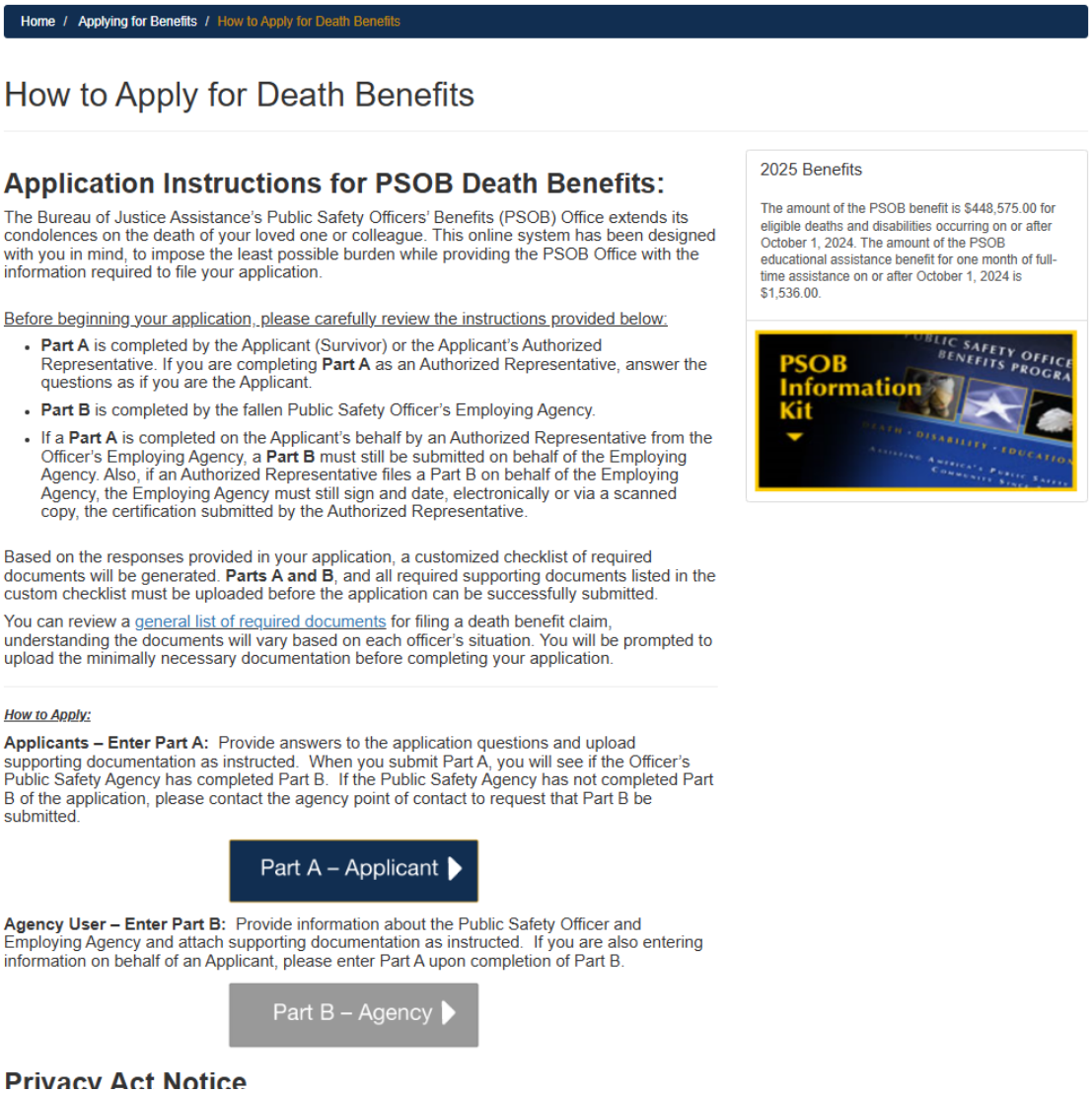
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Death Benefits Application

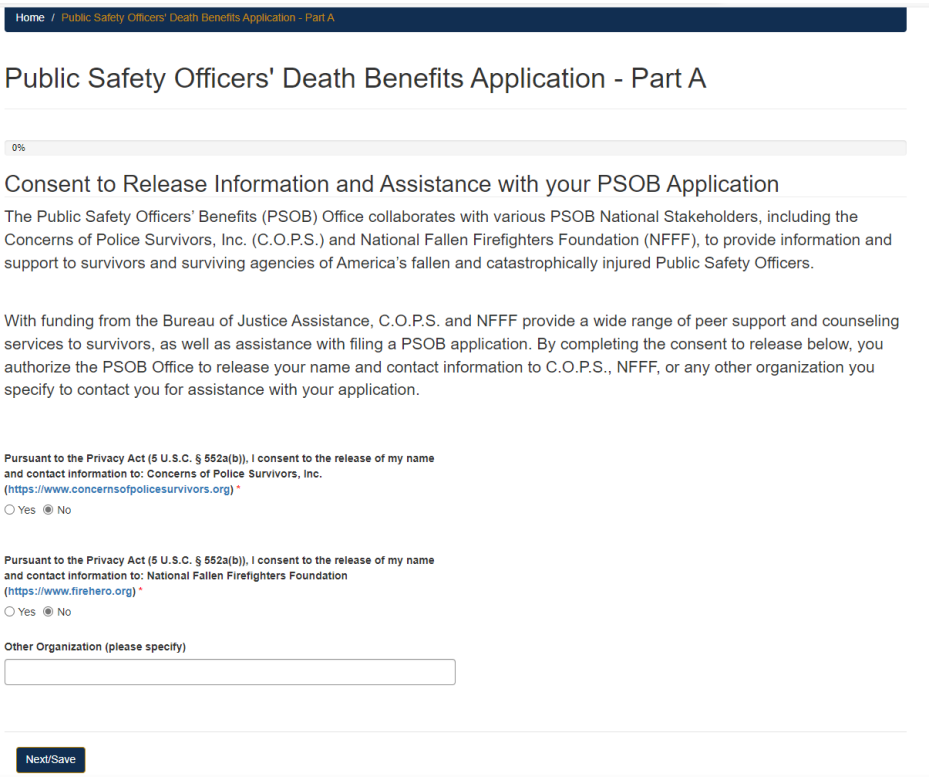
Part A (Applicant)

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.

