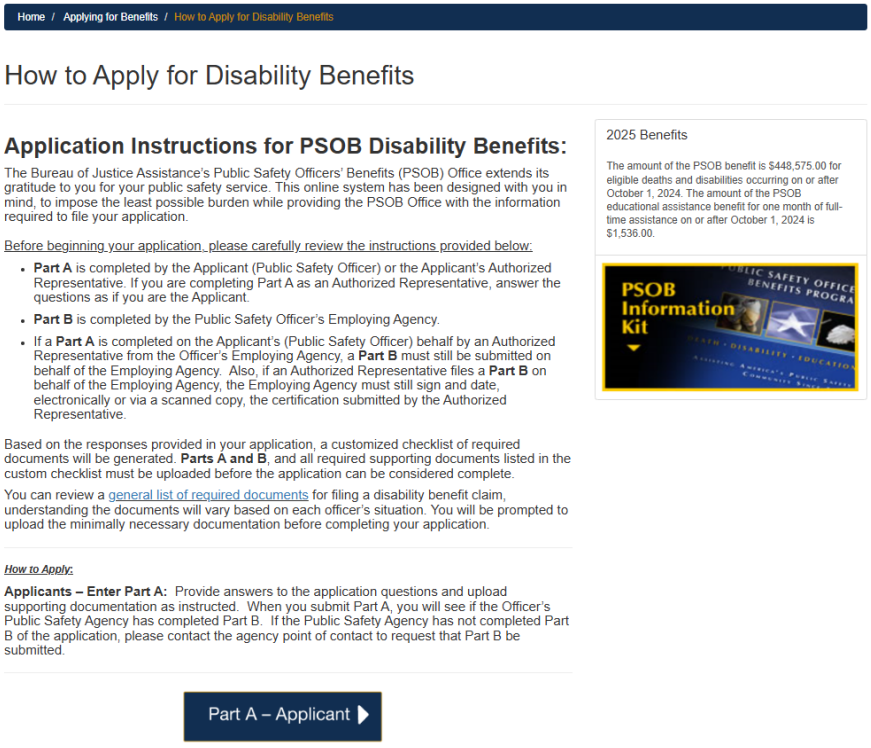
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application

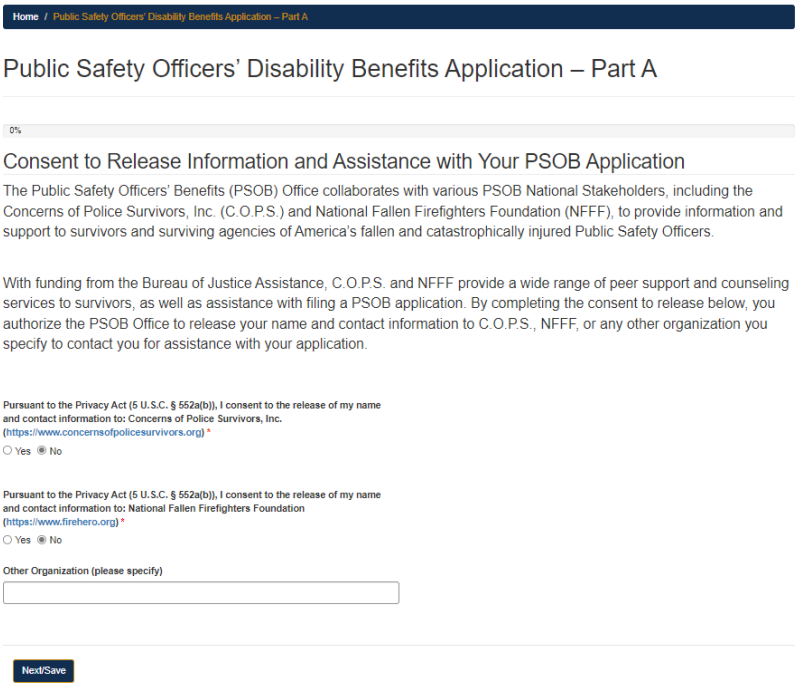
Part A (Applicant)

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.



