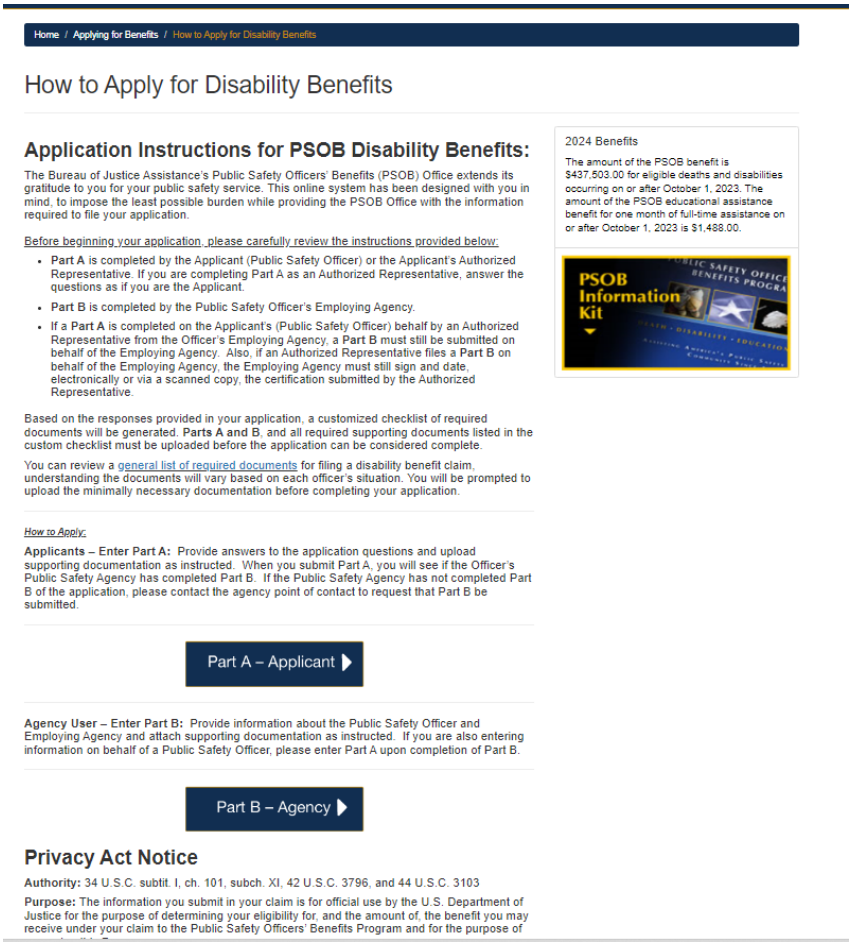
PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

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

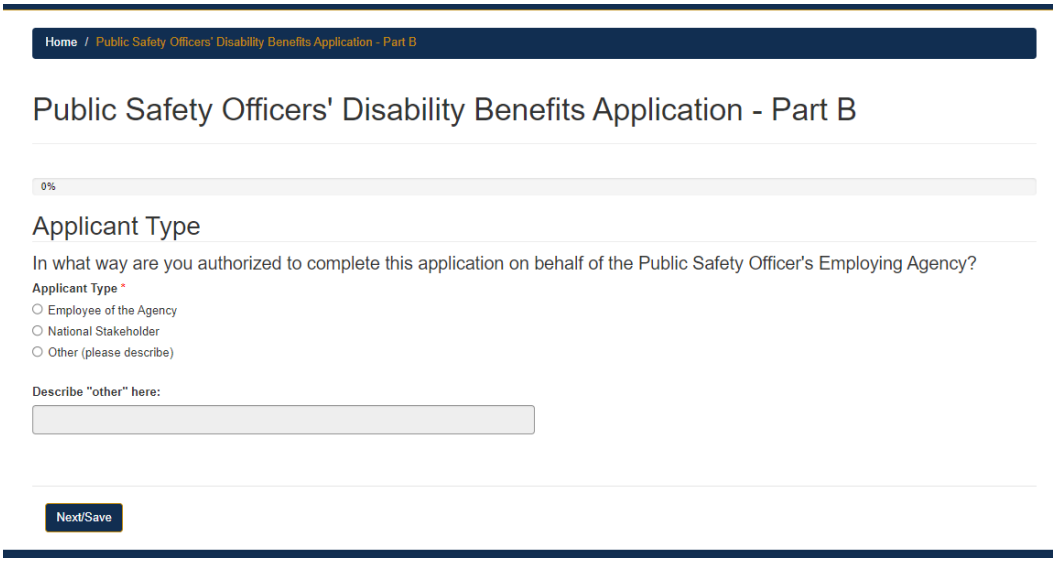
Authority: 34 U.S.C. subtit. I, ch. 101, subch. XI, 42 U.S.C. 3796, and 44 U.S.C. 3103

