## PUBLIC SAFETY OFFICERS' BENEFITS DEATH BENEFITS PROGRAM





# **Required Documents**

FILING A PSOB DEATH CLAIM





## **Death Benefits Application - Part A - Survivors**

Collect and upload the following required documents regarding the officer's surviving family and potential beneficiaries.

	officers with surviving children, use the "Children At-A-Glance" of the application.	charton	the back of this checklist for the documents to include							
	Death Benefits Application Part A completed and electronically signed by the survivor(s) or authorized representative.  Divorce decrees for all the officer's and current spouse's previous marriages, including references to physical custody of any children, if applicable.		<ul> <li>Officer's current marriage certificate, if applicable.</li> <li>Death certificates for all the officer's and current spouse's previous marriages, if any of the marriages ended in death, if applicable.</li> </ul>							
Death Benefits Application - Part B - Agency  Collect and upload the following required documents regarding the officer's line-of-duty death										
	from agency records.									
	electronically signed by the head of the public safety agency or designee. Incident and/or Accident Reports. Death Certificate. When the cause of death is a heart attack, stroke, or vascular rupture, all incident and/or accident reports for the officer's on-duty activities in the 24 hours prior to his or her heart attack, stroke, or vascular rupture.	(	VOLUNTEER FIRE DEPARTMENTS (VFD), RESCUE SQUAD, AMBULANCE CREW ONLY: Supporting documentation of department's volunteer status, if applicable.  ☐ If VFD, Rescue Squad, or Ambulance Crew is a nonprofit/ chartered corporation a statement on letterhead, signed by an elected official such as a mayor, county commissioner, etc., which states:  "The [insert name of VFD, Rescue Squad, or Ambulance Crew] is legally organized and is authorized by the [insert name of government agency] to act on its behalf by providing fire services, as its primary function, to the community of [insert name of jurisdiction]."							
	vascular rupture, all incident and/or accident reports for the officer's on-duty activities in the 24 hours prior to his or her heart attack, stroke, or vascular rupture.  A copy of any of the rulings related to other benefits (workers' compensation, state line of duty, September 11th Victim Compensation Fund) that were applied or related to									
Submitthe above information via PSOB 2.0, keeping a complete copy for your records.										
☐ File online at www.psob.gov										
Because every PSOB case is unique, additional information may be requested to clarify or establish the eligibility of claims and beneficiaries according to the PSOB Act and its regulations.										

While the PSOB Office hopes that no agency or family ever requires our services, we stand ready to assist you throughout the claim process. Do not hesitate to contact the PSOB Office toll free at 1–888–744–6513 between the hours of 8 a.m. and 4:30 p.m. Eastern Standard Time or by email at <a href="mailto:AskPSOB@usdoj.gov">AskPSOB@usdoj.gov</a> for assistance with any part of the PSOB claim.

#### PUBLIC SAFETY OFFICERS' BENEFITS

### "CHILDREN" AT-A-GLANCE

Statement from child's parent

	Birth Certificate	Signature on PSOB Claim Form	Statement from child that he/she was capable of self-support when the officer passed away	Statement from school confirming child's status as a full-time student for the term when the officer passed away	that, when the officer passed away:  the child's principal residence was the home of the officer, OR  the child did not live at the officer's home but was dependent on the officer's income for more than one-half of the child's support, OR  the officer accepted the child as his/her own (include affidavits from two non-family members stating such).
Natural child, age 18 or under when the officer passed away?	<b>√</b>	Parent or Guardian of Child			
Stepchild, age 18 or under when the officer passed away?	<b>√</b>	Parent or Guardian of Child			<b>√</b>
Natural child, age 19–22, and a full-time student when the officer passed away?	<b>√</b>	Child		<b>✓</b>	
Natural child, age 19–22, and not a full-time student when the officer passed away?	<b>✓</b>	Not Required	<b>√</b>		
Stepchild, age 19–22, and a full-time student when the officer passed away?	<b>✓</b>	Child		<b>✓</b>	<b>✓</b>
Stepchild, age 19–22, and not a full-time student when the officer passed away?	<b>✓</b>	Not Required	<b>✓</b>		
Natural or stepchild over the age of 22 when the officer passed away?	<b>√</b>	Not Required			



#### PUBLIC SAFETY OFFICERS' BENEFITS OFFICE

U.S. Department of Justice • Office of Justice Programs • Bureau of Justice Assistance 810 Seventh Street NW., Fourth Floor, Washington, DC 20531 Web site: www.psob.gov • Toll free: 1–888–744–6513 • E-mail: AskPSOB@usdoj.gov