

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application

Part B (Agency)

This file contains an example of the online application you will 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.

1. How to Apply for Disability Benefits page.

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How to Apply for Disability Benefits

Application Instructions for PSOB Disability Benefits:

The Bureau of Justice Assistance's Public Safety Officers' Benefits (PSOB) Office extends its gratitude to you for your public safety service. This online system has been designed with you in mind, to impose the least possible burden while providing the PSOB Office with the information required to file your application.

Before beginning your application, please carefully review the instructions provided below:

- **Part A** is completed by the Applicant (Public Safety Officer) or the Applicant's Authorized Representative. If you are completing Part A as an Authorized Representative, answer the questions as if you are the Applicant.
- **Part B** is completed by the Public Safety Officer's Employing Agency.
- If a **Part A** is completed on the Applicant's (Public Safety Officer) behalf by an Authorized Representative from the Officer's Employing Agency, a **Part B** must still be submitted on behalf of the Employing Agency. Also, if an Authorized Representative files a **Part B** on behalf of the Employing Agency, the Employing Agency must still sign and date, electronically or via a scanned copy, the certification submitted by the Authorized Representative.

Based on the responses provided in your application, a customized checklist of required documents will be generated. **Parts A and B**, and all required supporting documents listed in the custom checklist must be uploaded before the application can be considered complete.

You can review a [general list of required documents](#) for filing a disability benefit claim, understanding the documents will vary based on each officer's situation. You will be prompted to upload the minimally necessary documentation before completing your application.

How to Apply:

Applicants – Enter Part A: Provide answers to the application questions and upload supporting documentation as instructed. When you submit Part A, you will see if the Officer's Public Safety Agency has completed Part B. If the Public Safety Agency has not completed Part B of the application, please contact the agency point of contact to request that Part B be submitted.

Part A – Applicant ▶

Agency User – Enter Part B: Provide information about the Public Safety Officer and Employing Agency and attach supporting documentation as instructed. If you are also entering information on behalf of a Public Safety Officer, please enter Part A upon completion of Part B.

Part B – Agency ▶

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

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 \$1,438.00.



PSOB Information Kit

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

DEATH • DISABILITY • EDUCATION

RECEIVING AGENCY'S POINT OF CONTACT

APPLICANT'S MAILING ADDRESS

2. Applicant Type page.

Home / Public Safety Officers' Disability Benefits Application - Part B

Public Safety Officers' Disability Benefits Application - Part B

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Applicant Type

In what way are you authorized to complete this application on behalf of the Public Safety Officer's Employing Agency?

Applicant Type *

☐ Employee of the Agency

☐ National Stakeholder

☐ Other (please describe)

Describe "other" here:

Next/Save

3. Enter the Public Safety Officer's information page.

Public Safety Officers' Disability Benefits Application - Part B

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Enter the Public Safety Officer's information.

Prefix

Describe "other" here

Public Safety Officer First Name *

Public Safety Officer Middle Name

Public Safety Officer Last Name *

Public Safety Officer Suffix

Public Safety Officer Job Title *

Public Safety Officer Social Security Number (Enter in this format: 555-55-5555) *

Public Safety Officer Date of Birth *
 

Public Safety Officer Date of Injury
 

Public Safety Officer Date of Medical Retirement
 

Public Safety Officer Phone Number *

Public Safety Officer Alternate Phone Number

Public Safety Officer Email Address *

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Next/Save

4. Enter information about the Public Safety Officer and Employing Agency page.

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Enter information about the Public Safety Officer and Employing Agency

Public Safety Officer Type *

☐ Law Enforcement Officer

☐ Firefighter

☐ Rescue Squad or Ambulance Crew Member

☐ Emergency Management or Civil Defense Member

☐ Other (please describe)

Describe "other" here

Jurisdiction Type *

☐ 1 - Local Unit of Government (City, County, Township)

☐ 2 - State Government

☐ 3 - Tribal Government

☐ 4 - Federal Government

☐ 5 - Volunteer Fire Department

☐ 6 - Nonprofit entity serving the public: (Fire Services, Rescue Activities, Emergency Medical Services)

☐ 7 - Other (please describe)

Describe "other" here

Was the Officer serving in a volunteer capacity at the time of injury? *

☐ Yes

☐ No

Was the Officer serving as a contractor at the time of injury? *

☐ Yes

☐ No

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Next/Save

5. Enter the Employing Agency's information page.

Public Safety Officers' Disability Benefits Application - Part B

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Enter the Employing Agency's information