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

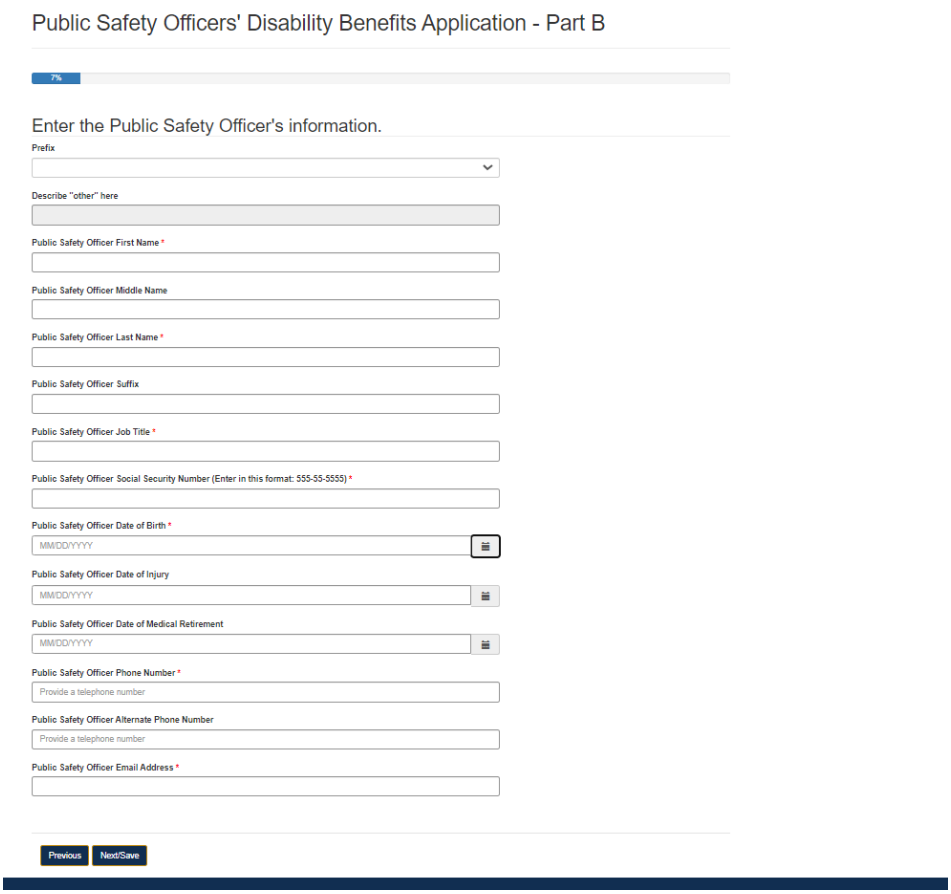
2024 Benefits

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 $1,488.00.

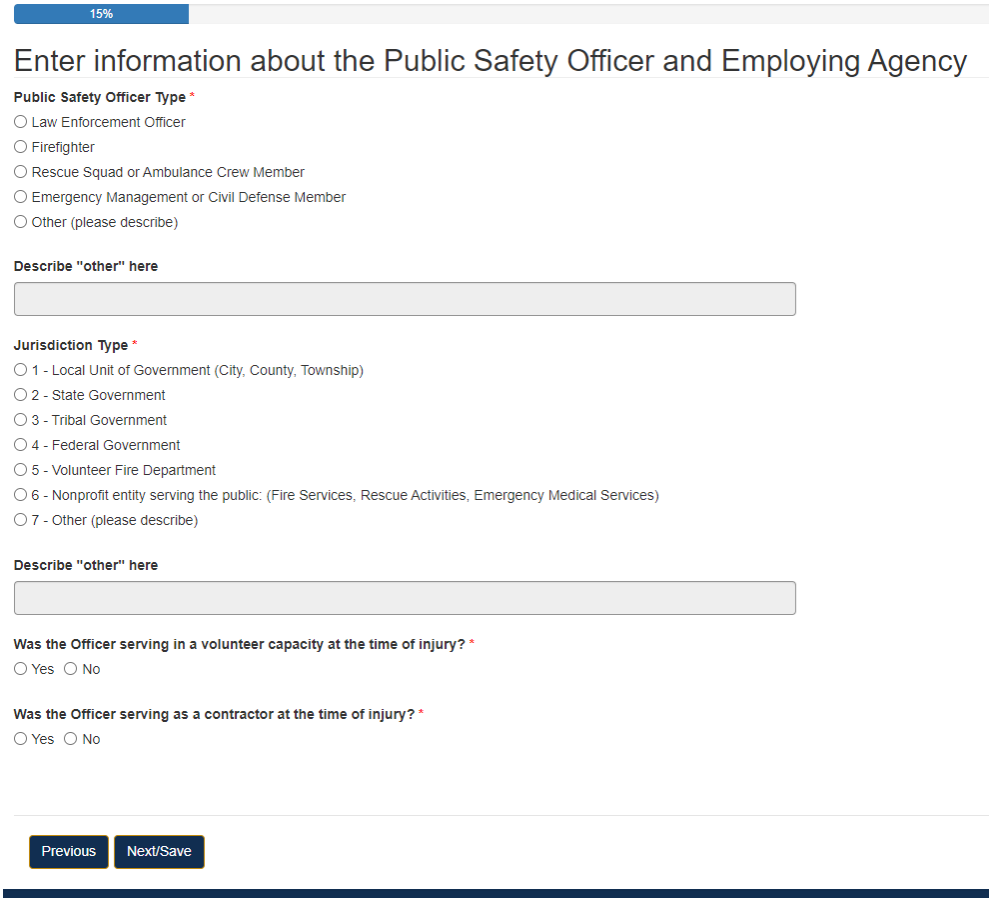
2. Applicant Type page.