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



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Public Safety Officers' Disability Benefits Application – Part A

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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

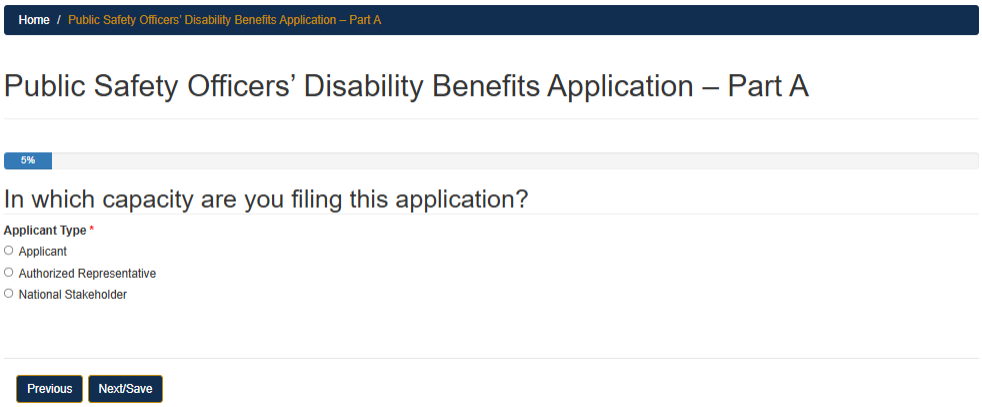
Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: National Fallen Firefighters Foundation (https://www.firehero.org) *

○ Yes ◉ No

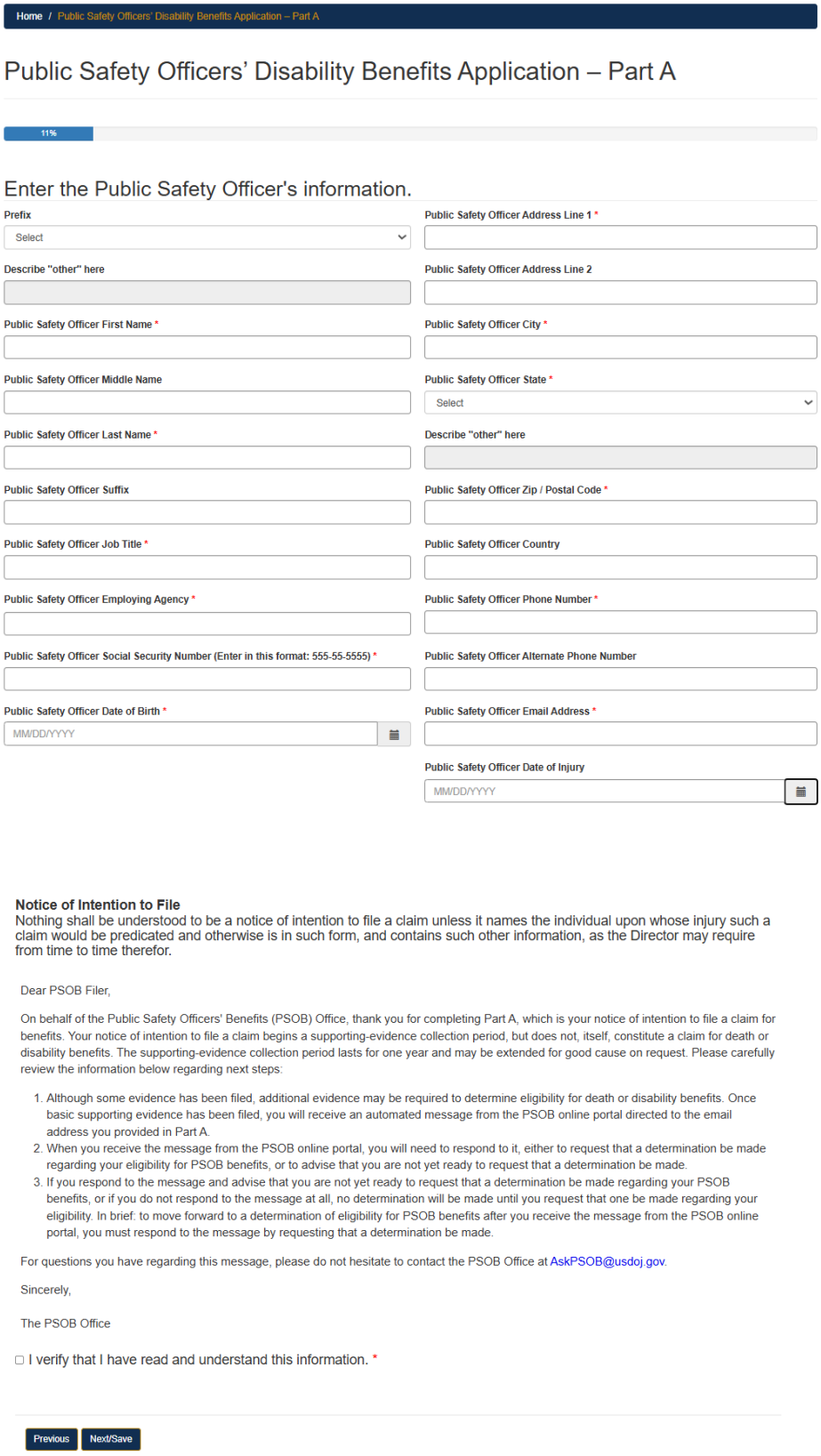
Other Organization (please specify)

