

**PUBLIC SAFETY OFFICERS' BENEFITS  
DEATH BENEFITS PROGRAM**



**Required Documents**  
**FILING A PSOB DEATH CLAIM**

U.S. Department of Justice



## — STEP 1 —

### Collect and file the following required documents regarding the officer's line-of-duty death from agency records.

- PSOB Report of Public Safety Officer's Death* form, completed and signed by the head of the public safety agency or designee.
- Detailed Statement of Circumstances from the initiation of the incident to the officer's death, on agency letterhead and signed by department head or designee.
- Investigation, Incident, and/or Accident Reports.
- Death Certificate.
- Autopsy Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no autopsy was performed.
- Toxicology Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no analysis was performed.
- When the cause of death is heart attack, stroke, or vascular rupture:
  - A statement, on agency letterhead and signed by the agency head or designee, accounting for the 24-hour period prior to the onset of the officer's heart attack, stroke, or vascular rupture, noting the hours within this period that the officer was on duty, and all on-duty actions during that time.
  - All investigation, 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) that were applied for related to the officer's death.
- VOLUNTEER FIRE DEPARTMENTS (VFD) ONLY:** Supporting documentation of department's volunteer status, *if applicable*.
  - If VFD is a nonprofit/chartered corporation:
    1. A statement on letterhead, signed by an elected official such as a mayor, county commissioner, etc., and notarized, which states:

"The [insert name of VFD] 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]."
    2. A certified copy of the charter or minutes of the government agency's meeting establishing the VFD as that government agency's VFD.
  - If VFD is a unit of government that utilizes volunteers:
    1. A statement on letterhead, signed by an elected official and notarized, which states:

"The [insert name of VFD] is a unit of [insert level of government] government using volunteer firefighters."

## — STEP 2 —

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

For officers with surviving children, use the "Children At-A-Glance" chart on the back of this checklist for the documents to include with the claim packet.

- PSOB Claim for Death Benefits* form, completed and signed by the survivor(s).
- Divorce decrees for all the officer's and current spouse's previous marriages, including references to physical custody of any children, *if applicable*.
- Officer's current marriage certificate, *if applicable*.
- Death certificates for all the officer's and current spouse's previous marriages, if any of the marriages ended in death, *if applicable*.

## — STEP 3 —

### Submit the above information to the PSOB Office, keeping a complete copy for your records.

- File online at <https://www.psob.gov/default.aspx>.**
- E-mail:** AskPSOB@usdoj.gov

## SHOULD TRAGEDY STRIKE

- Contact the PSOB Office at 1-888-744-6513. The PSOB Call Center is open Monday through Friday from 7:00 a.m. to 5:00 p.m.
- Download death claim forms at [www.psob.gov](http://www.psob.gov).
- When in doubt regarding the eligibility of a claim, always contact the PSOB Office to discuss.

*Because every PSOB case is unique, additional information may be requested by the PSOB Office 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 for assistance with any part of the PSOB claim.*

## PUBLIC SAFETY OFFICERS' BENEFITS "CHILDREN" AT-A-GLANCE

	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	Statement from child's parent that, when the officer passed away: <ul style="list-style-type: none"> <li>• the child's principal residence was the home of the officer, OR</li> <li>• 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</li> <li>• the officer accepted the child as his/her own (include affidavits from two non-family members stating such).</li> </ul>
Natural child, age 18 or under when the officer passed away?	✓	Parent or Guardian of Child			
Stepchild, age 18 or under when the officer passed away?	✓	Parent or Guardian of Child			✓
Natural child, age 19–22, and a full-time student when the officer passed away?	✓	Child		✓	
Natural child, age 19–22, and not a full-time student when the officer passed away?	✓	Not Required	✓		
Stepchild, age 19–22, and a full-time student when the officer passed away?	✓	Child		✓	✓
Stepchild, age 19–22, and not a full-time student when the officer passed away?	✓	Not Required	✓		
Natural or stepchild over the age of 22 when the officer passed away?	✓	Not Required			



# BJA

Bureau of Justice Assistance  
U.S. Department of Justice

### PUBLIC SAFETY OFFICERS' BENEFITS OFFICE

U.S. Department of Justice • Office of Justice Programs • Bureau of Justice Assistance  
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