



**BJA**

Bureau of Justice Assistance  
U.S. Department of Justice

## 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.



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## How to Apply for Death Benefits

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### Application Instructions for PSOB Death Benefits:

Welcome to the Bureau of Justice Assistance's Public Safety Officers' Benefits Program online application.

The PSOB Office extends its condolences on the death of your fallen colleague or loved one. 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.

The PSOB Death Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Applicant or Authorized Representative, Part B is completed by the Employing Agency. Parts A and B, and all required supporting documents listed in the custom checklist must be uploaded before the application can be considered complete.

Based on the responses provided in your application, a customized checklist of required documents will be generated. The 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 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.

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#### How to Apply:

**Applicants – Enter Part A:** Provide answers to the application questions and attach (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 follow up.

Part A – Applicant ▶

**Agency User – Enter Part B:** Provide information about the Officer and Agency and attach supporting documentation as instructed. If you are also entering information on behalf of an applicant, please enter Part A after completing Part B.

Part B – Agency ▶



**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**

Claim for Death Benefits Application – Part A (Applicant)



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## Privacy Act Notice

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**Authority:** 34 U.S.C. subtit. I, ch. 101, subch. XI, 42 U.S.C. 3796, and 44 U.S.C. 3103

**Purpose:** The information you submit in your claim is for official use by the U.S. Department of Justice for the purpose of determining your eligibility for, and the amount of, the benefit you may receive under your claim to the Public Safety Officers' Benefits Program and for the purpose of managing this Program.

**Routine Uses:** Information you submit regarding your claim may be disclosed by the Department of Justice only in accordance with the provisions of the Privacy Act, and for the routine uses indicated below:

- (a) To State and local agencies to verify and certify eligibility for benefits.
- (b) To researchers for the purpose of researching the cause and prevention of public safety officer line of duty deaths.
- (c) To appropriate Federal agencies to coordinate benefits paid under similar programs.
- (d) In a proceeding before a court or adjudicative body before which the OJP is authorized to appear, when i. The OJP, or any subdivision thereof, or ii. Any employee of the OJP in his or her official capacity, or iii. Any employee of the OJP in his or her individual capacity, where the Department of Justice has agreed to represent the employee, or iv. The United States, where the OJP determines that the litigation is likely to affect it or any of its subdivisions, is a party to litigation or has an interest in litigation and such records are determined by the OJP to be arguably relevant to the litigation.
- (e) To the news media and the public pursuant to 28 CFR 50.2 may be made available from systems of records maintained by the Department of Justice unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy.

## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Death Benefits Application – Part A (Applicant)

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(f) To the National Archives and Records Administration (NARA) and to the General Services Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.

(g) To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of and at the request of the individual who is the subject of the record.

(h) Pursuant to subsection (b)(3) of the Privacy Act, the Department of Justice may disclose relevant and necessary information to a former employee of the Department for purposes of: responding to an official inquiry by a federal, state, or local government entity or professional licensing authority, in accordance with applicable Department regulations; or facilitating communications with a former employee that may be necessary for personnel-related or other official purposes where the Department requires information and/or consultation assistance from the former employee regarding a matter within that person's former area of responsibility.

(i) To appropriate agencies, entities, and persons when (1) The Department suspects or has confirmed that there has been a breach of the system of records; (2) the Department has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, DOJ (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

**Effect:** While providing this information is voluntary, failing to provide information may result in delays in processing or a claim being denied based on insufficient evidence.



## **Web Privacy Policy Notice**

Pursuant to OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, “agencies must post a link to [their] website’s Privacy Policy on any known, major entry points to the website as well as any webpage that collects PII.” OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, Section 6, B. The PSOB 2.0 webpage will collect PII. Accordingly, OJP must add a link within the PSOB 2.0 webpage to the DOJ Privacy Policy pursuant to OMB 17-06, Section 6, B. OPCL recommends the following language under the Privacy Act Statement above: The Bureau of Justice Assistance, Office of Justice Programs will collect, process, disclose, and store your personal information that you submit through this online portal with the U.S. Department of Justice (DOJ) Privacy Policy and as stated on the Privacy Act Statement above. Your online submission of personally identifiable information constitutes your agreement to the DOJ Privacy Policy.

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If you have questions about PSOB Benefits or wish to speak to a Customer Resource Center Representative, call 1-888-744-6513 between 8:00 a.m. - 4:30 p.m. Eastern Standard Time, or send a message to the PSOB Customer Resource Center using [Messages](#) in [MyPSOB](#).



**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

0%

### 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.nationalcops.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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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

7%

In which capacity are you filing this application?