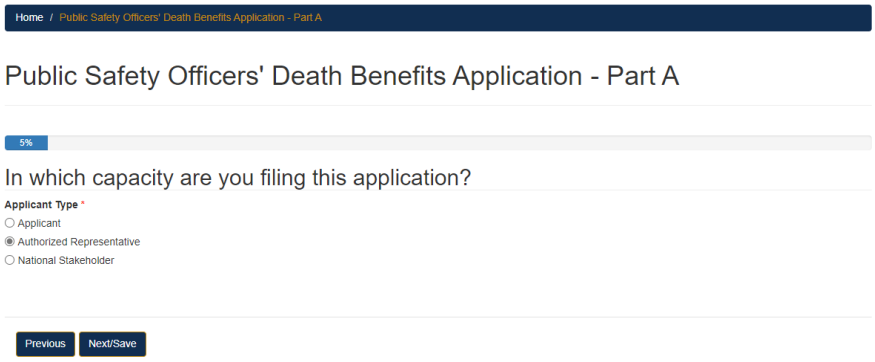
1. **How to Apply for Death Benefits page.**



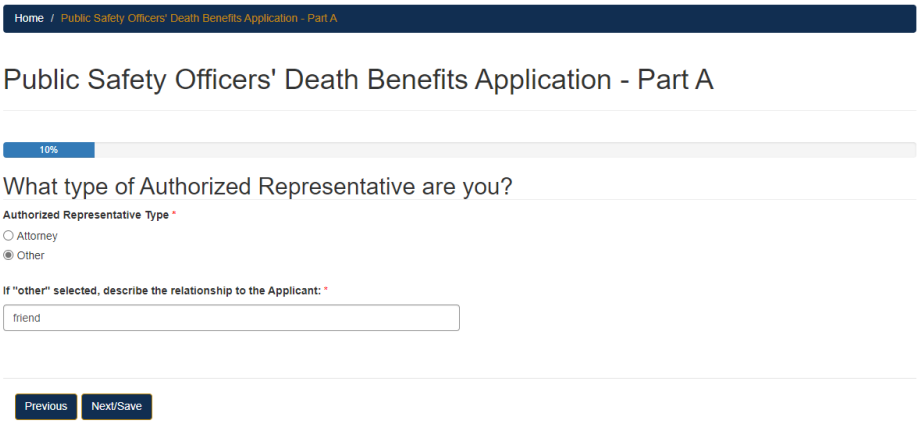
2. Consent to Release Information and Assistance with your PSOB Application page.



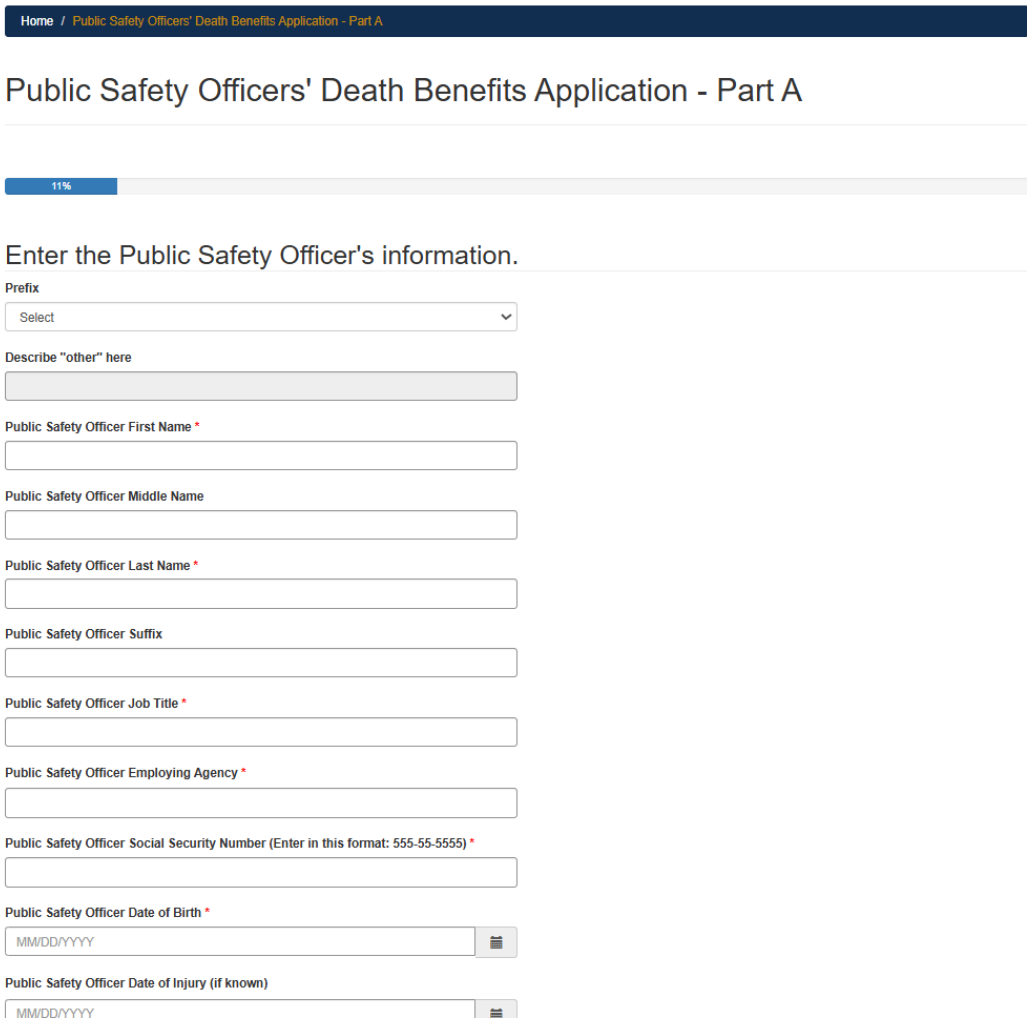
3. In which capacity are you filing this application page



4. What type of Authorized Representative are you page



5. Enter the Public Safety Officer's information page



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.