Next/Save

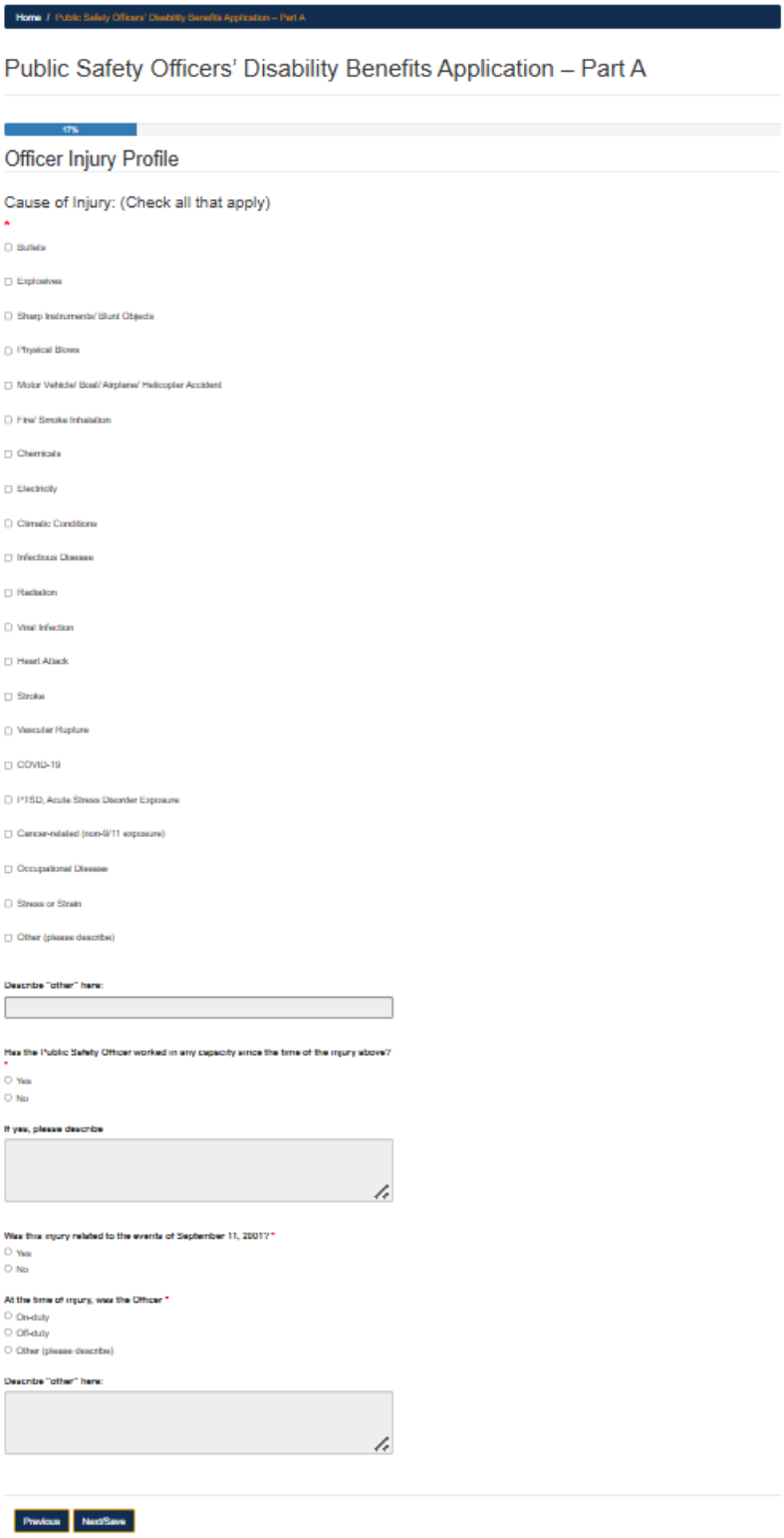
3. In which capacity are you filing this application page.



