

PSOB Office
Review of Requested Documents
PSOB Death Benefits Program
June 2013

Document	Value	Required?
PSOB Report of Public Safety Officer's Death Form*	Certification by agency of death of the Public Safety Officer (PSO)	Yes
Detailed Statement of Circumstances	Confirmation from the agency regarding who, what, when, where, and why of PSO's death	Yes
Death Certificate of PSO	Confirmation of PSO's death, alleged cause of death	Yes
24-hour Activity Report (for heart attack, stroke, vascular rupture cases only)	Outlines any nonroutine stressful or strenuous physical activity / training exercise within the 24-hour timeframe	Yes
Volunteer Fire Department (VFD) Statement of Elected Official and Charter or Minutes establishing VFD as that government agency's VFD (for VFD cases only)	Establishes public agency status	Yes
PSOB Claim for Death Benefits*	Certification by Claimant of status to file for PSOB benefit	Yes
Marriage Certificates / Divorce Decrees	Confirmation of Claimant status	Yes
Death Certificates for spouses, children	Confirmation of Claimant status	Yes
Statement from school confirming Claimant's (child) status as a full-time student at the time of the PSO's death	Confirmation of Claimant status	Yes
Investigation, Incident, Accident reports	Substantiates the Statement of Circumstances	Upon Request
Autopsy Report, or statement that no autopsy was performed	May clarify cause of death	Upon Request
Toxicology Report, or statement that no toxicology was performed	May clarify intoxication at time of death	Upon Request
Medical documents regarding response to the heart attack, stroke, vascular rupture / treatment prior to PSO's death	Clarifies onset of heart attack or stroke	Upon Request
Other Benefits the Claimant may be eligible to apply for, receive	May clarify circumstances of PSO's death, Claimant's eligibility for benefit	Upon Request
Birth Certificates for Children	Confirmation of Claimant status	Upon Request
Statement of Self Support for child 19-22 and not a full-time student at time of PSO's death	Confirmation of Claimant status (ineligibility)	Upon Request
Confirmation that Claimant's (stepchild) principal residence was home of PSO, or child was dependent on PSO for more than half of child's support, or statements from non-family members that PSO accepted child as his / her own	Confirmation of Claimant's (stepchild) relationship to PSO	Upon Request
Miscellaneous Documents, including Policies and Procedures Manuals, Training Certifications, Medical Records, etc.	May clarify circumstances of PSO's death	Upon Request

*While these two forms will be required, the form may be amended via email updates, etc.