

PUBLIC SAFETY OFFICERS' BENEFITS



FILING A PSOB APPEAL



U.S. Department of Justice



PSOB Appeals Process

1. A claimant is notified by letter that his or her claim has been denied. Enclosed with the letter is the determination that provides the basis for the decision and information about filing an appeal. The name, telephone number, and e-mail address of the PSOB appeals specialist are provided in the letter so the claimant can contact the PSOB Office with any questions about the appeals process or can provide notice of appeal.
2. A claimant has 33 days from the date of the letter to provide notice to the PSOB Office that he or she wishes to file an appeal of the decision (an extension may be granted by the BJA Director for good cause).
3. When the PSOB Office receives the claimant's notice of appeal, a hearing officer is identified and assigned to the claim.
4. The hearing officer contacts the claimant directly to discuss the appeals process and next steps.
5. The hearing officer will reconsider the entire claim and will accept and consider any newly submitted information. At the request of the claimant, a hearing may be held at a time and place that are convenient for the claimant.
6. Once the hearing officer's determination has been submitted, the claimant is notified of the outcome by letter. Should the hearing officer reverse the initial decision, and the BJA Director agrees, the claim is approved and the benefit is paid.
7. If the hearing officer does not reverse the original determination, the claimant may request an appeal to the BJA Director.
8. If the claimant requests an appeal to the BJA Director, the Director will also reconsider the entire claim, and will accept and consider any newly submitted information before making a final decision. The claimant is notified by letter of the BJA Director's final decision.

Throughout the appeals process, the claimant can always contact the PSOB Office with questions.

1. How to Submit an Appeal Request page

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How to Submit an Appeal Request

Instructions for Appeal Request:

To begin a new Appeal Request, click the Appeal Request icon below. For more information on the PSOB Appeals process, [click here](#). To review a general guide on submitting an Appeal Request, [click here](#).

Appeal Request ▶

Privacy Act Notice

Authority: 34 U.S.C. subtit. I, ch. 101, subch. XI, 42 U.S.C. 3796, and 44 U.S.C. 3103

Purpose: The information you submit in your claim is for official use by the U.S. Department of Justice for the purpose of determining your eligibility for, and the amount of, the benefit you may receive under your claim to the Public Safety Officers' Benefits Program and for the purpose of managing this Program.

Routine Uses: Information you submit regarding your claim may be disclosed by the Department of Justice only in accordance with the provisions of the Privacy Act, and for the routine uses indicated below:

- (a) To State and local agencies to verify and certify eligibility for benefits.
- (b) To researchers for the purpose of researching the cause and prevention of public safety officer line of duty deaths.
- (c) To appropriate Federal agencies to coordinate benefits paid under similar programs.
- (d) In a proceeding before a court or adjudicative body before which the OJP is authorized to appear, when i. The OJP, or any subdivision thereof, or ii. Any employee of the OJP in his or her official capacity, or iii. Any employee of the OJP in his or her individual capacity, where the Department of Justice has agreed to represent the employee, or iv. The United States, where the OJP determines that the litigation is likely to affect it or any of its subdivisions, is a party to litigation or has an interest in litigation and such records are determined by the OJP to be arguably relevant to the litigation.
- (e) To the news media and the public pursuant to 28 CFR 50.2 may be made available from systems of records maintained by the Department of Justice unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy.
- (f) To the National Archives and Records Administration (NARA) and to the General Services Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.
- (g) To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of and at the request of the individual who is the

2024 Benefits

The amount of the PSOB benefit is \$437,503.00 for eligible deaths and disabilities occurring on or after October 1, 2023. The amount of the PSOB educational assistance benefit for one month of full-time assistance on or after October 1, 2023 is \$1,488.00.



2. Filing Capacity page

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Appeal Request

0%

Filing Capacity

In which capacity are you filing this appeal request? *

☐ Claimant

☐ Authorized Representative

Next/Save

3. Are you represented by an Authorized Representative? page

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Appeal Request

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Are you represented by an Authorized Representative?

☐ No, I am not represented by an Authorized Representative

☐ Yes, I am represented by an Authorized Representative

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4. Claimant Information page

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Appeal Request

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Claimant Information

Enter information about the Claimant

Claimant First Name *

Claimant Middle Name

Claimant Last Name *

Enter information about the Claim you are appealing

Determination Type *

☐ PSOS Office Determination

☐ Hearing Officer Determination

Claim Number *

Enter information about the Public Safety Officer

Public Safety Officer First Name *

Public Safety Officer Last Name *

Public Safety Officer Employing Agency

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5. APPEAL REQUEST PREVIEW page

Appeal Request

37%

APPEAL REQUEST PREVIEW

Please Review and Confirm

The following is a summary of the information you have entered. Please review and make any necessary changes to this page before submitting your Appeal Request.

Filing Capacity

In which capacity are you filing this appeal request? *

☒ Claimant

☐ Authorized Representative

Are you represented by an Authorized Representative?

☒ No, I am not represented by an Authorized Representative

☐ Yes, I am represented by an Authorized Representative

Claimant Information

Enter information about the Claimant

Claimant First Name *

Claimant Middle Name

6. CERTIFICATION OF APPLICATION page

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Appeal Request

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CERTIFICATION OF APPLICATION

The information provided will be used by the Department of Justice to determine eligibility of a Claimant for PSOB Program benefits. To verify eligibility for benefits, the information provided is subject to investigation and may be disclosed to federal, state, tribal, and local agencies to verify eligibility for benefits. If the Department of Justice receives adverse information regarding a Claimant's eligibility, an information of record may be disclosed as necessary to affected persons and federal, state, tribal, and local agencies, including those persons or agencies challenging eligibility.

I certify that all of the information provided is correct and complete to the best of my knowledge. I know of no facts or circumstances that would render the person identified here as ineligible for the benefit. I understand that knowingly and willfully making a false or incomplete statement or failing 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.

Checking the box below asserts that you have read and understand this Certification, and will be treated as an electronic signature by or on behalf of the Claimant.

☐ Check the box to confirm that you have read and understand this Certification, which will serve as an electronic signature by or on behalf of the Claimant. *

If you are ready to submit your Appeal Request, click the 'Next/Save' button. If you need to make changes to your Appeal Request, click the "Previous" button.

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7. APPEAL REQUEST FINAL REVIEW FORM page

Appeal Request

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APPEAL REQUEST FINAL REVIEW FORM

Please Review and Confirm

This final review form serves as the version of the Appeal Request you are about to submit. If make edits, return to the editable preview screen to do so.

Appeal Request

OMB Form 1121-0220, Form Expiration Date: 01/31/2027

Filing Capacity

In which capacity are you filing this appeal request? *

☒ Claimant

☐ Authorized Representative

8. Appeal Request Submission Acknowledgement page

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Appeal Request Submission Acknowledgement

Appeal Submission Acknowledgement

You have successfully submitted your appeal request, the initial step in appealing the decision on your benefits claim. Please note, appeal requests must be received by the PSOB Office within 33 days from the date on the notification letter. If you are filing an appeal beyond 33 days, an extension may be needed. Please visit [How to File an Extension](#) to learn more.

An Appeals Specialist will review your appeal request to confirm your eligibility to appeal. If you have questions about your appeal request, please do not hesitate to call the PSOB Customer Resource Center at 1-888-744-6513 Monday through Friday between 8:00 a.m. - 5:00 p.m. Eastern Standard Time, or send a message using [Messages](#) in [MyPSOB](#).