Employing Agency Contact Information

Name of Employing Agency, Organization or Unit *

Employing Agency Address Line 1 *

Employing Agency Address Line 2

Employing Agency City *

Employing Agency State *

Describe "other" here:

Employing Agency Zip / Postal Code *

Employing Agency Country

Employing Agency Phone Number *

Employing Agency Alternate Phone Number

Agency Head Contact Information

Agency Head Prefix

Agency Head Prefix Other

Agency Head First Name *

Agency Head Last Name *

Agency Head Suffix

Agency Head Job Title *

Agency Head Email Address *

6. Officer Injury Profile page.

Public Safety Officers' Disability Benefits Application - Part B

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Officer Injury Profile

Cause of Injury: (Check all that apply) *

- ☐ Bullets
- ☐ Explosives
- ☐ Sharp Instruments/ Blunt Objects
- ☐ Physical Blows
- ☐ Motor Vehicle/ Boat/ Airplane/ Helicopter Accident
- ☐ Fire/ Smoke Inhalation
- ☐ Chemicals
- ☐ Electricity
- ☐ Climatic Conditions
- ☐ Infectious Disease
- ☐ Radiation
- ☐ Viral Infection
- ☐ Heart Attack
- ☐ Stroke
- ☐ Vascular Rupture
- ☐ COVID-19
- ☐ PTSD, Acute Stress Disorder Exposure
- ☐ Cancer-related (non-9/11 exposure)
- ☐ Occupational Disease
- ☐ Stress or Strain
- ☐ Other (please describe)

Describe "other" here:

Has the Public Safety Officer worked in any capacity since the time of the injury above? *

- ☐ Yes
- ☐ No

If yes, please describe

Was the injury related to the events of September 11, 2001? *

- ☐ Yes
- ☐ No

At the time of injury, was the Officer? *

- ☐ On-duty
- ☐ Off-duty
- ☐ Other (please describe)

Describe "other" here

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7. Public Safety Officers' 45-Day COVID-19 Report page. (If selected on the Officer Injury page.)

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Public Safety Officer's 45-Day COVID-19 Report

Select this option if you would prefer to upload the 45-Day COVID-19 Report as a document instead of entering a new record below. If selected, you will be prompted to upload your document in the Required Documents section.

☐ I will upload a Public Safety Officer's 45-Day COVID-19 Report

Provide a brief statement regarding the on-duty activities during the 45-day period prior to the officer being diagnosed with COVID-19 (or otherwise having evidence that the officer had COVID-19.)

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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Next/Save

8. PTSD, Acute Stress Disorder Exposure page. (If selected on the Officer Injury page.)

Public Safety Officers' Disability Benefits Application - Part B

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PTSD, Acute Stress Disorder Exposure

Please provide or upload information regarding the Public Safety Officer's exposure while on duty to one or more traumatic events.

☐ I will upload a Public Safety Officer's PTSD, Acute Stress Disorder Exposure Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

Please provide or upload information regarding the Public Safety Officer's diagnosis of PTSD, Acute Stress Disorder, or a Trauma and Stress Related Disorder. If unavailable or not applicable, please briefly describe.

☐ I will upload a Public Safety Officer's PTSD, Acute Stress Disorder Diagnosis Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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9. Cancer-Related (non-9/11) Exposure page. (If selected on the Officer Injury page.)

Public Safety Officers' Disability Benefits Application - Part B

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Cancer-Related (non-9/11) Exposure

Please provide or upload information regarding the Public Safety Officer's exposure(s) while on duty to a carcinogen.

☐ I will upload a Public Safety Officer's Cancer-Related (non-9/11) Exposure Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

Please provide or upload information regarding the Public Safety Officer's cancer diagnosis.

☐ I will upload a Public Safety Officer's Cancer-Related (non-9/11) Diagnosis Report

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save". This field is limited to 2,000 characters (about half a page).

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10. Circumstances of Injury page.

Public Safety Officers' Disability Benefits Application - Part B

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Circumstances of Injury

Select this option if you would prefer to upload Circumstances of Injury as a document instead of entering a new record below. If selected, you will be prompted to upload your document in the Required Documents section.

☐ I will upload Circumstances of Injury

Describe the circumstances of the Public Safety Officer's injury. Please provide details about what happened, as well as when, where, and how the incident occurred, and whether or not the Public Safety Officer was on duty. *

For security purposes, this page will close after 15 minutes, even if you have been typing in the text box. To avoid losing unsaved work, it is helpful to prepare this statement in a separate document, copy and paste the statement into the space provided, and click "Next/Save".

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11. Other Benefits page.