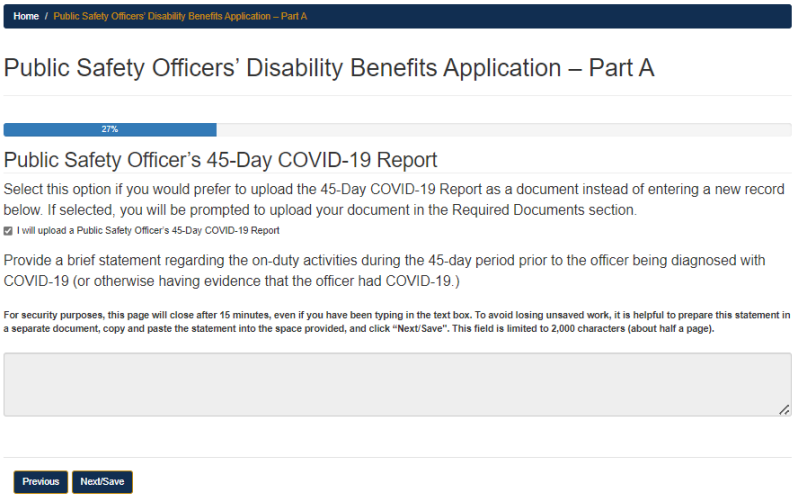
4. Enter the Public Safety Officer's information page.



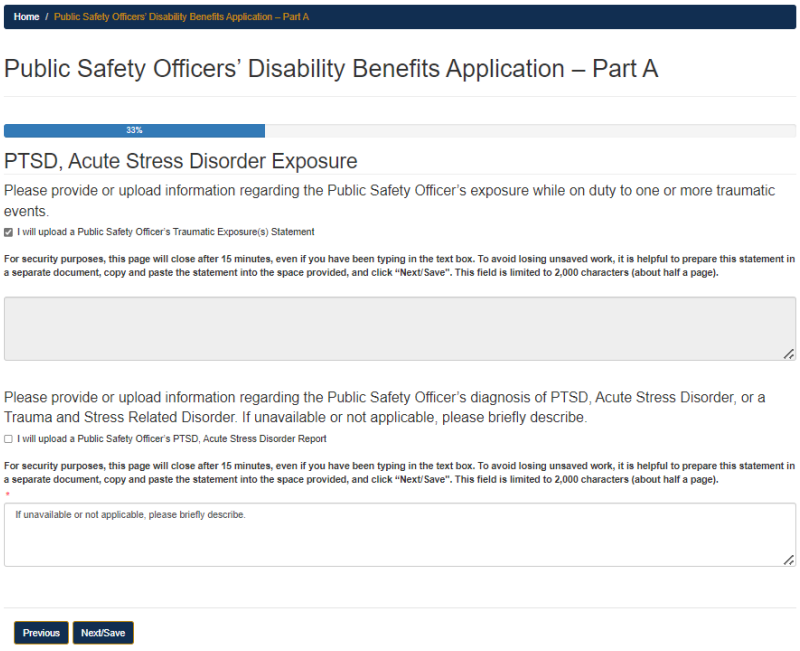
5. Officer Injury Profile page.



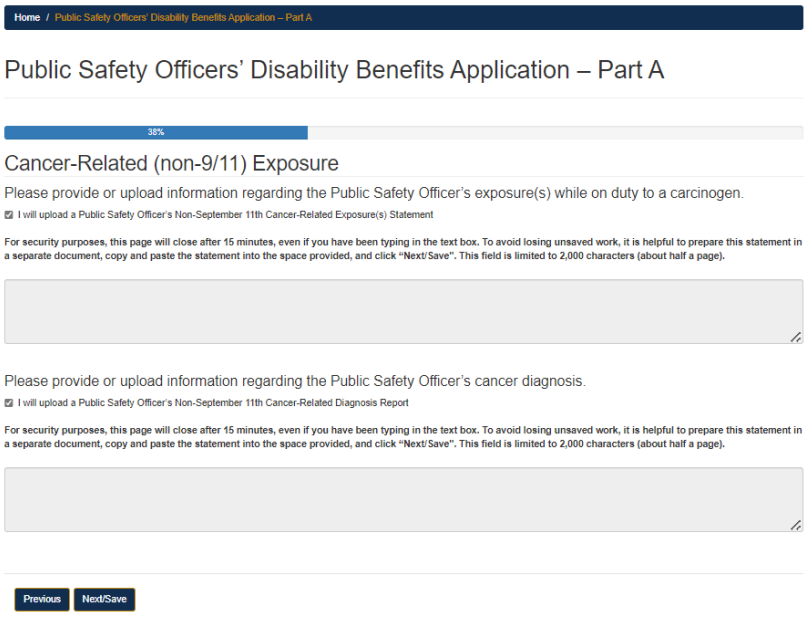
6. Public Safety Officer's 45-Day COVID-19 Report page. (If selected on Officer Injury page.)



