any other organization you specify to contact you for assistance with your application.

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: Concerns of Police Survivors, Inc. (<https://www.concernsofpolicesurvivors.org>) *

☐ Yes ☒ No

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: National Fallen Firefighters Foundation (<https://www.firehero.org>) *

☐ Yes ☒ No

Other Organization (please specify)

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3. In which capacity are you filing this application page

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In which capacity are you filing this application?

Applicant Type *

☐ Applicant

☒ Authorized Representative

☐ National Stakeholder

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4. What type of Authorized Representative are you page

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What type of Authorized Representative are you?

Authorized Representative Type *

☐ Attorney

☒ Other

If "other" selected, describe the relationship to the Applicant: *

friend

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5. Enter the Public Safety Officer's information page

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Enter the Public Safety Officer's information.

Prefix

Select

Describe "other" here

Public Safety Officer First Name *

Public Safety Officer Middle Name

Public Safety Officer Last Name *

Public Safety Officer Suffix

Public Safety Officer Job Title *

Public Safety Officer Employing Agency *

Public Safety Officer Social Security Number (Enter in this format: 555-55-5555) *

Public Safety Officer Date of Birth *

MM/DD/YYYY

Public Safety Officer Date of Injury (if known)

MM/DD/YYYY

Public Safety Officer Date of Death *

MM/DD/YYYY



Notice of Intention to File

Nothing shall be understood to be a notice of intention to file a claim unless it names the individual upon whose injury such a claim would be predicated and otherwise is in such form, and contains such other information, as the Director may require from time to time therefor.

Dear PSOB Filer,

On behalf of the Public Safety Officers' Benefits (PSOB) Office, thank you for completing Part A, which is your notice of intention to file a claim for benefits. Your notice of intention to file a claim begins a supporting-evidence collection period, but does not, itself, constitute a claim for death or disability benefits. The supporting-evidence collection period lasts for one year and may be extended for good cause on request. Please carefully review the information below regarding next steps:

1. Although some evidence has been filed, additional evidence may be required to determine eligibility for death or disability benefits. Once basic supporting evidence has been filed, you will receive an automated message from the PSOB online portal directed to the email address you provided in Part A.
2. When you receive the message from the PSOB online portal, you will need to respond to it, either to request that a determination be made regarding your eligibility for PSOB benefits, or to advise that you are not yet ready to request that a determination be made.
3. If you respond to the message and advise that you are not yet ready to request that a determination be made regarding your PSOB benefits, or if you do not respond to the message at all, no determination will be made until you request that one be made regarding your eligibility. In brief: to move forward to a determination of eligibility for PSOB benefits after you receive the message from the PSOB online portal, you must respond to the message by requesting that a determination be made.

For questions you have regarding this message, please do not hesitate to contact the PSOB Office at AskPSOB@usdoj.gov.

Sincerely,

The PSOB Office

☐ I verify that I have read and understand this information. *

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6. Applicant's Relationship to the Public Safety Officer page

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Applicant's Relationship to the Public Safety Officer

1) Officer's Surviving Spouse and Minor Child(ren)

A Minor Child is defined as a Child of the Officer who was 18 years of age or younger at the time of the Officer's fatal injury or death, or a Child who was between the ages of 19-22 at the time of the Officer's fatal injury or death in addition to being a full-time student at the time of the Officer's fatal injury or death. If the Officer has a Surviving Spouse and no Minor Children, the Spouse receives 100% of the benefit; if the Officer has a Surviving Spouse and a Child or Children, the Spouse receives 50% of the benefit, while the Children receive the remaining 50% of the benefit in equal shares. If the Officer has no Surviving Spouse or Minor Children, the next eligible beneficiary on the benefits hierarchy would be the:

2) PSOB Designee on file with the Agency at the time of the Officer's death

The PSOB Designee on file with the Agency at the time of the Officer's death is the beneficiary for PSOB benefits that was specifically designated by the Officer prior to his or her fatal injury, if such a designation was made, and which was on file with the Agency at the time of the Officer's fatal injury. If there was such a designation, a copy of the written designation that was on file with the Officer's Agency at the time of his or her fatal injury must be provided. If the Officer has no Surviving Spouse or Minor Children, and had no PSOB Designee on file with the Agency at the time of his or her fatal injury, the next eligible beneficiary on the benefits hierarchy would be the:

