

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability 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 Disability Benefits page.

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How to Apply for Disability Benefits

Application Instructions for PSOB Disability Benefits:

The Bureau of Justice Assistance's Public Safety Officers' Benefits (PSOB) Office extends its gratitude to you for your public safety service. 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 (Public Safety Officer) 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 Public Safety Officer's Employing Agency.
- If a **Part A** is completed on the Applicant's (Public Safety Officer) 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 considered complete.

You can review a [general list of required documents](#) for filing a disability 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.

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.



Part A – Applicant ▶

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. Enter the Public Safety Officer's information page.

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Public Safety Officers' Disability Benefits Application – Part A

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Enter the Public Safety Officer's information.

Prefix Select	Public Safety Officer Address Line 1 *
Describe "other" here 	Public Safety Officer Address Line 2
Public Safety Officer First Name * 	Public Safety Officer City *
Public Safety Officer Middle Name 	Public Safety Officer State * Select
Public Safety Officer Last Name * 	Describe "other" here
Public Safety Officer Suffix 	Public Safety Officer Zip / Postal Code *
Public Safety Officer Job Title * 	Public Safety Officer Country
Public Safety Officer Employing Agency * 	Public Safety Officer Phone Number *
Public Safety Officer Social Security Number (Enter in this format: 555-55-5555) * 	Public Safety Officer Alternate Phone Number
Public Safety Officer Date of Birth * MM/DD/YYYY	Public Safety Officer Email Address *
	Public Safety Officer Date of Injury 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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5. 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 Blow

☐ 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

☐ Cancer-related (non-9/11 exposure)

☐ Occupational Disease

☐ Stress or Strain

☐ Other (please describe)

Describe "other" here:

Has the Public Safety Officer worked in any capacity since the time of the injury above?

☐ Yes

☐ No

If yes, please describe

Was the injury related to the events of September 11, 2001?

☐ Yes

☐ No

At the time of injury, was the Officer?

☐ On-duty

☐ Off-duty

☐ Other (please describe)

Describe "other" here:

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6. Public Safety Officer's 45-Day COVID-19 Report page. (If selected on 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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7. PTSD, Acute Stress Disorder Exposure page. (If selected on Officer Injury page.)

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PTSD, Acute Stress Disorder Exposure

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) 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).

* If unavailable or not applicable, please briefly describe.

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8. Cancer-Related (non-9/11) Exposure page. (If selected on 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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9. Was the Public Safety Officer married at the time of injury page.

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Was the Public Safety Officer married at the time of injury? *

☐ Yes ☐ No

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

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Public Safety Officers' Disability Benefits Application – Part A

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Enter information about the Public Safety Officer's Spouse

How many times was the Public Safety Officer married? *

Add Officer's Spouse

First Name	Middle Name	Last Name ↑
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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 injury? *

☐ Yes ☒ No

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12. 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)

*

- ☐ Medical Retirement/Disability
- ☐ Workers' Compensation
- ☐ Social Security
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1918
- ☐ 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)

*

- ☐ Medical Retirement/Disability
- ☐ Workers' Compensation
- ☐ Social Security
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1918
- ☐ 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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13. Applicants Statement page.

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Applicant's Statement

Answer the following questions in the text box provided below.

1. What is the highest educational level the Officer achieved? Has the Officer completed any special training or courses, including military training? *

2. Has the Officer received any formal vocational or functional capacity evaluation or vocational rehabilitative treatment? *

☐ Yes ☐ No

3. Has the Officer worked at any job following the injuries? *

☐ Yes ☐ No

If so, where?

4. Is the Officer currently working or volunteering in any capacity? *

☐ Yes ☐ No

If yes, please describe.

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14. Application Preview page.

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Public Safety Officers' Disability 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

Enter the Public Safety Officer's information.

15. 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	Tax Returns	Jones, Jane	9/5/2025		Pending Review	Provide IRS "Wage and Income Transcripts" for the past three years. These documents are available without charge from the IRS by mail or online at: www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them .	▼

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16. Certification of Application page.

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Public Safety Officers' Disability 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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17. Final Review page.

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Disability Benefits Application - Part A

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

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.

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.

18. Application Submission Acknowledgement page.

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Disability Benefits Part A Application Submission Acknowledgement

Application Part A Successfully Submitted

A PSOB Disability Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Officer 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](#) in [MyPSOB](#).

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.