7. PTSD, Acute Stress Disorder Exposure page. (If selected on Officer Injury page.)

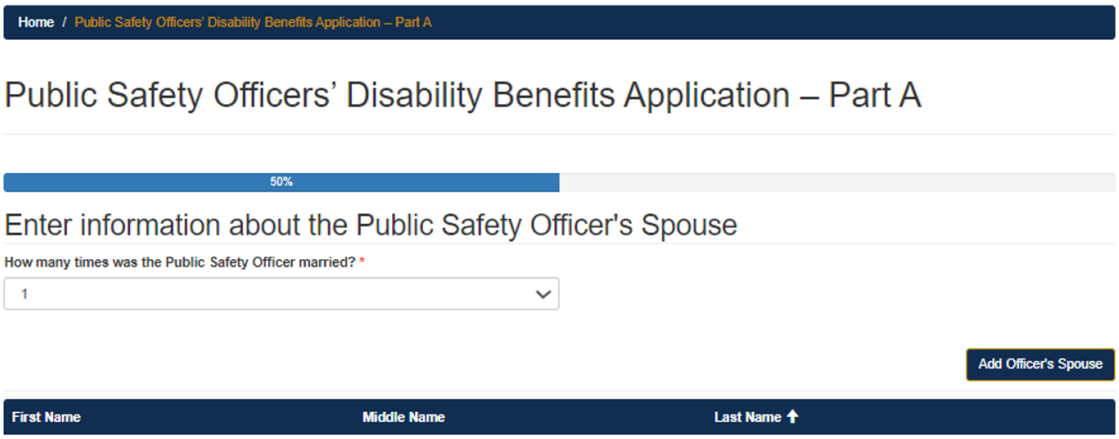


8. Cancer-Related (non-9/11) Exposure page. (If selected on Officer Injury page.)

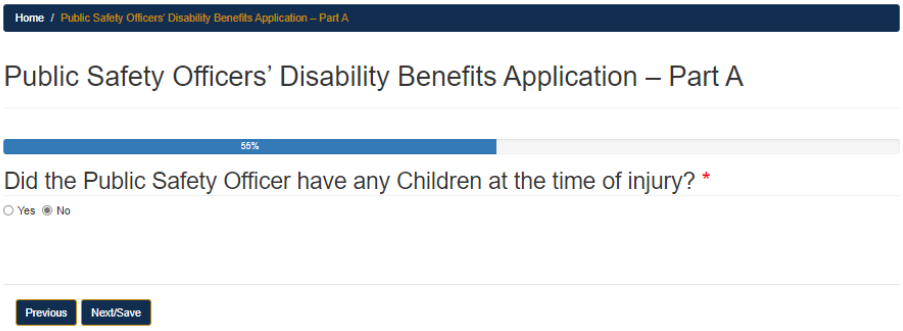


9. Was the Public Safety Officer married at the time of injury page.

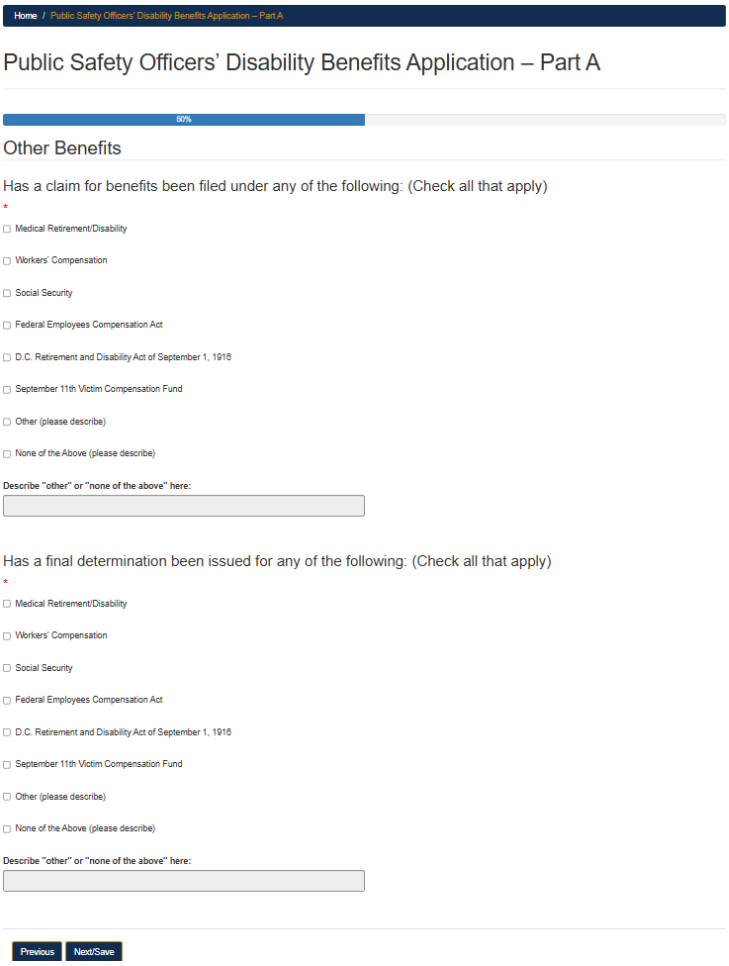
10. Enter information about the Public Safety Officer's Spouse page.