Applicant Type \*

- Applicant
- Authorized Representative

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Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

13%

### What type of Authorized Representative are you?

Authorized Representative Type \*

- Attorney
- Other

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

Previous

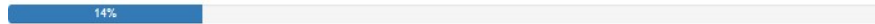
Next/Save



**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



## Public Safety Officers' Death Benefits Application - Part A



Enter the Public Safety Officer's information.

Prefix

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 \*

Public Safety Officer Date of Injury \*

Public Safety Officer Date of Death \*

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Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

21%

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

- 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

Previous

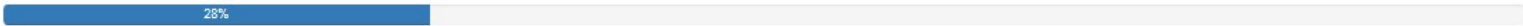
Next/Save

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A



### Other Beneficiary

You have indicated that your relationship to the Public Safety Officer does not fall into one of the previous categories. Please use the section below to describe your relationship to the Public Safety Officer as well as your contact information.

Number of Other Beneficiaries \*

Add Other

Type of Beneficiary	First Name	Middle Name	Last Name
---------------------	------------	-------------	-----------

There are no records to display.

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

35%

### Verification of capacity in which the Applicant is filing.

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

A Minor Child is defined as a Child of the Officer who was less than 18 years of age at the time of the Officer's fatal injury, or a Child who was between the ages of 19-22 at the time of the Officer's fatal injury in addition to being a full-time student at the time of the Officer's fatal injury. 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 designated by the Officer prior to his or her fatal injury, if such a designation was made, and which was the most recent 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 on file with the Agency at the time of his or her fatal injury must be provided. If the Officer has no Surviving Spouse or Minor Children 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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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

42%

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

Previous

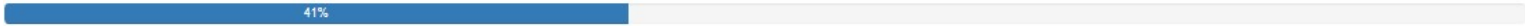
Next/Save

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A



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

Spouse's Total Number of Marriages (include the marriage to the Public Safety Officer) \*

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

Add Surviving Spouse

Prefix	First Name	Middle Name	Last Name	Date Marriage Began
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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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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



**Add Surviving Spouse of Public Safety Officer**

Prefix

Describe "other" here:

First Name \*

Middle Name

Last Name \*

Suffix

Address 1 \*

Address 2

City \*

State \*

Describe "other" here:

Zip/Postal Code \*

Country

Phone Number \*

Alternate Phone Number

Date Marriage Began

Email Address \*

Are you authorized to represent this individual? \*



## Add Previous Marriage of Surviving Spouse

Prefix

Describe "other" here:

First Name \*

Middle Name

Last Name \*

Suffix

Date Marriage Ended \*

How did the previous marriage end? \*

Submit



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

47%

Did the Public Safety Officer have previous marriages? \*

Yes  No

Previous

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

52%

### Public Safety Officer's Previous Marriages

How many times was the Public Safety Officer previously married? (Excluding the surviving spouse) \*

Add information about all of the Officer's previous marriages.

Add Officer's Previous Marriage

First Name	Middle Name	Last Name	Date Marriage Ended	How Marriage Ended
------------	-------------	-----------	---------------------	--------------------

There are no records to display.

Previous

Next/Save



## Add Previous Marriage of Public Safety Officer

Prefix

Describe "other" here:

Previous Spouse First Name \*

Previous Spouse Middle Name

Previous Spouse Last Name \*

Suffix

How did the previous marriage end? \*

Are you authorized to represent this individual? \*

Submit



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

58%

Did the Public Safety Officer have any Children at the time of fatal injury? \*

Yes  No

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A



### Public Safety Officer's Children

How many children did the Public Safety Officer have? \*

Add information about all of the Officer's children.

Add Child

Child Type	First Name	Middle Name	Last Name	Date of Birth	Parent/Legal Guardian
------------	------------	-------------	-----------	---------------	-----------------------

There are no records to display.

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



**Add Child of Public Safety Officer**

Child Type \*

If other, please briefly describe

First Name \*

Middle Name

Last Name \*

Suffix

Address Line 1 \*

Address Line 2

City \*

State \*

Describe "other" here:

Zip / Postal Code \*

Country

Phone Number \*

Alternate Phone Number

Email Address \*

Date of Birth \*

Was the Child a full-time student between the ages of 19 and 22 at the time of the Officer's fatal injury? \*  
 Yes  No

Is the Applicant the Parent or Legal Guardian of this Child? \*  
 Yes  No

If not, please provide the name of the Parent or Legal Guardian.

Is the Child incapable of self-support due to a physical or mental disability? \*  
 Yes  No

Are you authorized to represent this individual? \*

Submit

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

63%

Did the Public Safety Officer have a Public Safety Officers Benefits' (PSOB) Designee(s) on file with the Employing Agency at the time of death? \*

Yes  No

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A



### Enter information about the Public Safety Officers' Benefits (PSOB) Designee(s).

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.

