

This file contains a complete sample of the forms you will need to 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.

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

*Assisting America's Public Safety Community Since 1976*

## Application Checklist for Claim for Death Benefits

The PSOB Office extends its condolences to you on the loss of your colleague. The following checklist is provided to simplify the PSOB filing process for you and the fallen officer's survivors. Please contact the PSOB Office toll free at 1-888-744-6513 for assistance with any part of the PSOB claim.

Collect the following information regarding the officer's surviving family/beneficiaries.

- Officer's current Marriage Certificate, if applicable.
- Divorce Decrees for all the officer's and current spouse's previous marriages, including references to physical custody of any children, 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.
- Birth Certificates for all the officer's surviving children and step-children, regardless of age or dependency, identifying the children's parents, if applicable.
  - For each child who was between the ages of 19 and 22 and a full-time student at the time of the officer's death, a copy of the child's transcript and a statement from the school confirming the child's status as a full-time student when the officer passed away.
  - For each child who was between the ages of 19 and 22 and not a full-time student at the time of the officer's death, a statement from the child that he/she was capable of self-support.
  - For each step-child who, at the time of the officer's death, was either under the age of 19 or between the ages of 19 and 22 and a full-time student:
    - A statement from the child's parent stating that, at the time of the officer's death, the child's principal place of residence was the home of the officer **OR** a statement that the child did not live at the officer's home but was dependent on the income of the officer for more than one-third of the child's support **OR** affidavits from two non-family members explaining how the officer accepted the child as his/her own. If one of these conditions applies to a step-child who was between the ages of 19 and 22 at the time of the officer's death, a copy of the child's transcript and a statement from the school confirming the child's status as a full-time student when the officer passed away.
    - For each step-child who was between the ages of 19 and 22 and not a full-time student at the time of the officer's death, a statement from the child that he/she was capable of self-support.

Continue

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## Claim for Death Benefits

This form should be filed by a surviving spouse, child/children, insurance beneficiary and/or parent(s) of the deceased public safety officer. This claim may be prepared by someone on behalf of these individuals. If you are filing on behalf of others, you must attach evidence of your authority to do so (see Part III of the application).

## 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 1121-0024, exp. 04/30/2007

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

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## Claim For Death Benefits

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

Use Section or Question Number tabs below to navigate through the form.

Officer Information		Part I		Part II	Part III
1 - 5	6	7	8 - 10	11	A thru B

### OFFICER INFORMATION

#### 1. NAME OF OFFICER

First

Middle

Last

#### 2. OFFICER'S TITLE

#### 3. SOCIAL SECURITY NUMBER

(000-00-0000)

#### 4. DATE OF INJURY

(mm/dd/yyyy)

#### 5. DATE OF DEATH

(mm/dd/yyyy)

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

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

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1 - 5	6	7	8 - 10	11	A thru B

### OFFICER INFORMATION

#### 6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

Name of Employing Agency

Physical Address of Employing Agency

City

State

ZIP Code

(00000 or 00000-0000)

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

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1 - 5	6	7	8 - 10	11	A thru B

### PART I: INFORMATION ON SURVIVING BENEFICIARY

**INSTRUCTIONS:** To ensure payment to all eligible individuals, attach valid documentation (such as notarized, certified, or attested to documentation) regarding marriage, divorce, separation decrees, death certificates, birth certificates, adoption papers, custody agreements, or other evidence of parent-child relationship, as appropriate for any claimant in Parts I and II.

If at the time of an officer's death the officer was survived by a husband, wife, or parent(s), Part I should be completed. If there are children of the officer, regardless of age or dependency, Part II must be completed. (Attach certified copies of marriage license, all divorce decrees (including custody agreements), or separation agreements as applicable to marital relationship with the officer and certified copies of children's birth certificates.) If the decedent is survived by neither spouse nor eligible child, provide a copy of the officer's most recent life insurance policies.



**PLEASE NOTE:** The decedent's employing agency will be asked to provide departmental insurance policies.

### Beneficiary #1

#### 7. ELIGIBLE BENEFICIARY

First

Middle Initial

Last

Social Security Number

(000-00-0000)

Mailing Address

City

State

ZIP Code

(00000 or 00000-0000)

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

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### PART I: INFORMATION ON SURVIVING BENEFICIARY

#### 8. MARITAL STATUS OF OFFICER AT TIME OF DEATH

Married   Separated   Single   Divorced

Other (Please identify)

#### 9. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER WAS MARRIED AT ANY TIME TO ANYONE ELSE?

Yes   No   Unknown

If yes, please list number of marriages and submit documents to show dissolution of prior marriages, such as death certificates or divorce decrees.



#### 9a. List number of times surviving spouse was previously married.

#### 10. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER HAD A CHILD(REN) FROM A PREVIOUS MARRIAGE OR RELATIONSHIP?

Yes   No

If yes, include in Part II or explain below:

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

Use Section or Question Number tabs below to navigate through the form.

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1 - 5	6	7	8 - 10	11	A thru B

### PART II: SURVIVING CHILDREN INFORMATION

11. If the officer was survived by a natural, out-of-wedlock, adopted or posthumous child, or stepchild (or children) at the time of death, complete this part. All surviving children should be listed regardless of age or dependency status at the time of the officer's death. Attach a certified copy of birth certificates, adoption papers, DNA results, or other evidence of parent-child relation, as appropriate. 



PLEASE NOTE: The decedent's employing agency will be asked to provide departmental insurance policies.