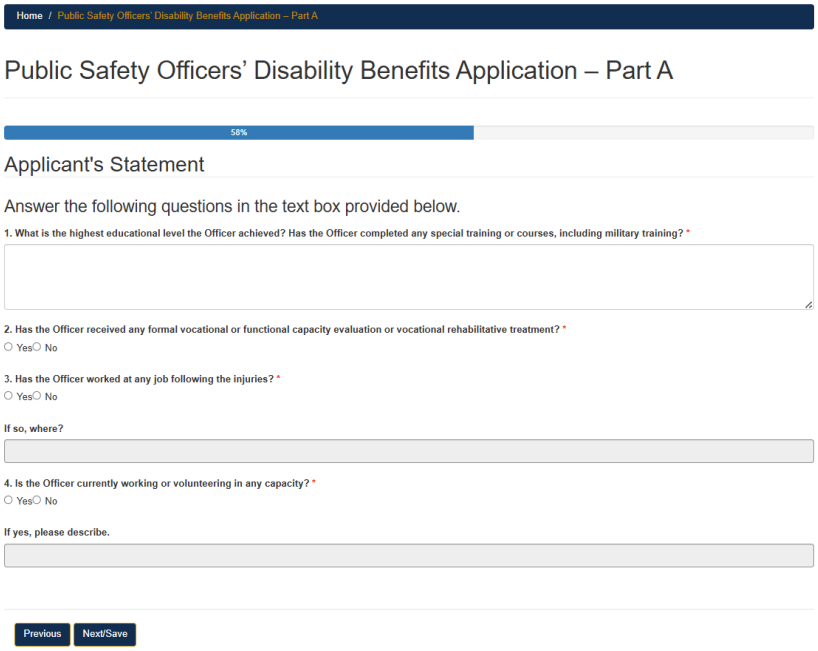
11. Did the Public Safety Officer have any Children page.