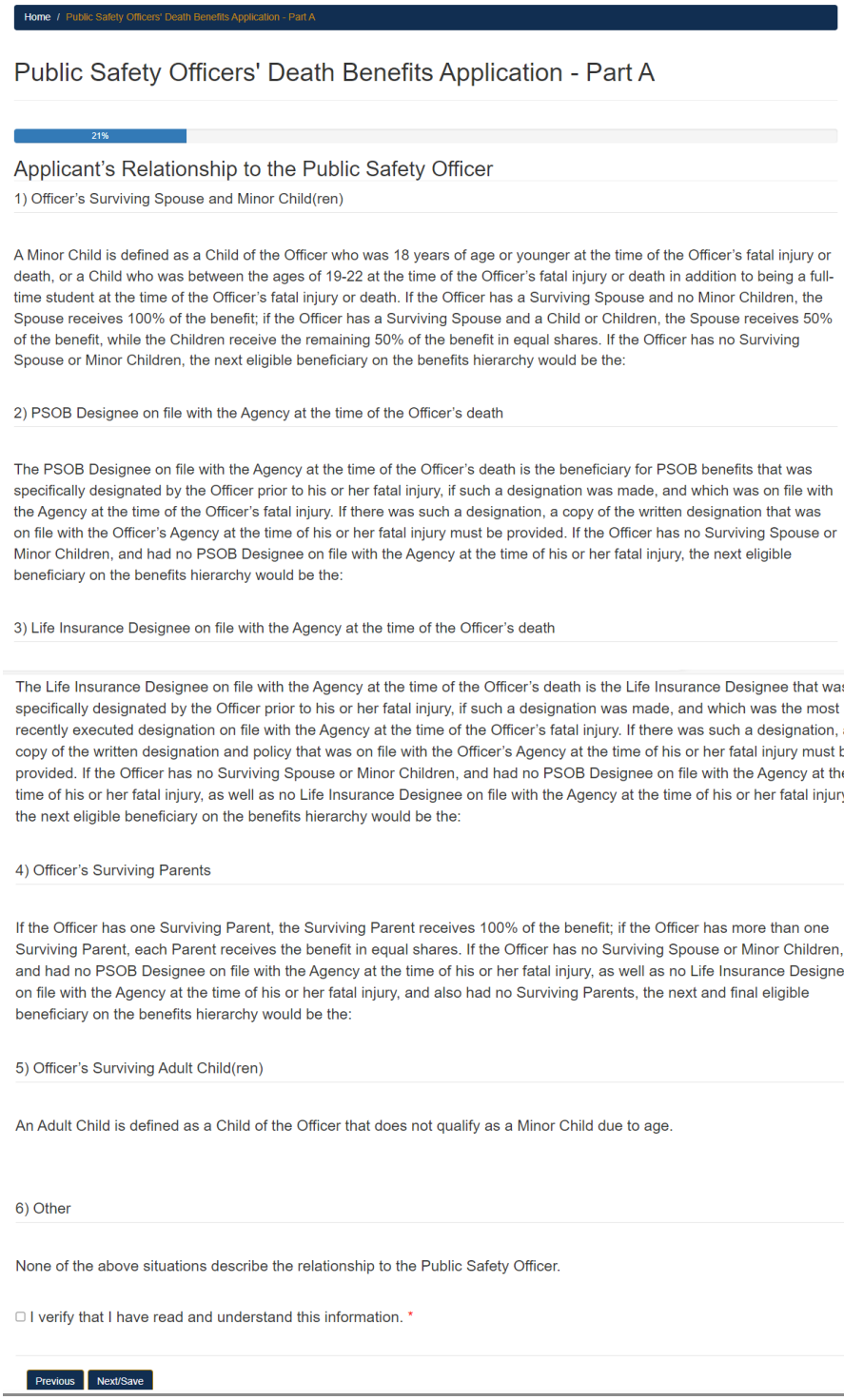
Sincerely,

The PSOB Office

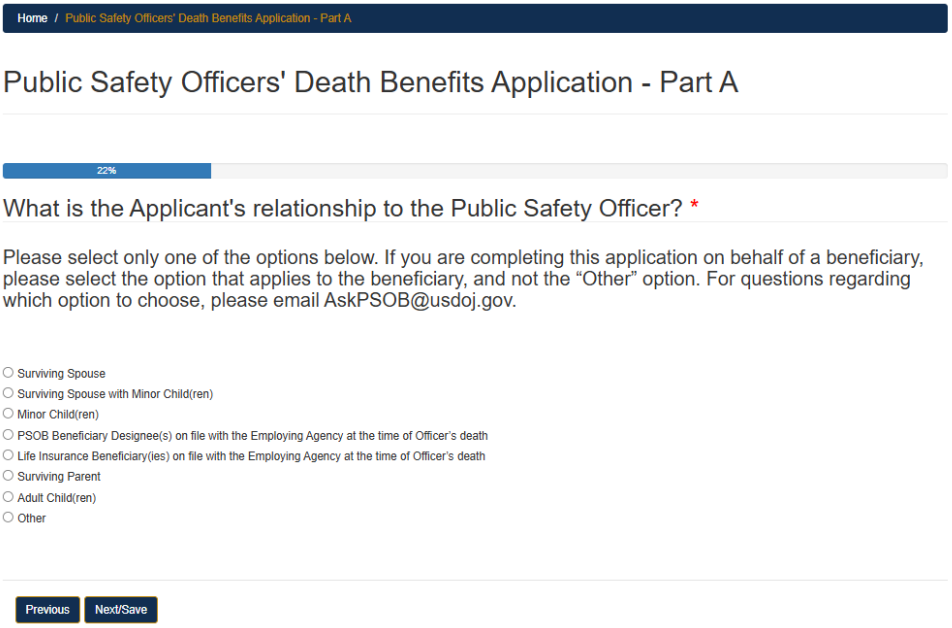
☐ I verify that I have read and understand this information. *

