

This file contains a complete sample of the forms you will need to fill out for the Claim for Disability 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.

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

*Assisting America's Public Safety Community Since 1976*

## Claim for Disability Benefits Application

The Public Safety Officers' Benefits (PSOB) Program provides disability benefits to public safety officers who have been permanently and totally disabled by a catastrophic personal injury sustained in the line of duty if that injury permanently prevents the officer from performing any substantial and gainful work. Medical retirement for a line-of-duty disability does not, in and of itself, establish eligibility for PSOB benefits.

This form should be filed by the officer's employing agency.

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796) and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a permanently and totally disabled officer for the payment of benefits, and the information may be disclosed to Federal, State, and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is voluntary. Failure to supply all of the requested information may result in a delay in processing this form and the receipt of benefits.

### Public Reporting Burden

**Paper Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 90 minutes per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

[Begin](#)

OMB Form 1121-0166, exp. 04/30/2007

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

1 - 5

6 - 8

9 - 11

12

13

14 - 15

### 1. NAME, ADDRESS, AND TELEPHONE NUMBER OF DISABLED OFFICER

First

Middle

Last

Address

City

State

ZIP Code

(00000 or 00000-0000)

Telephone Number 

### 2. SOCIAL SECURITY NUMBER

(000-00-0000)

### 3. DATE OF BIRTH

(mm/dd/yyyy)

### 4. DATE OF INJURY

(mm/dd/yyyy)

### 5. STATEMENT ON OTHER CLAIMS FILED WITH THE UNITED STATES GOVERNMENT AND/OR THE DISTRICT OF COLUMBIA: Claim has been filed for benefits under

A) Federal Employees Compensation Act, Section 8191 Title 5, U.S. Code?      Yes      No

B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622?      Yes      No

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

1 - 5

6 - 8

9 - 11

12

13

14 - 15

### 6. NAME AND MAILING ADDRESS OF PUBLIC SAFETY AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE THE INJURY OCCURRED

Name of Employing Agency

Address

City

State

ZIP Code

(00000 or 00000-0000)

### 7. NAME OF DISABLED OFFICER'S SUPERIOR OFFICER

First

Middle

Last

### 8. TELEPHONE NO. OF SUPERIOR OFFICER

OMB Form 1121-0166, exp. 04/30/2007

For PSOB Program support, call 1-888-744-6513. For technical support, [click here](#).

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

*Assisting America's Public Safety Community Since 1976*

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

- 

**9. PLEASE SELECT THE OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED**

Full-Time  Part-Time  Volunteer  Other(Specify)

**10. PLEASE ATTACH ALL APPLICABLE REPORTS RELATING TO THE DIRECT CAUSE OF THE PERMANENT AND TOTAL DISABILITY. PROVIDE A CERTIFIED COPY OF ORIGINAL REPORTS.**

Examples are CIRCUMSTANCES OF INJURIES, MEDICAL DOCUMENTATION, AGENCY INVESTIGATION REPORTS, OFFICIAL TOXICOLOGY REPORTS, OTHER.

**11. AT THE TIME OF THE INJURY THAT CAUSED THE PERMANENT AND TOTAL DISABILITY WAS THE OFFICER**

WORKING A REGULAR SHIFT?  AN OVERTIME SHIFT?  OR OFF DUTY?

IF OFF DUTY, PLEASE ATTACH THE RULES, REGULATION OR LAW AUTHORIZING OR OBLIGATING THE OFFICER TO ACT IN THE LINE OF DUTY OUTSIDE OF SCHEDULED DUTY HOURS.

AS A:

- Police Officer
- Corrections Officer
- Probation Officer
- Parole Officer
- Firefighter
- Ambulance and Rescue Squad Member
- Other (Specify)

IN THE SERVICE OF:

- State Government
- Local Unit of Government
- Federal Government
- Legally organized volunteer fire, ambulance or rescue squad department organized, chartered or formed by a public safety agency to act on its behalf in providing fire or rescue service to the public
- Other (Specify)



OMB Form 1121-0166, exp. 04/30/2007

For PSOB Program support, call 1-888-744-6513. For technical support, [click here](#).

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

1 - 5

6 - 8

9 - 11

12

13

14 - 15

12. WAS THE OFFICER'S INJURY THE RESULT OF:

YES NO UNKNOWN

Gross negligence?

Intentional misconduct?

Intent to bring about own injury?

Voluntary intoxication?

OMB Form 1121-0166, exp. 04/30/2007

For PSOB Program support, call 1-888-744-6513. For technical support, [click here](#).

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

*Assisting America's Public Safety Community Since 1976*

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

1 - 5

6 - 8

9 - 11

12

13

14 - 15

13. IF KNOWN, GIVE NAME AND ADDRESS OF WITNESS(ES) TO THE OFFICER'S INJURY IF NOT PROVIDED IN INVESTIGATIVE REPORTS. 

First

Middle

Last

Address

City

State

ZIP Code

(00000 or 00000-0000)

OMB Form 1121-0166, exp. 04/30/2007

For PSOB Program support, call 1-888-744-6513. For technical support, [click here](#).

