



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 20 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.



In order to provide you with the best service, please answer as many questions as possible. If you do not know the information for an optional item, you may leave it blank. However, you will not be able to submit this form if the **required items*** are left blank.

Applicant Information for Disability Benefits

*** Required Field**

First Name *

Middle Name

Last Name *

Social Security Number
(000-00-0000)

Contact Information* (Either a telephone number (000-000-0000) or email address is required)

Home Phone - -

Day Phone - - Ext.

Cell Phone - -

Please include area code

E-Mail Address

Date of Injury *

In order to proceed to the full disability claim form, the date of the public safety officer's injury must be within three years of the submission date of the Claim for Disability Benefits. If the injury date is outside the three year limit, your information will be saved and you will be contacted by the PSOB Office. You will not be able to proceed to the full application until further review is completed by PSOB. You can contact the PSOB Office at 1-888-744-6513 or Email AskPSOB@usdoj.gov

[Checklist for Filing a PSOB Disability Claim](#)

Please contact the PSOB Office
if any of the information in Part I changes after you submit your application.