Previous Next/Save

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

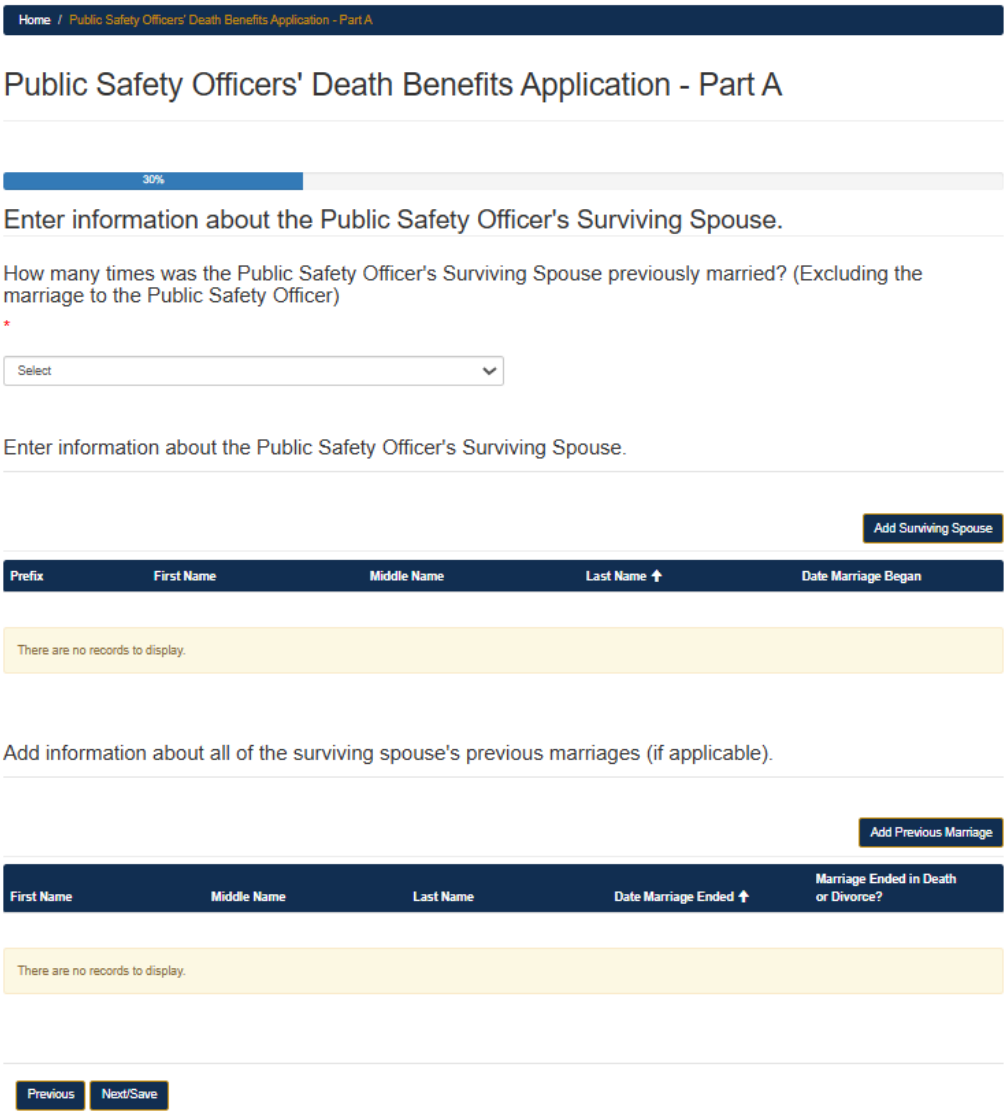


7. What is the Applicant's relationship to the Public Safety Officer page.



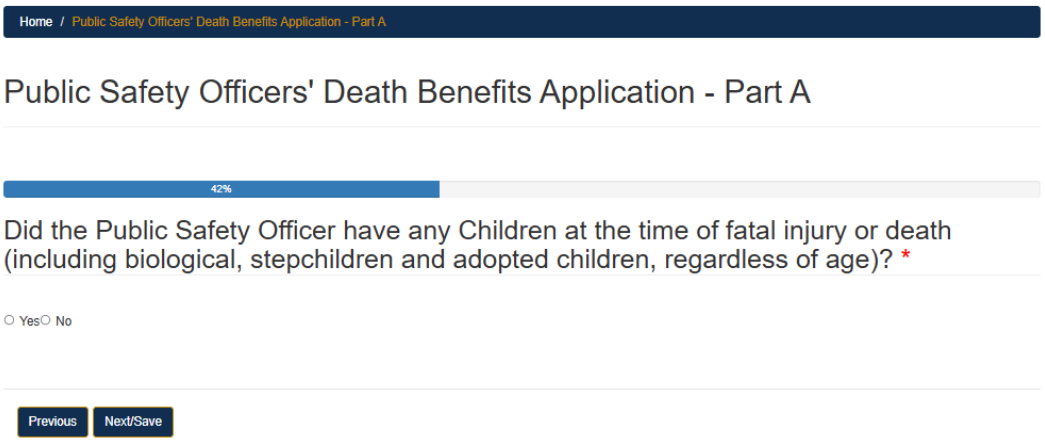
8. What is the Public Safety Officer's marital status at the time of death page