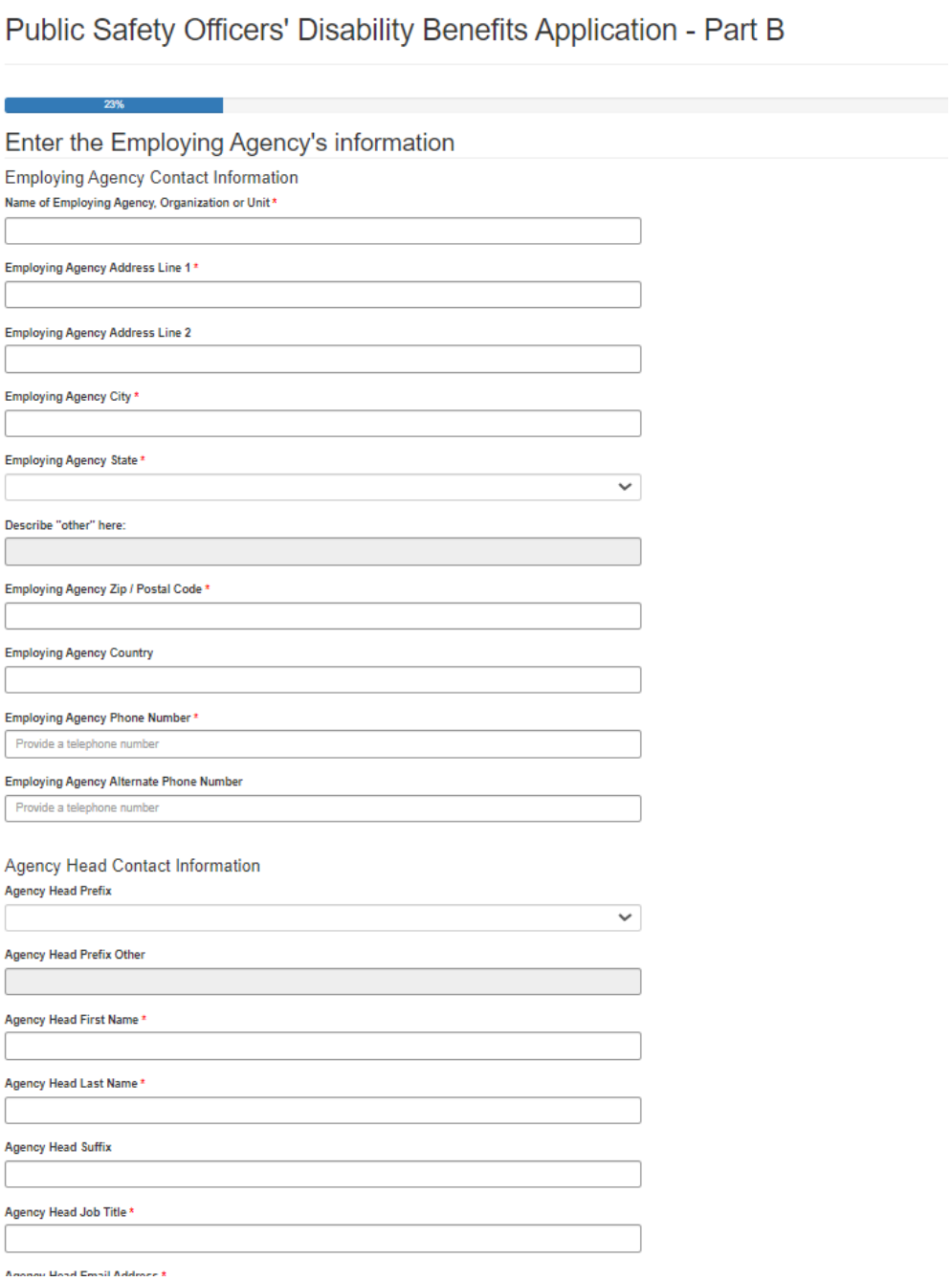
3. Enter the Public Safety Officer's information page.