Number of Designees \*

Add information about all PSOB Designee(s) on file with the Employing Agency.

Add PSOB Designee

Type of Beneficiary	First Name	Middle Name	Last Name
---------------------	------------	-------------	-----------

There are no records to display.

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

88%

Did the Public Safety Officer have a Life Insurance Beneficiary(ies) on file with the Employing Agency at the time of death? \*

Yes  No

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A



### Enter information about the Life Insurance Beneficiary(ies).

The Life Insurance Designee on file with the Agency is the individual who was named in the Officer's life insurance policy, according to the designation on file with the Agency at the time of the Officer's death.

Total number of Life Insurance Designees \*

Add information about all Life Insurance Beneficiary(ies) on file with the Employing Agency.

[Add Life Insurance Beneficiary](#)

Type of Beneficiary	First Name	Middle Name	Last Name
---------------------	------------	-------------	-----------

There are no records to display.

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



**Add Life Insurance Beneficiary**

Prefix

Describe "other" here

First Name \*

Middle Name

Last Name \*

Suffix

Address Line 1 \*

Address Line 2

City \*

State \*

Describe "other" here

Zip / Postal Code \*

Country

Phone Number \*

Alternate Phone Number

Email Address \*

Are you authorized to represent this individual? \*

Submit

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

68%

Did the Public Safety Officer have Surviving Parents? \*

Yes  No

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

72%

### Enter information about the Officer's Parent(s) or Legal Guardian(s)

Number of Parents / Legal Guardians \*

Add information about the Officer's Parent(s) or Legal Guardian(s).

Add Parent

Is this individual still living?	First Name	Middle Name	Last Name	Are you authorized to represent this individual?
----------------------------------	------------	-------------	-----------	--

There are no records to display.

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## Public Safety Officers' Death Benefits Application - Part A

70%

Did the Public Safety Officer have Surviving Adult Children? \*

Add information about the Surviving Adult Children.

Yes  No

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



Home / Public Safety Officers' Death Benefits Application - Part A

## Public Safety Officers' Death Benefits Application - Part A

75%

### Enter information about the Surviving Adult Children

Number of Adult Children \*

Add Adult Child

Child Type	First Name	Middle Name	Last Name	Date of Birth
------------	------------	-------------	-----------	---------------

There are no records to display.

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



**Add Adult Child of Public Safety Officer**

Child Type \*

If other, please briefly describe

Prefix

Describe Prefix Other

First Name \*

Middle Name

Last Name \*

Suffix

Address Line 1 \*

Address Line 2

City \*

State \*

State (Other)

Zip / Postal Code \*

Phone Number \*

Alternate Phone Number

Email Address \*

Date of Birth \*

Are you authorized to represent this individual? \*

Submit

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

70%

### 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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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

83%

### 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.

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
 Claim for Death Benefits Application – Part A (Applicant)



### 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. - 4:30 p.m. Eastern Standard Time, or send a message using [Messages](#) in [MyPSOB](#).

[Click Here to Add Other Documentation](#)

Upload	Document Type	Association	Date Requested	Date Uploaded	Review Status	Instructions	Missing Document Justification
<a href="#">Click to Upload</a>	Adoption Document or Birth Certificate	Malone, Karl	9/28/2017		Pending Review	Provide a birth certificate or evidence of adoption in order to certify the relationship between the Public	<input type="checkbox"/>
<a href="#">Click to Upload</a>	DC Retirement and Disability Act Final Decision	Other Benefits	9/28/2017		Pending Review	The DC Retirement and Disability Act final decision is an evidentiary document certifying that a decision has been rendered on a DC Retirement and Disability claim.	<input type="checkbox"/>
<a href="#">Click to Upload</a>	Marriage Certificate or Evidence of Marriage	Malone, Karl	9/28/2017		Pending Review	The marriage certificate is used to verify the marital relationship between the surviving spouse and Public Safety Officer.	<input type="checkbox"/>
<a href="#">Click to Upload</a>	Officer's Certificate of Death	Malone, Karl	9/28/2017		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.	<input type="checkbox"/>

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



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## Public Safety Officers' Death Benefits Application - Part A

91%

### 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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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



94%

## 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: 10/31/2020

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Death Benefits Application – Part A (Applicant)



Home / Public Safety Officer's Death Benefits Application Submission Acknowledgement

## 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 AM and 4:30 PM Eastern Standard Time, or send a message using [Messages in MyPSOB](#).

The BJA PSOB Office is honored to review the nearly 900 claims submitted each year on behalf of America's fallen and catastrophically disabled public safety heroes and their loved ones.