3) Life Insurance Designee on file with the Agency at the time of the Officer's death

The Life Insurance Designee on file with the Agency at the time of the Officer's death is the Life Insurance Designee that was specifically designated by the Officer prior to his or her fatal injury, if such a designation was made, and which was the most recently executed designation on file with the Agency at the time of the Officer's fatal injury. If there was such a designation, a copy of the written designation and policy that was on file with the Officer's Agency at the time of his or her fatal injury must be provided. If the Officer has no Surviving Spouse or Minor Children, and had no PSOB Designee on file with the Agency at the time of his or her fatal injury, as well as no Life Insurance Designee on file with the Agency at the time of his or her fatal injury, the next eligible beneficiary on the benefits hierarchy would be the:

4) Officer's Surviving Parents

If the Officer has one Surviving Parent, the Surviving Parent receives 100% of the benefit; if the Officer has more than one Surviving Parent, each Parent receives the benefit in equal shares. If the Officer has no Surviving Spouse or Minor Children, and had no PSOB Designee on file with the Agency at the time of his or her fatal injury, as well as no Life Insurance Designee on file with the Agency at the time of his or her fatal injury, and also had no Surviving Parents, the next and final eligible beneficiary on the benefits hierarchy would be the:

5) Officer's Surviving Adult Child(ren)

An Adult Child is defined as a Child of the Officer that does not qualify as a Minor Child due to age.

6) Other

None of the above situations describe the relationship to the Public Safety Officer.

☐ I verify that I have read and understand this information. *

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7. What is the Applicant's relationship to the Public Safety Officer page.

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Public Safety Officers' Death Benefits Application - Part A

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What is the Applicant's relationship to the Public Safety Officer? *

Please select only one of the options below. If you are completing this application on behalf of a beneficiary, please select the option that applies to the beneficiary, and not the "Other" option. For questions regarding which option to choose, please email AskPSOB@usdoj.gov.

☐ Surviving Spouse
☐ Surviving Spouse with Minor Child(ren)
☐ Minor Child(ren)
☐ PSOB Beneficiary Designee(s) on file with the Employing Agency at the time of Officer's death
☐ Life Insurance Beneficiary(ies) on file with the Employing Agency at the time of Officer's death
☐ Surviving Parent
☐ Adult Child(ren)
☐ Other

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8. What is the Public Safety Officer's marital status at the time of death page

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What was the Public Safety Officer's marital status at the time of death?

Public Safety Officer's Marital Status *

☐ Never Married
☐ Married
☐ Divorced or Annulled
☐ Widowed

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9. Enter information about the Public Safety Officer's Surviving Spouse page

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Enter information about the Public Safety Officer's Surviving Spouse.

How many times was the Public Safety Officer's Surviving Spouse previously married? (Excluding the marriage to the Public Safety Officer)

*

Select

Enter information about the Public Safety Officer's Surviving Spouse.

Add Surviving Spouse

Prefix	First Name	Middle Name	Last Name ↑	Date Marriage Began
There are no records to display.				

Add information about all of the surviving spouse's previous marriages (if applicable).

Add Previous Marriage

First Name	Middle Name	Last Name	Date Marriage Ended ↑	Marriage Ended in Death or Divorce?
There are no records to display.				

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10. Did the Public Safety Officer have previous marriages page

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Did the Public Safety Officer have previous marriages? *

☐ Yes ☐ No

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11. Did the Public Safety Officer have any Children page

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Did the Public Safety Officer have any Children at the time of fatal injury or death (including biological, stepchildren and adopted children, regardless of age)? *

☐ Yes ☐ No

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12. Officer Injury Profile page.