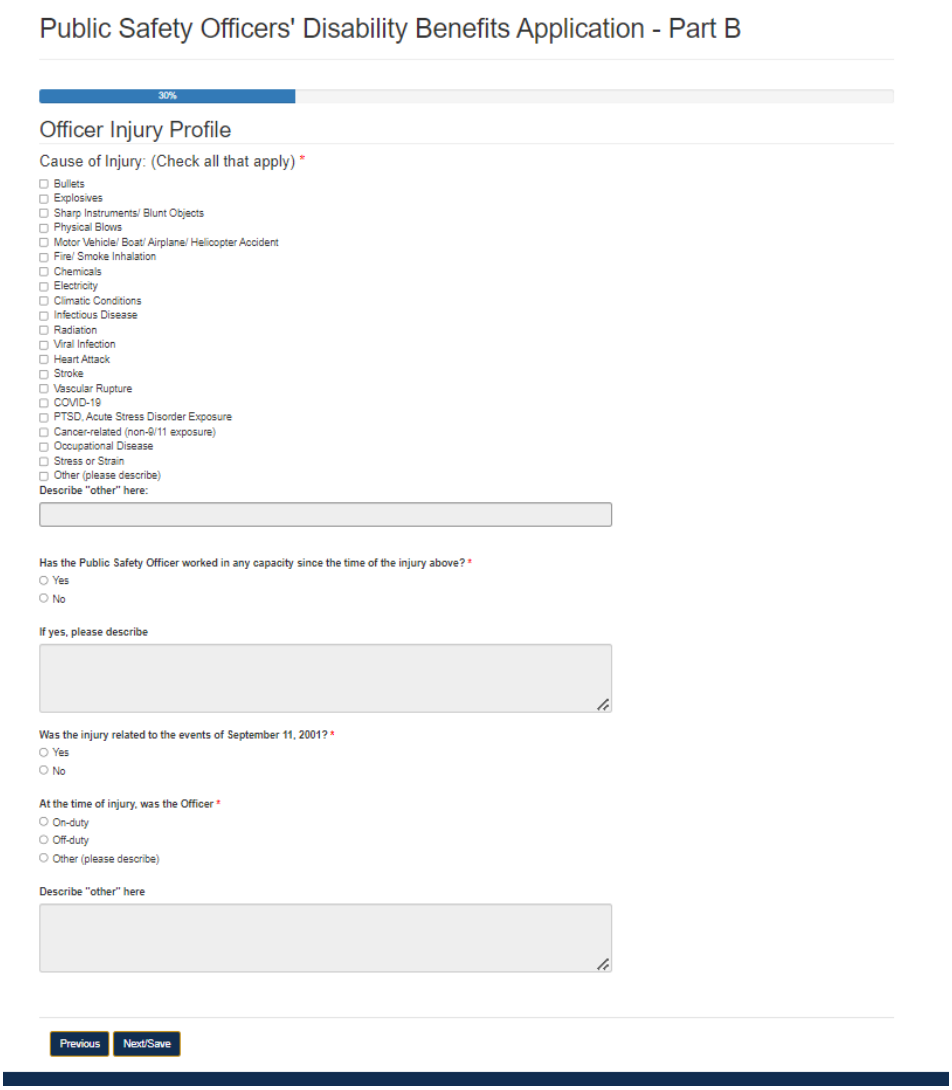
4. Enter information about the Public Safety Officer and Employing Agency page.



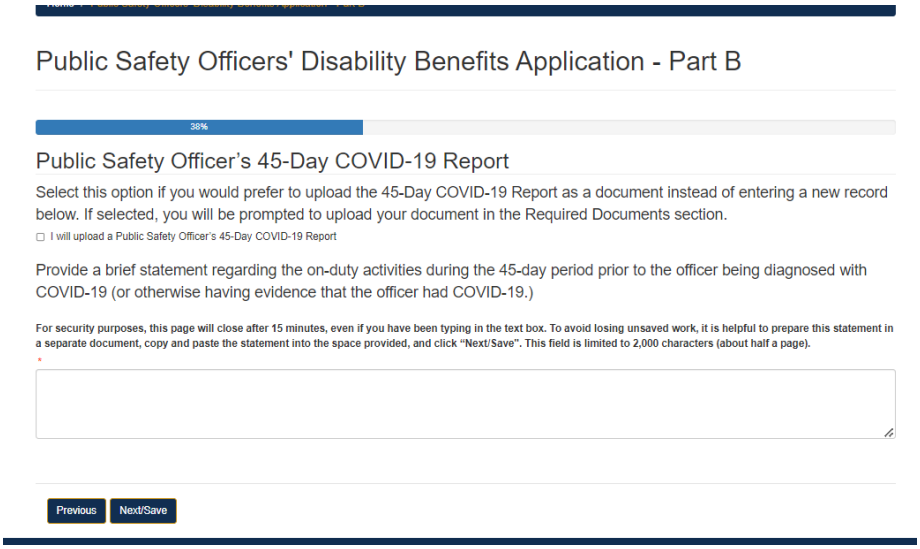
5. Enter the Employing Agency's information page.