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

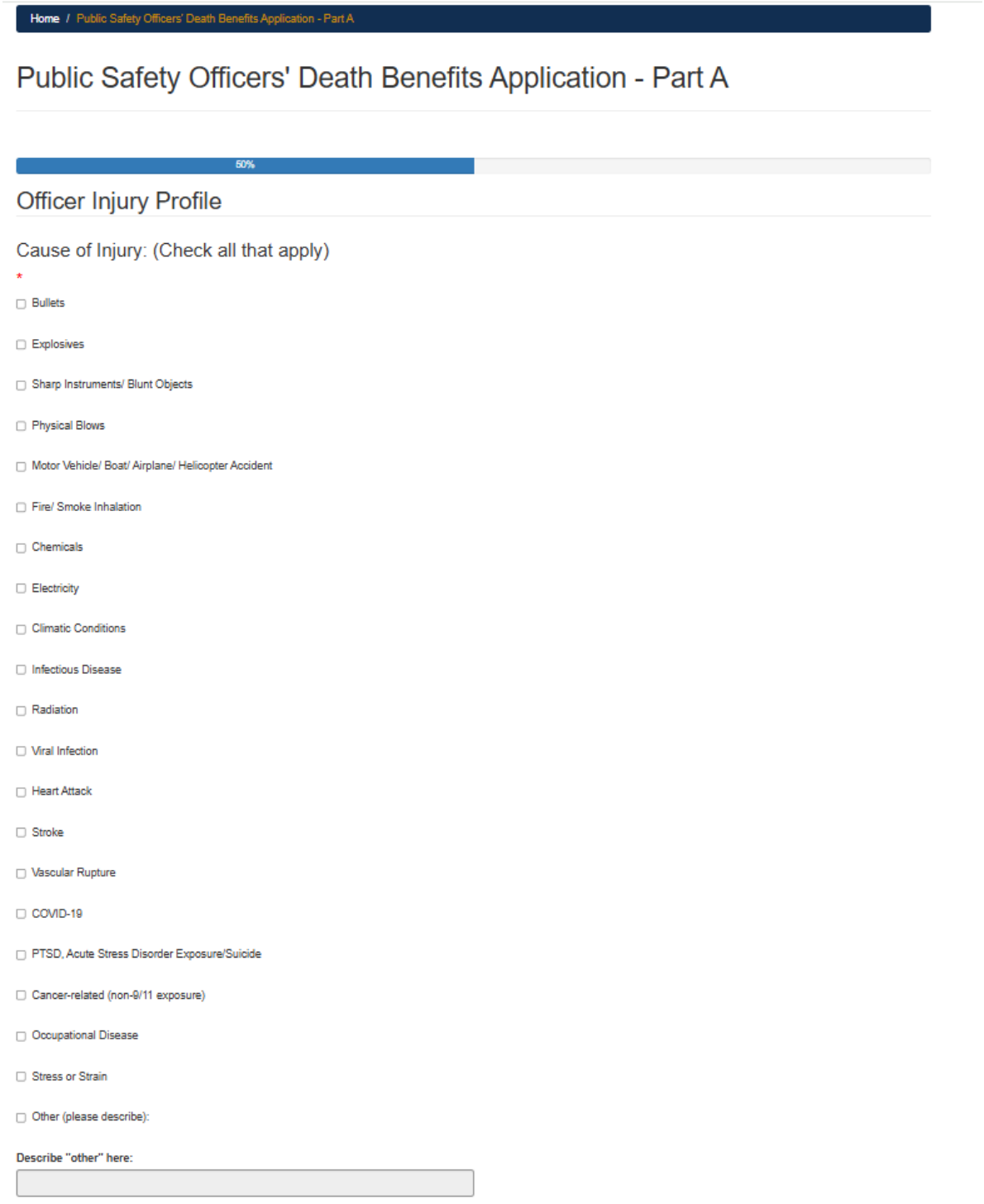


10. Did the Public Safety Officer have previous marriages page

11. Did the Public Safety Officer have any Children page



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

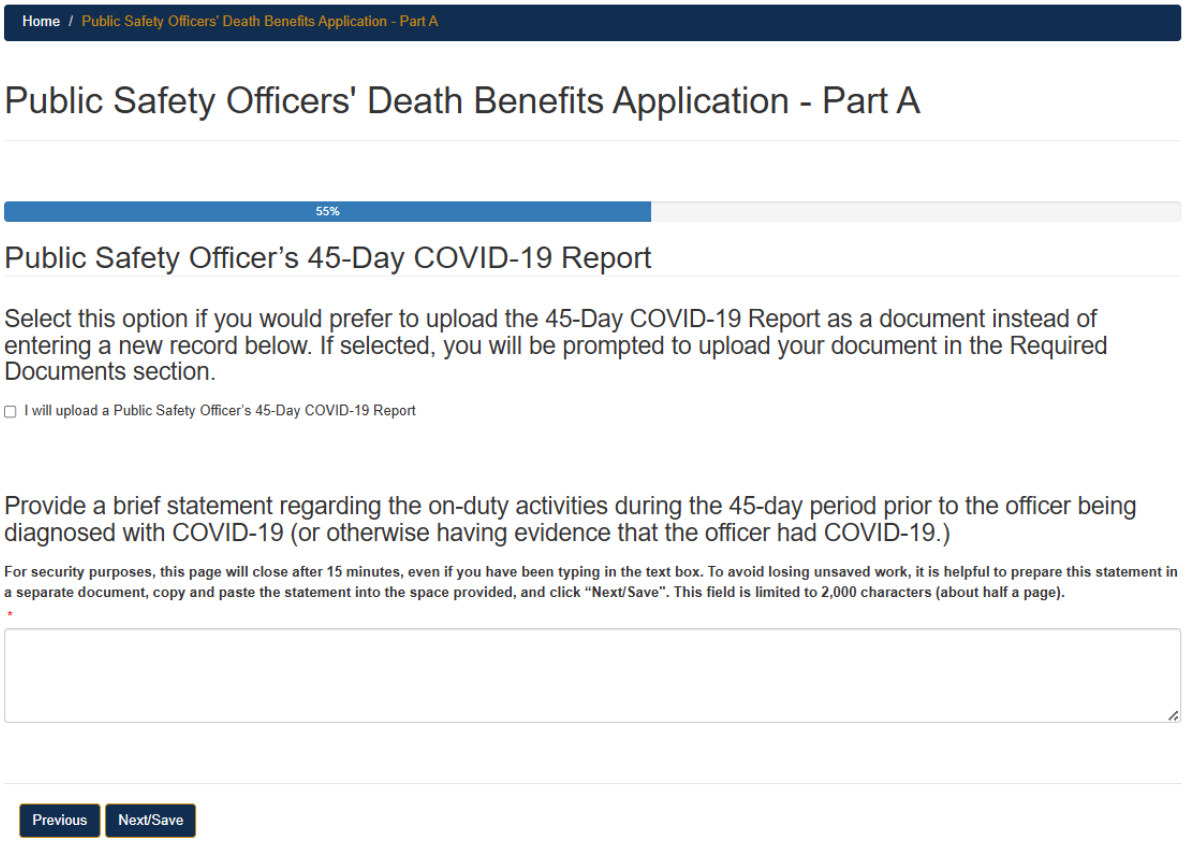
At the time of injury, was the officer *