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Officer Injury Profile

Cause of Injury: (Check all that apply)

*

- ☐ Bullets
- ☐ Explosives
- ☐ Sharp Instruments/ Blunt Objects
- ☐ Physical Blows
- ☐ Motor Vehicle/ Boat/ Airplane/ Helicopter Accident
- ☐ Fire/ Smoke Inhalation
- ☐ Chemicals
- ☐ Electricity
- ☐ Climatic Conditions
- ☐ Infectious Disease
- ☐ Radiation
- ☐ Viral Infection
- ☐ Heart Attack
- ☐ Stroke
- ☐ Vascular Rupture
- ☐ COVID-19
- ☐ PTSD, Acute Stress Disorder Exposure/Suicide
- ☐ Cancer-related (non-9/11 exposure)
- ☐ Occupational Disease
- ☐ Stress or Strain
- ☐ Other (please describe):

Describe "other" here:

Was this injury related to events of September 11,2001 *

- ☐ Yes
☐ No

At the time of injury, was the officer *

- ☐ On-duty
☐ Off-duty
☐ Other (please describe)

Duty Status Describe

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13. Public Safety Officer's 45-Day COVID-19 Report page (if selected on the Officer Injury page)

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Public Safety Officer's 45-Day COVID-19 Report

Select this option if you would prefer to upload the 45-Day COVID-19 Report as a document instead of entering a new record below. If selected, you will be prompted to upload your document in the Required Documents section.

☐ I will upload a Public Safety Officer's 45-Day COVID-19 Report

Provide a brief statement regarding the on-duty activities during the 45-day period prior to the officer being diagnosed with COVID-19 (or otherwise having evidence that the officer had COVID-19.)

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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14. PTSD, Acute Stress Disorder Exposure/Suicide page (if selected on the Officer Injury page)

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PTSD, Acute Stress Disorder Exposure/Suicide

Please provide or upload information regarding the Public Safety Officer's exposure while on duty to one or more traumatic events.

☐ I will upload a Public Safety Officer's Traumatic Exposure(s) / Suicide Statement

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

Please provide or upload information regarding the Public Safety Officer's diagnosis of PTSD, Acute Stress Disorder, or a Trauma and Stress Related Disorder. If unavailable or not applicable, please briefly describe.

☐ I will upload a Public Safety Officer's PTSD, Acute Stress Disorder Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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15. Cancer-Related (non-9/11) Exposure page (if selected on the Officer Injury page)

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Cancer-Related (non-9/11) Exposure

Please provide or upload information regarding the Public Safety Officer's exposure(s) while on duty to a carcinogen.

☐ I will upload a Public Safety Officer's Non-September 11th Cancer-Related Exposure(s) Statement

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

Please provide or upload information regarding the Public Safety Officer's cancer diagnosis.

☐ I will upload a Public Safety Officer's Non-September 11th Cancer-Related Diagnosis Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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16. Other Benefits page

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Other Benefits

Has a claim for benefits been filed under any of the following: (Check all that apply)

*

- ☐ State Line of Duty Death Benefits
- ☐ Workers' Compensation
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1916
- ☐ September 11th Victim Compensation Fund
- ☐ Other (please describe)
- ☐ None of the Above (please describe)

Describe "other" or "none of the above" here:

Has a final determination been issued for any of the following: (Check all that apply)

*

- ☐ State Line of Duty Death Benefits
- ☐ Workers' Compensation
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1916
- ☐ September 11th Victim Compensation Fund
- ☐ Other (please describe)
- ☐ None of the Above (please describe)

Describe "other" or "none of the above" here:

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17. Application Preview page.

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Public Safety Officers' Death Benefits Application - Part A

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APPLICATION PREVIEW

Please Review and Confirm
The following is a summary of the information you have entered. Please review and make any necessary changes to this page before submitting your application.

Consent to Release Information and Assistance with your PSOB Application
The Public Safety Officers' Benefits (PSOB) Office collaborates with various PSOB National Stakeholders, including the Concerns of Police Survivors, Inc. (C.O.P.S.) and National Fallen Firefighters Foundation (NFFF), to provide information and support to survivors and surviving agencies of America's fallen and catastrophically injured Public Safety Officers.

With funding from the Bureau of Justice Assistance, C.O.P.S. and NFFF provide a wide range of peer support and counseling services to survivors, as well as assistance with filing a PSOB application. By completing the consent to release below, you authorize the PSOB Office to release your name and contact information to C.O.P.S., NFFF, or any other organization you specify to contact you for assistance with your application.