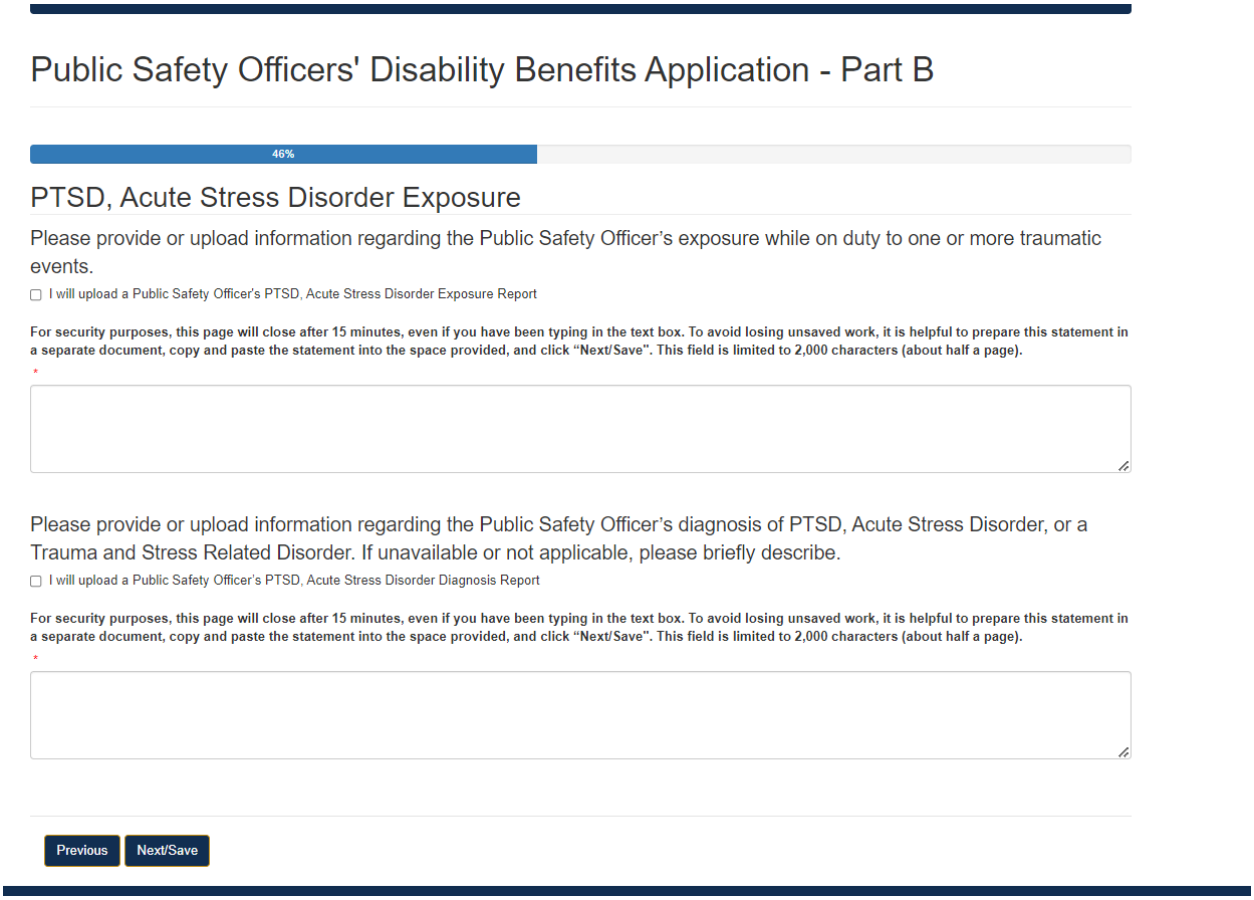
6. Officer Injury Profile page.