Public Safety Officers' Disability Benefits Application - Part B

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Other Benefits

Has a claim for benefits been filed under any of the following: (Check all that apply)

*

- ☐ Medical Retirement/Disability
- ☐ Workers' Compensation
- ☐ Social Security
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1916
- ☐ September 11th Victim Compensation Fund
- ☐ Other (please describe)
- ☐ None of the above

Describe "other" or "none of the above" here:

Has a final determination been issued for any of the following: (Check all that apply)

*

- ☐ Medical Retirement/Disability
- ☐ Workers' Compensation
- ☐ Social Security
- ☐ Federal Employees Compensation Act
- ☐ D.C. Retirement and Disability Act of September 1, 1916
- ☐ September 11th Victim Compensation Fund
- ☐ Other (please describe)
- ☐ None of the above

Describe "other" or "none of the above" here:

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Next/Save

12. APPLICATION PREVIEW page.

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Public Safety Officers' Disability Benefits Application - Part B

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APPLICATION 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 application.

Applicant Type

In what way are you authorized to complete this application on behalf of the Public Safety Officer's Employing Agency?

Applicant Type *

☐ Employee of the Agency

☒ National Stakeholder

☐ Other (please describe)

Describe "other" here:

Enter the Public Safety Officer's information.

Prefix

Select

Proceed to Public Officer Page

13. Required Documents page.

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Public Safety Officers' Disability Benefits Application - Part B

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Required Documents

Based on your responses, a customized checklist has been generated. The following required documents must be provided for the application to be considered complete. If you have any questions, please contact the PSOB Customer Resource Center at 1-888-744-6513 between 8:00 a.m. - 5:00 p.m. Eastern Standard Time, or send an email to [AskPSOB](#).

Click Here to Add Other Documentation

Upload	Document Type	Association	Date Requested	Date Uploaded	Review Status	Instructions	Missing Document Justification
Click to View	Investigation, Incident, and/or Accident Report	Pottsylvania PD	5/22/2025	5/22/2025 8:26 AM	Pending Review	The investigation, accident and/or incident report is an official document on agency letterhead that includes the narrative description of the incident which resulted in the Public Safety Officer's injury. The investigation, accident and/or incident report can be obtained from the law enforcement agency conducting the investigation.	This is the 1st document. ▼
Click to View	Circumstances of Injury	Pottsylvania PD	5/22/2025	5/22/2025 8:30 AM	Pending Review	A detailed statement of circumstances is a written summary of the on-duty incident that led to the Public Safety Officer's injury. The document should summarize the incident, and provide descriptive information on the officer's injury. The statement must be on agency letterhead and be signed by the agency head or designee.	This is the 2nd document. ▼

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14. CERTIFICATION OF APPLICATION page.

Public Safety Officers' Disability Benefits Application - Part B

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CERTIFICATION OF APPLICATION

The information provided will be used by the Department of Justice to determine eligibility of an Applicant/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 an Applicant's or 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 of Application, and will be treated as an electronic signature by or on behalf of the Agency.

☐ Certification of Application *

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

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Next/Save

15. FINAL REVIEW FORM page.

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Public Safety Officers' Disability Benefits Application - Part B

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FINAL REVIEW FORM

Please Review and Confirm
This final review form serves as the version of the application you are about to submit. If you wish to make edits, return to the editable preview screen to do so.

Disability Benefits Application - Part B

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

Applicant Type

In what way are you authorized to complete this application on behalf of the Public Safety Officer's Employing Agency?

Applicant Type

☐ Employee of the Agency

☒ National Stakeholder

☐ Other (please describe)

Describe "other" here:

Enter the Public Safety Officer's information.

Prefix

Describe "other" here

Public Safety Officer First Name *

Rosé

Public Safety Officer Middle Name

Public Safety Officer Last Name *

16. Disability Benefits Part B Application Submission Acknowledgement page.

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Disability Benefits Part B Application Submission Acknowledgement

Application Part B Successfully Submitted

A PSOB Disability Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Officer or Authorized Representative, Part B is completed by the Employing Agency. Parts A and B, and all required supporting documents must be provided before the application can be considered complete.

A Customer Resource Specialist will review the application. If all required documents are provided, the application will be assigned a claim number and will move to the next stage of review.

If you have additional questions, 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](#).

2025 Benefits

The amount of the PSOB benefit is \$448,575.00 for eligible deaths and disabilities occurring on or after October 1, 2024. The amount of the PSOB educational assistance benefit for one month of full-time assistance on or after October 1, 2024 is \$1,536.00.