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: Concerns of Police Survivors, Inc. (<https://www.concernsofpolicesurvivors.org>)
☐ Yes ☒ No

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: National Fallen Firefighters Foundation (<https://www.firehero.org>)
☐ Yes ☒ No

Other Organization (please specify)

In which capacity are you filing this application?
Applicant Type
☐ Applicant
☒ Authorized Representative
☐ National Stakeholder

18. Required Documents page

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Required Documents

Based on your responses, a customized checklist has been generated. The following required documents must be provided for the application to be considered complete. If you have any questions, please contact the PSOB Customer Resource Center at 1-888-744-6513 between 8:00 a.m. - 5:00 p.m. Eastern Standard Time, or send an email to [AskPSOB](#).

Click Here to Add Other Documentation

Upload	Document Type	Association	Date Requested ↓	Date Uploaded	Review Status	Instructions	Missing Document Justification
Click to Upload	Death Certificate	Jones, Jon	9/5/2025		Pending Review	The Public Safety Officer's Death Certificate is requested in order to confirm the date, time and cause of the fallen Officer's death. The death certificate should be signed by a physician, list the cause of death, the date and time, and also the place where the death occurred.	▼
Click to Upload	Marriage Certificate or Evidence of Marriage	Jones, Jon	9/5/2025		Pending Review	The marriage certificate is used to verify the marital relationship between the surviving spouse and Public Safety Officer.	▼

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19. Certification of Application page

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Public Safety Officers' Death Benefits Application - Part A

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CERTIFICATION OF APPLICATION

The information provided will be used by the Department of Justice to determine eligibility of an Applicant/Claimant for PSOB Program benefits. To verify eligibility for benefits, the information provided is subject to investigation and may be disclosed to federal, state, tribal, and local agencies to verify eligibility for benefits. If the Department of Justice receives adverse information regarding an Applicant's or Claimant's eligibility, an information of record may be disclosed as necessary to affected persons and federal, state, tribal, and local agencies, including those persons or agencies challenging eligibility.

I certify that all of the information provided is correct and complete to the best of my knowledge. I know of no facts or circumstances that would render the person identified here as ineligible for the benefit. I understand that knowingly and willfully making a false or incomplete statement or failing to fully disclose pertinent information concerning this claim may be grounds for non-payment of benefits or for prosecution for a false statement under 18 U.S.C. § 1001.

Checking the box below asserts that you have read and understand this Certification of Application, and will be treated as an electronic signature by or on behalf of the Applicant.

☐ Certification of Application *

If you are ready to submit your application, click the "Next/Save" button. If you need to make changes to your application, click the "Previous" button.

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20. Final Review page.

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FINAL REVIEW FORM

Please Review and Confirm

This final review form serves as the version of the application you are about to submit. If you wish to make edits, return to the editable preview screen to do so.

Death Benefits Application – Part A

OMB Form 1121-0220, Form Expiration Date: 01/31/2027

Consent to Release Information and Assistance with your PSOB Application

The Public Safety Officers' Benefits (PSOB) Office collaborates with various PSOB National Stakeholders, including the Concerns of Police Survivors, Inc. (C.O.P.S.) and National Fallen Firefighters Foundation (NFFF), to provide information and support to survivors and surviving agencies of America's fallen and catastrophically injured Public Safety Officers.

With funding from the Bureau of Justice Assistance, C.O.P.S. and NFFF provide a wide range of peer support and counseling services to survivors, as well as assistance with filing a PSOB application. By completing the consent to release below, you authorize the PSOB Office to release your name and contact information to C.O.P.S., NFFF, or any other organization you specify to contact you for assistance with your application.

21. Application Submission Acknowledgement page

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Public Safety Officer's Death Benefits Application Submission Acknowledgement

Application Part A Successfully Submitted

A PSOB Death Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Officer's beneficiary or Authorized Representative, Part B is completed by the Employing Agency. Parts A and B, and all required supporting documents must be provided before the application can be considered complete.

A Customer Resource Specialist will review the application. If all required documents are provided, the application will be assigned a claim number and will move to the next stage of review.

If you have additional questions, please do not hesitate to call the PSOB Customer Resource Center at 1-888-744-6513 Monday through Friday between 8:00 a.m. - 5:00 p.m. Eastern Standard Time, or send a message using [Messages](#) to [MyPSOB](#)

2024 Benefits

The amount of the PSOB benefit is \$437,503.00 for eligible deaths and disabilities occurring on or after October 1, 2023. The amount of the PSOB educational assistance benefit for one month of full-time assistance on or after October 1, 2023 is \$1,488.00.