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

## REPORT OF PUBLIC SAFETY OFFICERS' PERMANENT AND TOTAL DISABILITY

[System Help](#) | [Application Help](#)

Use Question Number tabs below to navigate through the form.

1 - 5

6 - 8

9 - 11

12

13

14 - 15

**Certifications:** A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

**14. EMPLOYING ORGANIZATION - To the best of our knowledge and belief, the above information is factual and complete.**

Name and Title of Employing Agency  
Head  
(Commissioner, Chief, Sheriff, Warden,  
etc.)

Phone No. 

Date (mm/dd/yyyy)

**Signature of Employing Agency Head**

Checking this box asserts that all of the information you have provided on this form is true and correct, and will be treated as an electronic signature by the applicant.

**15. Acknowledgment of Disabled Officer or Authorized Representative (If representative, provide officer's affidavit granting power of attorney) **

The acknowledgment may be in the form of an attached letter, email, or other documentation that clearly indicates the officer or authorized representative has approved the submittal of this form on his or her behalf.



Checking this box asserts that you as agency head have received the officer's or the authorized representative's acknowledgment.

Date (mm/dd/yyyy)

OMB Form 1121-0166, exp. 04/30/2007

For PSOB Program support, call 1-888-744-6513. For technical support, [click here](#).

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Assisting America's Public Safety Community Since 1976

 [Print this page](#)

## Application Help - Report of Public Safety Officers' Permanent and Total Disability

**Question #5** - Federal Employees Compensation Act - Please select "yes" if the officer was working in the capacity of a Federal Public Safety Officer.

D.C. Retirement and Disability Act - Please select "yes" if the officer was employed with the District of Columbia at the time of injuries and if a claim was filed under that Act.

**Question #6** - Please provide the complete name and address (including, street, city, state, and ZIP Code) of the employing agency at the time of disability.

**Question #7** - Please include the name of the disabled officer's immediate superior officer.

**Question #9** - Full Time - The number of hours worked that are considered full time as defined by the employing agency.

Part time - The number of hours worked that are considered part time as defined by the employing agency.

Volunteer - Any person who performs the duties of a public safety officer without financial compensation for a department or organization that is legally organized, chartered, or formed by a public agency.

**Question #10** -

- **Benefits Provider Information:** A letter or affidavit from the agency's benefits provider stating that the officer is receiving the maximum allowable disability compensation for public safety officers in the agency. This must be on the provider's letterhead and signed by an authorized official. The benefits provider may be a retirement fund or a government workers' compensation office. Please note that, for the purposes of the PSOB Disability Program, Social Security does not qualify as a benefits provider even though the officer may be receiving funds from that source.
- **Circumstances of Injuries:** A statement signed by the head of the former employing agency, on agency letterhead, including the officer's name and title, when and where the incidents happened, what initiated them, the nature of the injuries and how they took place. This statement must also indicate the date on which the officer was medically retired from the agency.
- **Agency Investigation (Accident/Collision/Reconstructive) Reports:** These reports should contain information relevant to each incident and injury that contributed to the officer's permanent and total disability. If these reports are unavailable, a statement to that effect must be signed and submitted by the head of the former employing agency.
- **Official Toxicology Reports:** If available, these reports must be signed by the official who performed the toxicology analysis immediately following each injury. If a toxicology analysis is not available, a statement to that effect must be signed and submitted by the head of the former employing agency.
- **Medical Documentation:** Medical documentation must include admission and discharge summaries from each medical facility in which the officer was treated for each of the injuries, as well as a final medical diagnosis. The medical materials submitted by the officer's physicians should also address the following questions:
  1. What is the nature of the patient's injuries?
  2. What physical and/or mental disabilities resulted from the incidents?
  3. What, if any, is the patient's history of physical or mental pre-existing conditions?

4. What types of treatments, including medical rehabilitative treatments, have been implemented for the patient's line-of-duty injuries, and what is their current status?
  5. At what stage is the patient in the healing process?
  6. What is the patient's current level of ambulatory skills? Are assistive devices required?
  7. What is the patient's current daily living capacity, including eating, bathing, toileting, and dressing?
  8. What is the patient's prognosis, and what is the basis for this medical decision? Please include medical evaluations for the past six months.
  9. What is the patient's residual functional capacity or level of disability?
  10. In your opinion, what is the likelihood of the patient performing any type of gainful employment at any time in the future?
- **Claimant Statement:** A brief statement signed by the disabled officer or the officer's representative must also be submitted, addressing the following questions:
    1. What is the highest educational level the officer has achieved? Has the officer completed any special training or courses, including military training?
    2. Has the officer received any formal vocational evaluations or vocational rehabilitative treatment? If so, what is their current status?
    3. Has the officer worked at any job following the injuries? If so, where?
  - **Volunteer Department Statement (if applicable):** A statement and other documentation indicating the volunteer fire or rescue department is legally organized.
  - **Other.** Please include any other documentation that may support the disability claim.

**Question #13** - Please provide as much information about the witness(es) as possible.

**Question #15** - Your typed name will serve as an electronic signature.

OMB Form 1121-0166, exp. 04/30/2007

[Close Window](#)