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

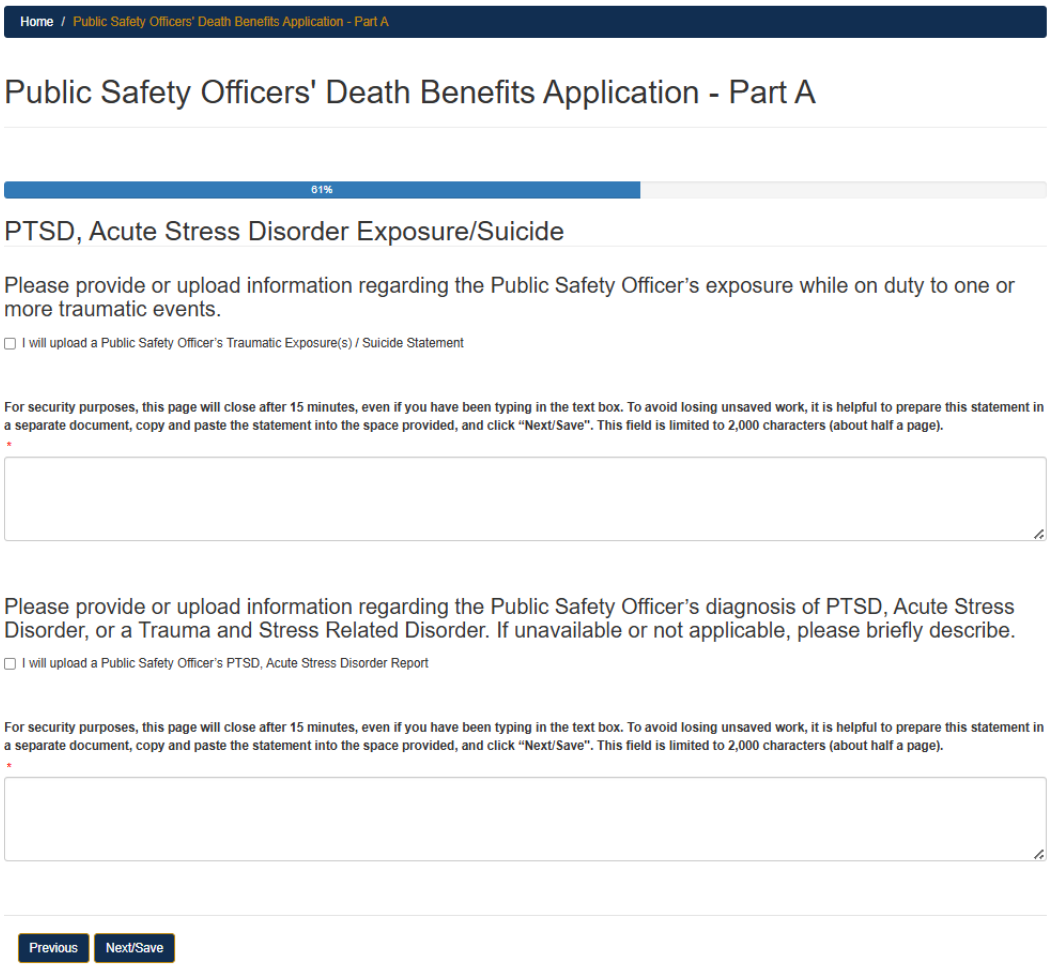
Duty Status Describe

Previous Next/Save

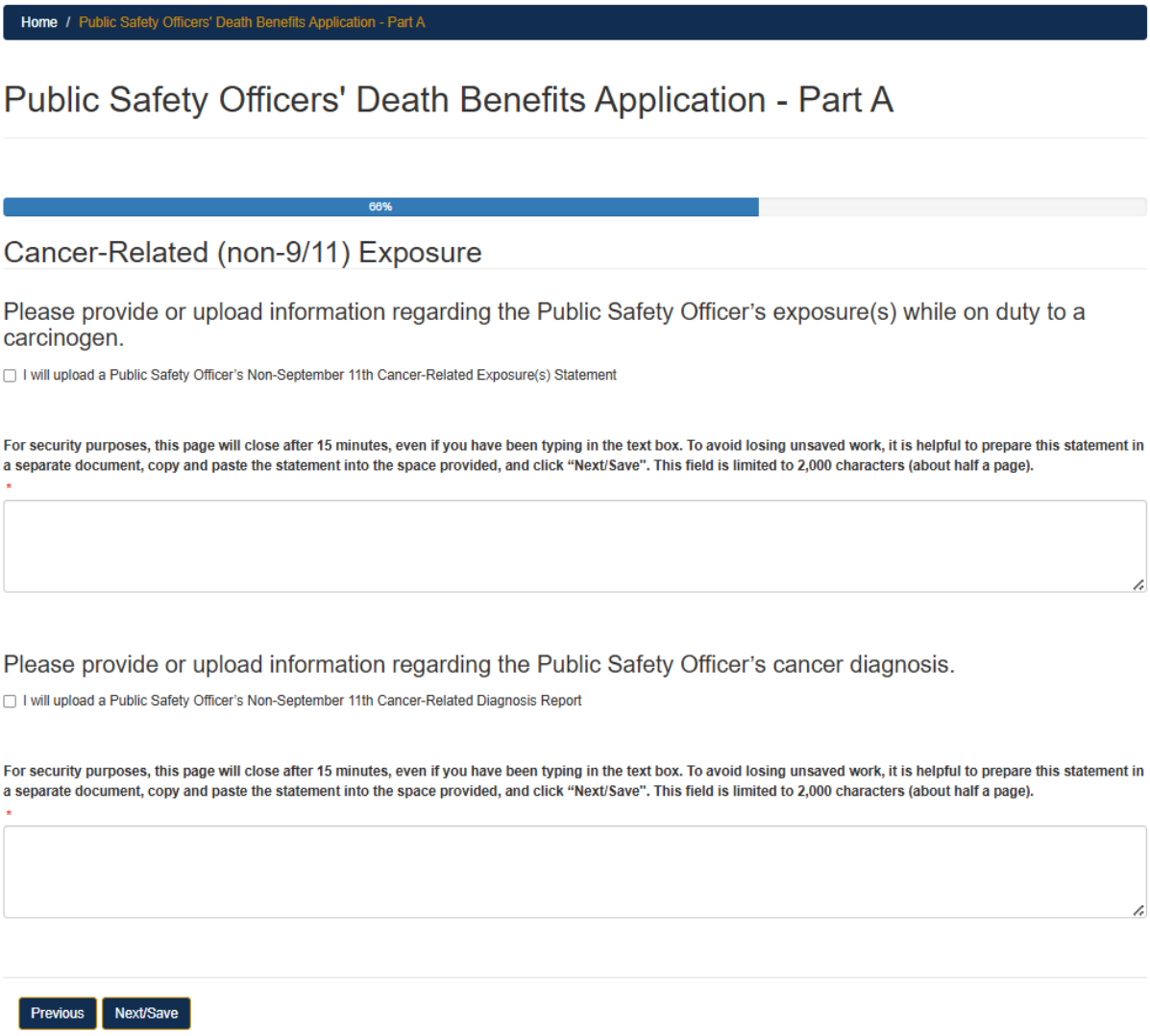
13. Public Safety Officer's 45-Day COVID-19 Report page (if selected on the Officer Injury page)



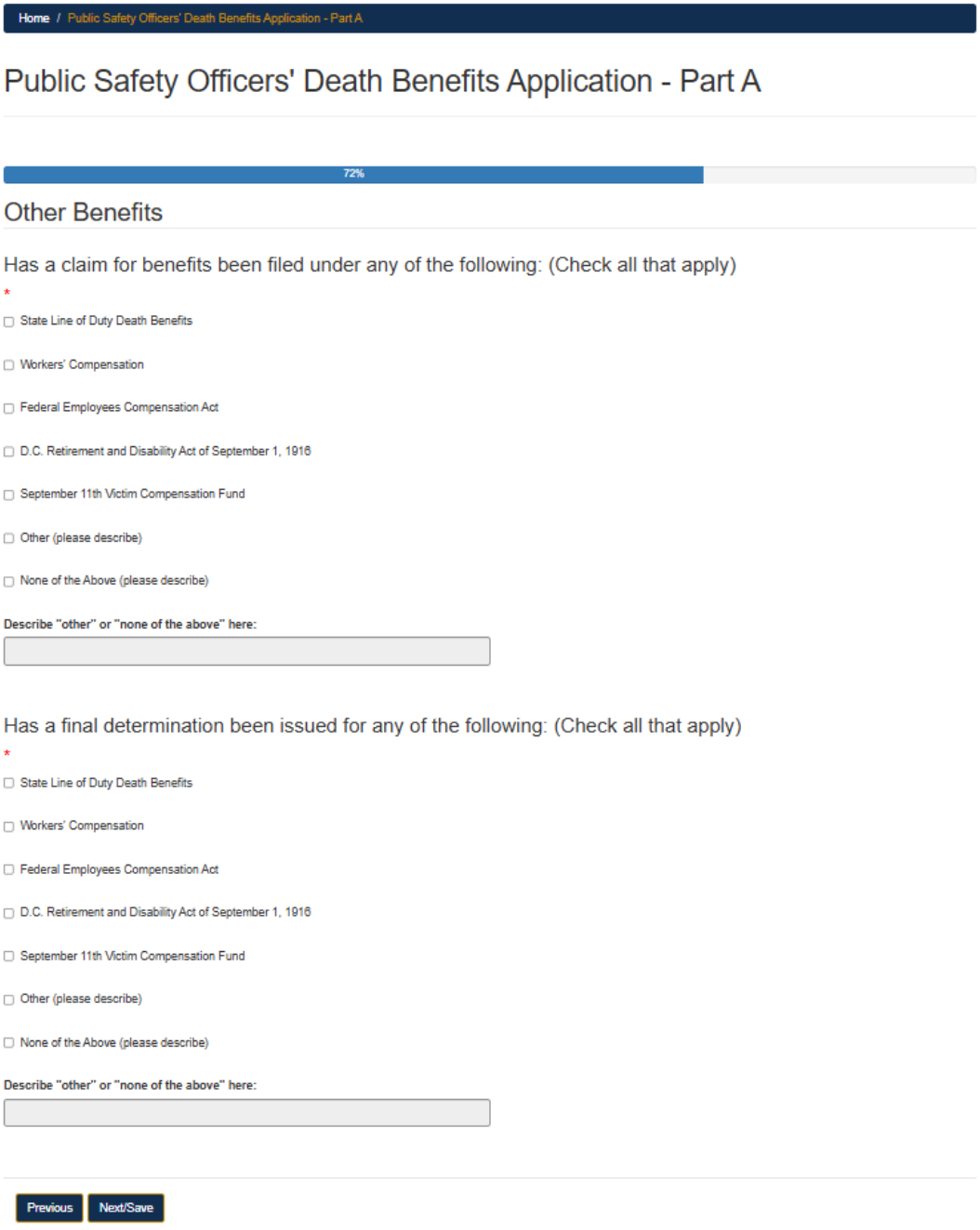
14. PTSD, Acute Stress Disorder Exposure/Suicide page (if selected on the Officer Injury page)