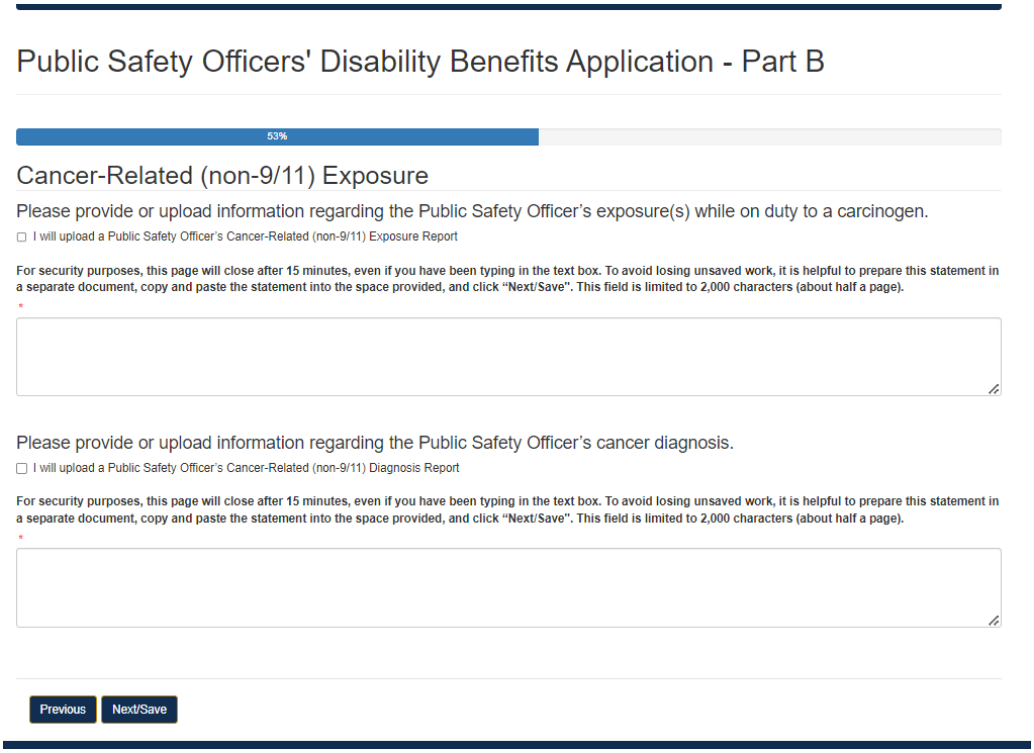
7. Public Safety Officers' 45-Day COVD-19 Report page. (If selected on the Officer Injury page.)



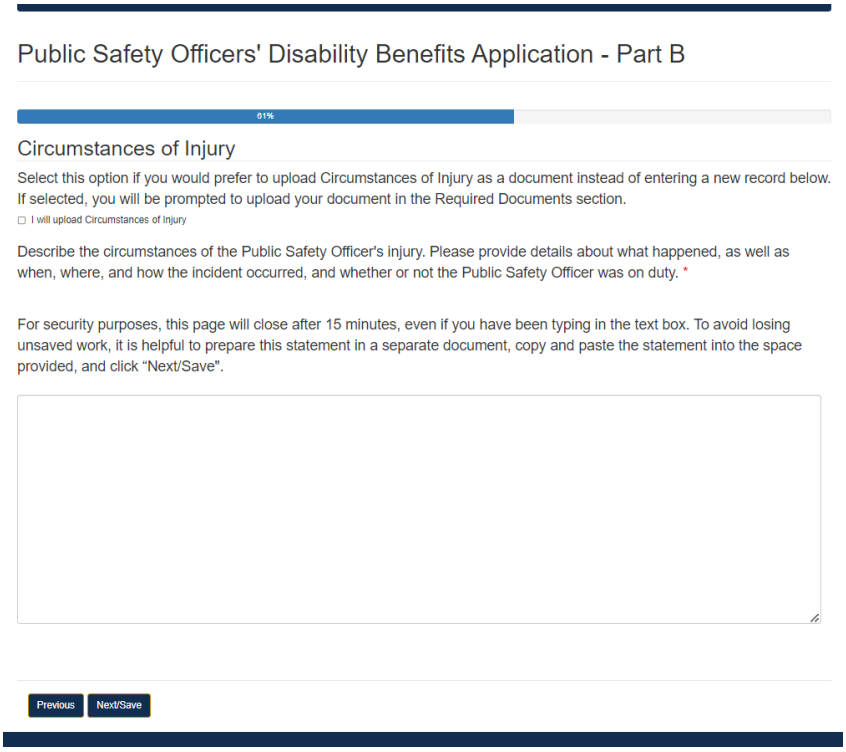
8. PTSD, Acute Stress Disorder Exposure page. (If selected on the Officer Injury page.)