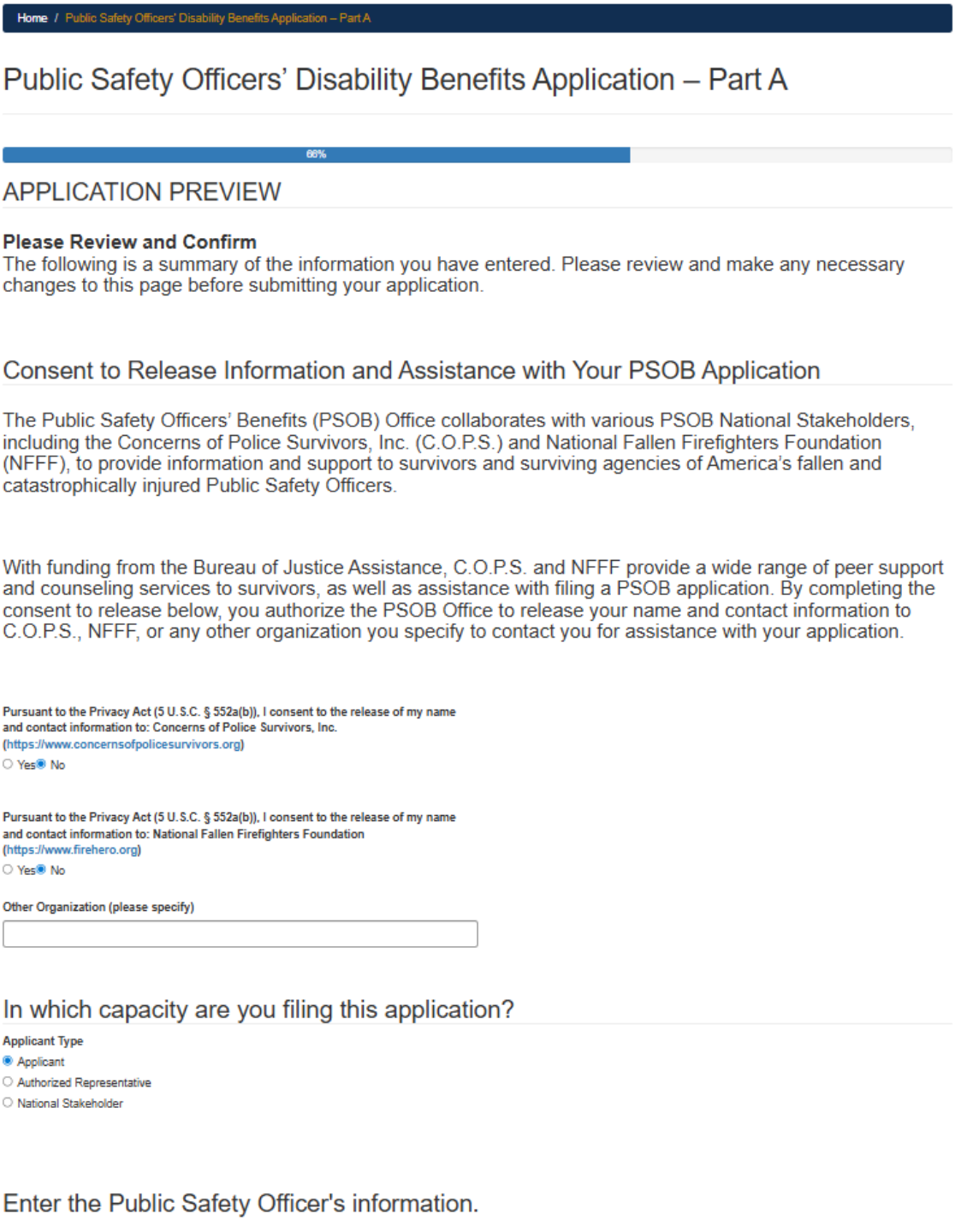
12. Other Benefits page.



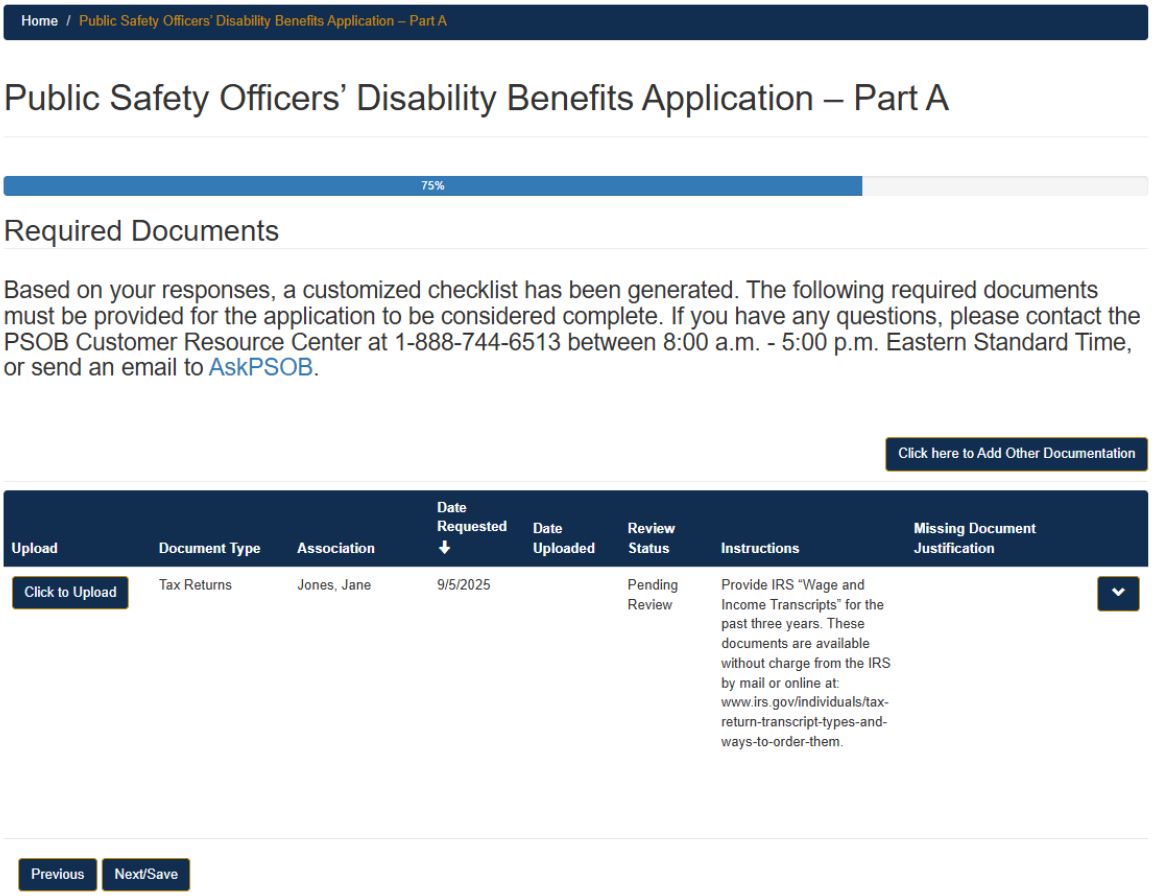
13. Applicants Statement page.