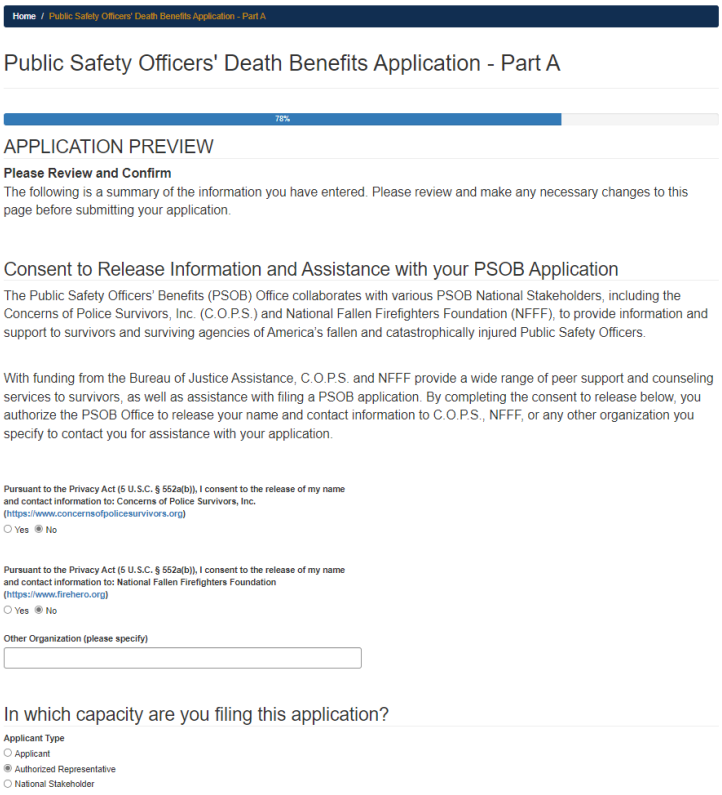
15. Cancer-Related (non-9/11) Exposure page (if selected on the Officer Injury page)



16. Other Benefits page



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

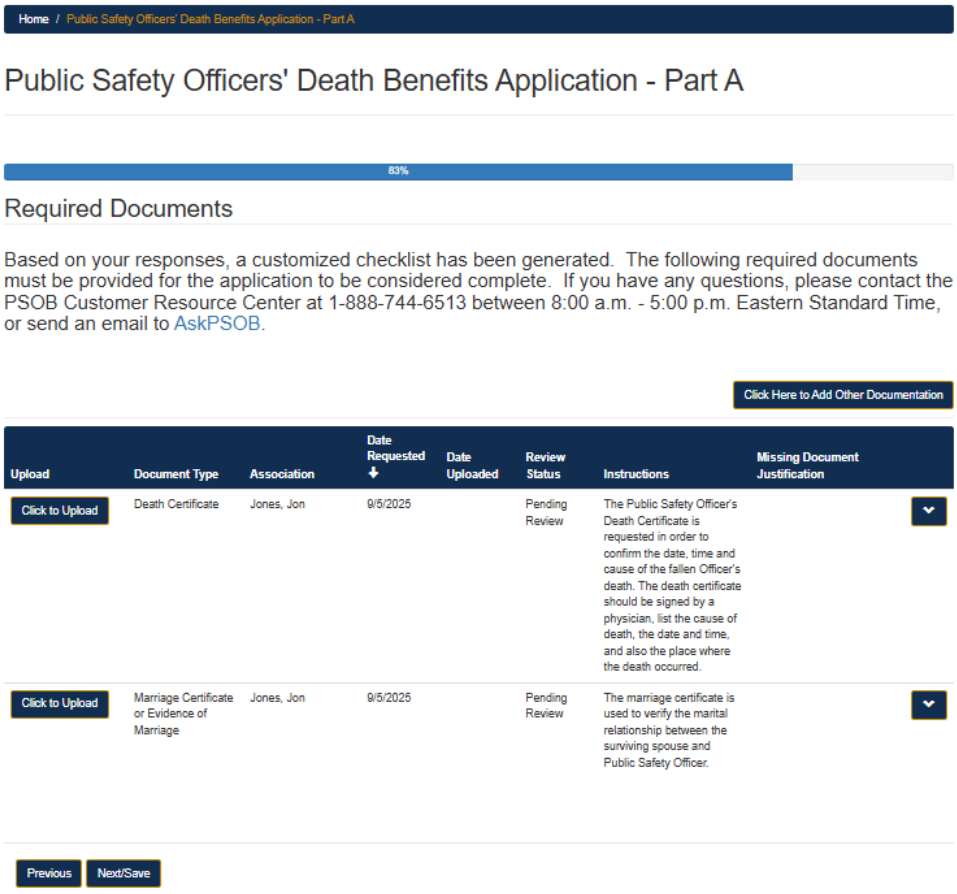
Other Organization (please specify)

In which capacity are you filing this application?