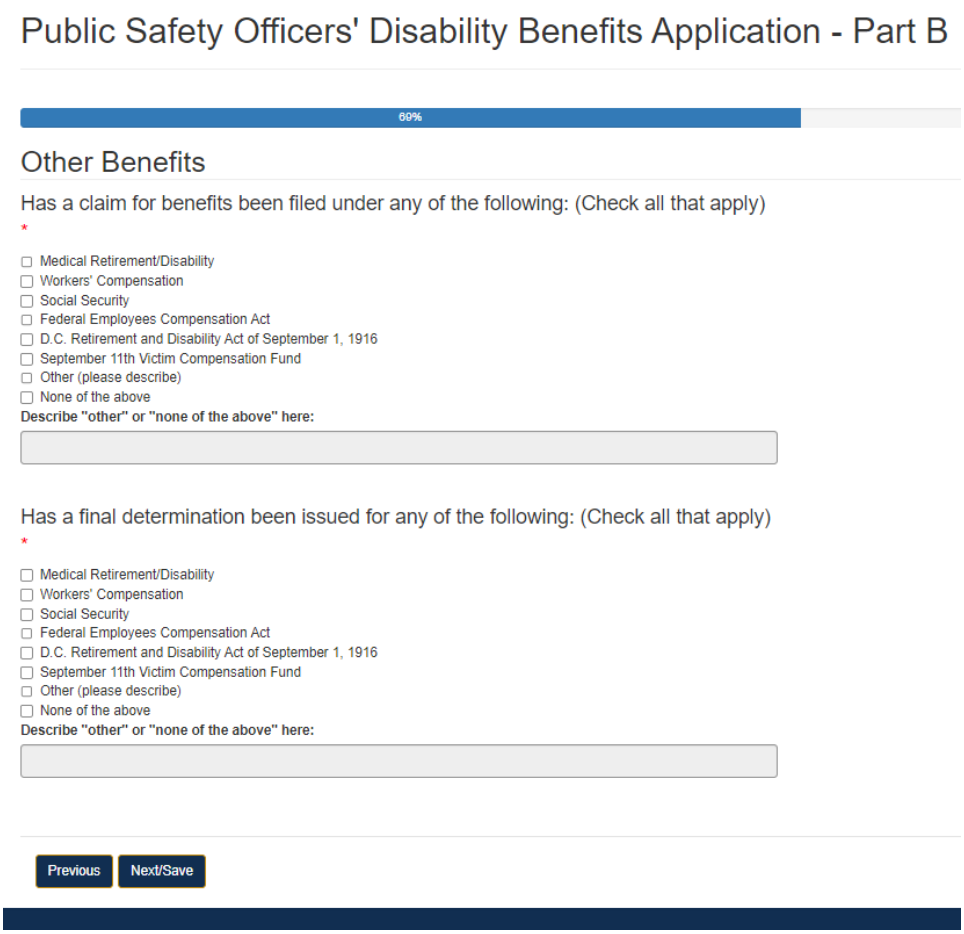
9. Cancer-Related (non-9/11) Exposure page. (If selected on the Officer Injury page.)



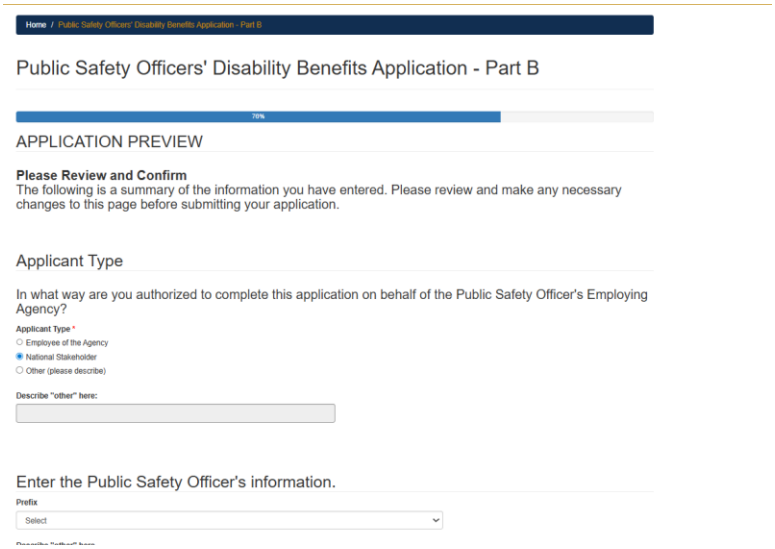
10. Circumstances of Injury page.



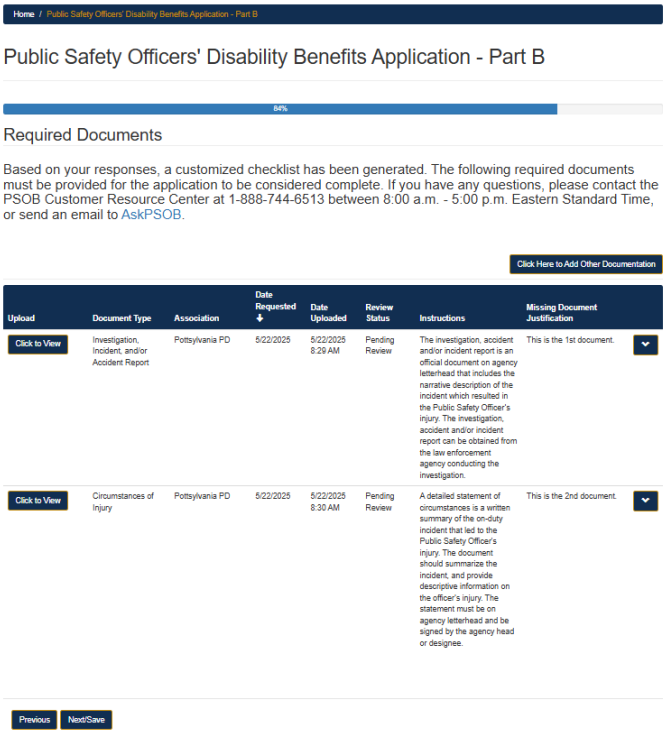
11. Other Benefits page.