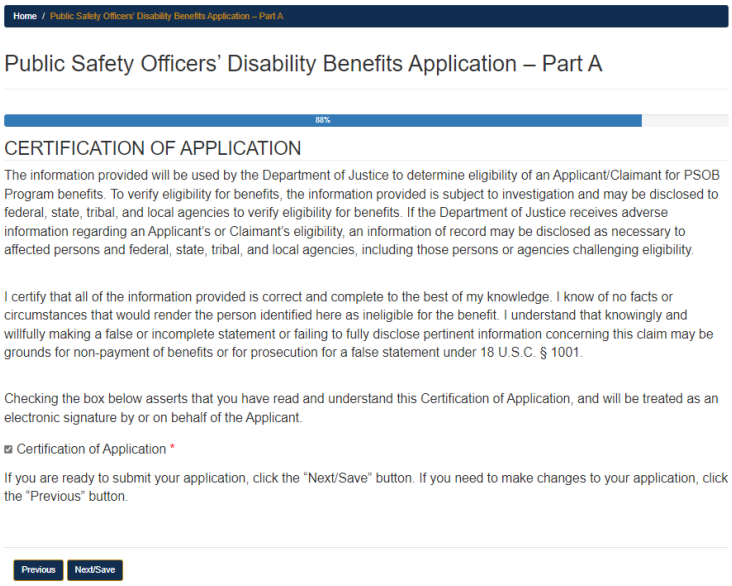
14. Application Preview page.



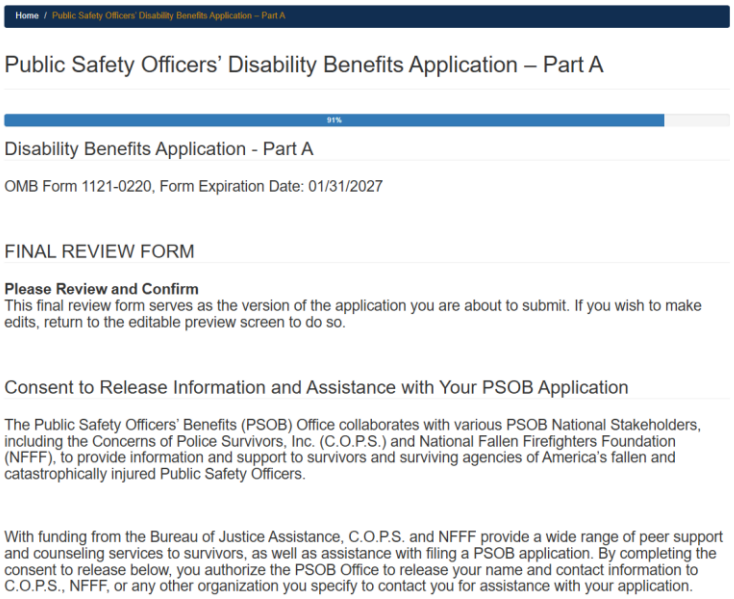
15. Required Documents page.



16. Certification of Application page.



17. Final Review page.



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Public Safety Officers' Disability Benefits Application – Part A

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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

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18. Application Submission Acknowledgement page.