#### Child #1

First

Middle Initial

Last

Date of Birth

(mm/dd/yyyy)

Social Security Number

(000-00-0000)

If over 18, educational status at the time of parent's death

Full-Time    Part-Time    N/A

Marital Status regardless of age

Married    Single

Mailing Address

City

State

ZIP Code (00000 or 00000-0000)

Telephone Number

Parent or Legal Guardian Name

First

Middle Initial

Last

Social Security Number (000-00-0000)

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

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### PART III

All claimants are required to complete this Part. The purpose of this claim is to establish survivorship eligibility and assert the rights to benefits under the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42. U.S.C. 3796). The filing of this claim does not constitute a determination by the Department of Justice that benefits will or will not be awarded to the claimant(s).

This claim may be prepared by a person acting on behalf of the claimant(s) such as a parent, legally appointed guardian, other legal representatives, or duly designated representatives of the claimant(s). Evidence of authority to represent claimant(s) should be attached. 

#### A. STATEMENT ON OTHER CLAIMS FILED WITH THE UNITED STATES GOVERNMENT AND/OR THE DISTRICT OF COLUMBIA:

Has claim been filed for benefits under

- |   |     |    |
|---|-----|----|
| (1) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code?    | Yes | No |
| (2) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? | Yes | No |

**B. STATEMENT OF FINANCIAL NEED:** If an immediate financial hardship has been incurred as a result of this death, an interim payment of \$3000 may be made. If you are experiencing an immediate financial hardship, please attach a statement of financial circumstances and need. This statement must include all financial responsibility, all benefits that you are eligible for, and the benefits that you have received to date. If all documents required to complete this claim are received an interim payment may not be necessary. 



This form will be used by the Department of Justice to determine eligibility of a claimant for paying death benefits. The information may be disclosed to Federal, State, and local agencies to verify eligibility for benefits. We must have Social Security Numbers to process payments.

I certify that the above information is correct and complete to the best of my knowledge. I certify further that I am not aware of any potential claimant for this PSOB death benefit other than those listed above. I know of no facts or circumstances that would render the above-listed persons ineligible for this benefit. I understand that a false or incomplete statement or a failure 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.

All the information you give will be considered in reviewing the claim and is subject to investigation.

Date (mm/dd/yyyy)  
Claimant or Authorized Representative (First, Middle, Last)  
E-mail (example@example.com)  
Home number   
Work number (if applicable)   
Alternate number (if applicable) 

**SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE**  
(If representative, provide claimant's affidavit granting power of attorney)



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.

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# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

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## Application Help - Claim for Death Benefits

**General Instructions** - This form should be filed by a surviving spouse, child/children, insurance beneficiary, and/or parent (s) of the deceased public safety officer. This claim may be prepared by someone on behalf of these individuals. If you are filing on behalf of others, you must attach evidence of your authority to do so. This evidence can be attached in the section labeled "Attachments," under the "Additional Required Documents" section (See Part III of the application).

**Officer Information** - Please provide information about the deceased officer

### Part I. Information on Surviving Beneficiary.

**Question #7** - If the decedent is survived by a spouse and children, please complete all sections in Part I and Part II.

If the child is the sole survivor of the decedent, please enter the child's and guardian's information in Part II.

Please only select the "Other beneficiary" category if the beneficiary is neither a spouse, parent, nor child.

If the decedent is survived by neither a spouse nor eligible children and does not have a life insurance policy, please complete the information for the surviving parents .

**Question #8** - You can upload the necessary attachments on the "Required Documentation" page.

Attach necessary documentation such as marriage certificates, all divorce decrees and custody agreements, or separation agreements.

Please upload any of the following applicable documentation:

- Officer's current Marriage Certificate, if applicable.
- Separation Agreements
- Divorce Decrees (for all of the officer's and current spouse's previous marriages, including references to physical custody of any children.)
- Death Certificates for all of the officer's and current spouse's previous marriages, if any of the marriages ended in death, if applicable.
- Birth Certificates for all of the officer's surviving children and step-children, regardless of age or dependency, identifying the children's parents, if applicable.
- - For each *child* who was between the ages of 19 and 22 and a full-time student at the time of the officer's death, a copy of the child's transcript and a statement from the school confirming the child's status as a full-time student when the officer passed away.
  - For each *child* who was between the ages of 19 and 22 and not a full-time student at the time of the officer's death, a statement from the child that he/she was capable of self-support.

- For each *step-child* who, at the time of the officer's death, was either under the age of 19 or between the ages of 19 and 22 and a full-time student:
- A statement from the child's surviving parent stating that, at the time of the officer's death, the child's principal place of residence was the home of the officer **OR** a statement the child did not live at the officer's home but was dependent on the income of the officer for more than one-third of the child's support **OR** affidavits from two non-family members explaining how the officer accepted the child as his/her own. If one of these conditions applies to a step-child who was between the ages of 19 and 22 at the time of the officer's death, a copy of the child's transcript and a statement from the school confirming the child's status as a full-time student when the officer passed away.

## Part II. Surviving Children Information

This evidence can be attached in the section labeled "Attachments," under the "Additional Required Documents" section.

If the officer's child was unborn (posthumous) at the time of the officer's death, and remains unborn at the time of filing this application, please follow these instructions: If a name has not been selected for the unborn child, please enter "Baby" in the first name field. In the date of birth field, enter the current date. In the Social Security number field, enter 111-11-1111. The PSOB Office will contact you at a later date to obtain complete information.

## Part III. Statements and Claim

Evidence of authority to represent the claimant(s) should be attached in the section labeled "Attachments," under the "Additional Required Documents" section.

## Part III. Statement on Other Claims

Item A (1) - Please select "yes" if the officer was employed by a federal law enforcement agency.

Item A (2) - Please select "yes" if the officer was employed by the District of Columbia.

Item B - Statement of Financial Need: You may attach verification of the financial hardship in the section labeled "Attachments," under the "Additional Required Documents" section.

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[Close Window](#)