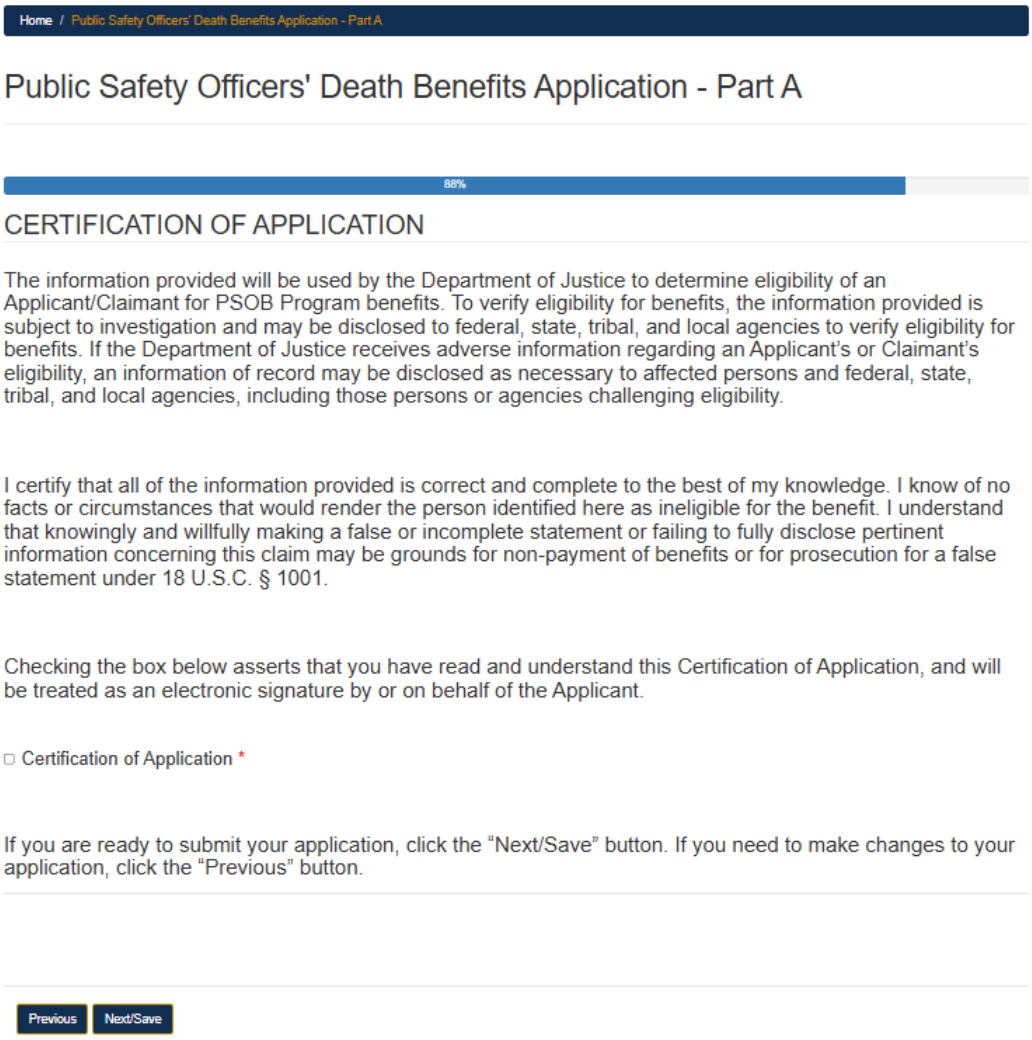
Applicant Type

○ Applicant
◉ Authorized Representative
○ National Stakeholder

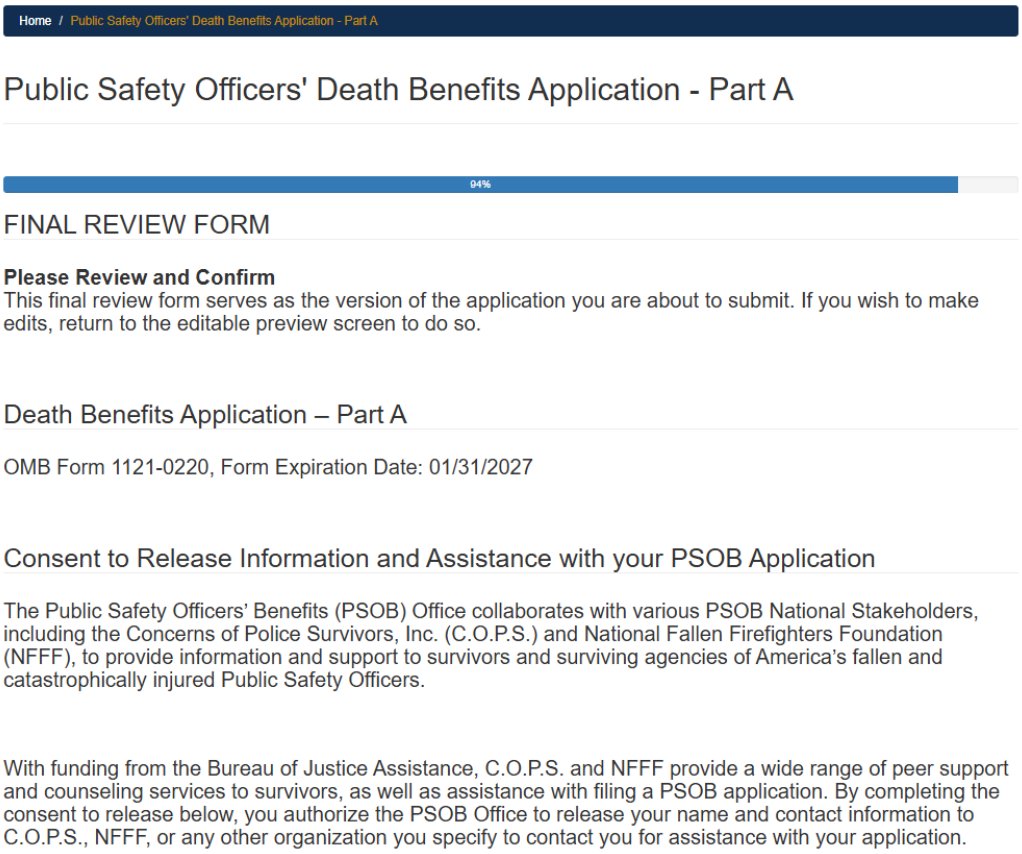
18. Required Documents page



19. Certification of Application page



20. Final Review page.



21. Application Submission Acknowledgement page