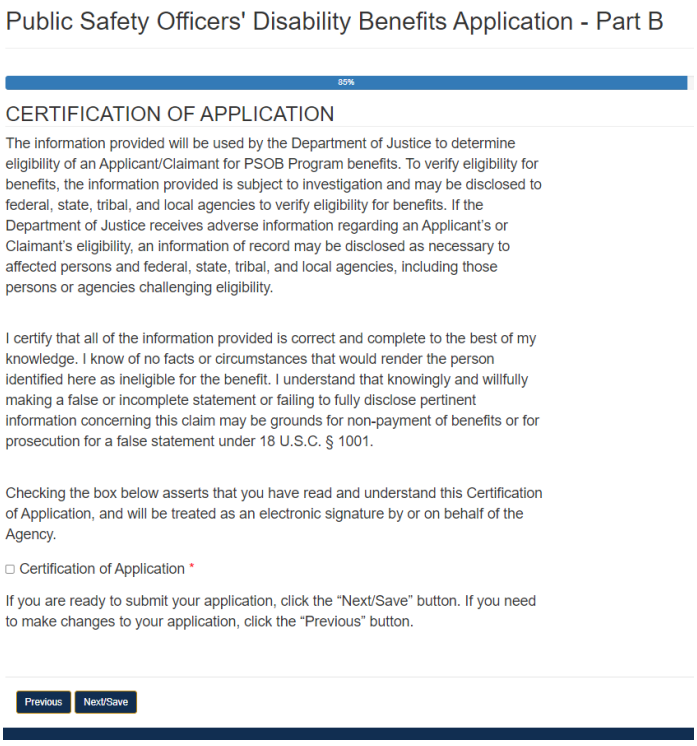
12. APPLICATION PREVIEW page.



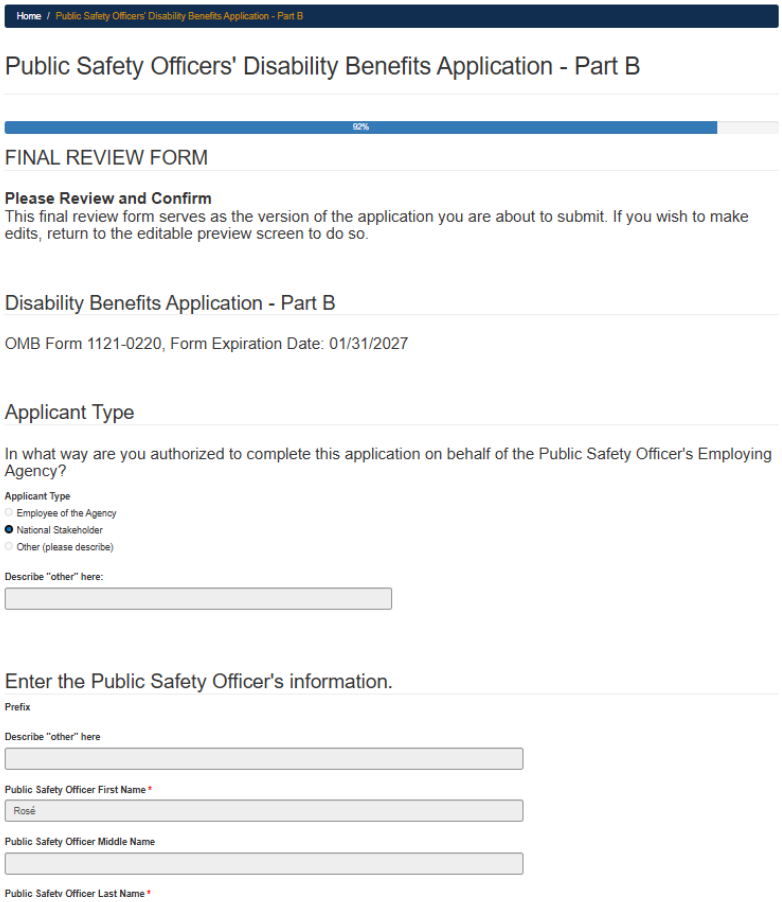
13. Required Documents page.



14. CERTIFICATION OF APPLICATION page.



15. FINAL REVIEW FORM page.



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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.