



BJA

Bureau of Justice Assistance
U.S. Department of Justice

PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Education Benefits

Application

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.



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.

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(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 subject of the record.

(h) Pursuant to subsection (b)(3) of the Privacy Act, the Department of Justice may disclose relevant and necessary information to a former employee of the Department for purposes of: responding to an official inquiry by a federal, state, or local government entity or professional licensing authority, in accordance with applicable Department regulations; or facilitating communications with a former employee that may be necessary for personnel-related or other official purposes where the Department requires information and/or consultation assistance from the former employee regarding a matter within that person's former area of responsibility.

(i) To appropriate agencies, entities, and persons when (1) The Department suspects or has confirmed that there has been a breach of the system of records; (2) the Department has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, DOJ (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

Effect: While providing this information is voluntary, failing to provide information may result in delays in processing or a claim being denied based on insufficient evidence.



Web Privacy Policy Notice

Pursuant to OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, “agencies must post a link to [their] website’s Privacy Policy on any known, major entry points to the website as well as any webpage that collects PII.” OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, Section 6, B. The PSOB 2.0 webpage will collect PII. Accordingly, OJP must add a link within the PSOB 2.0 webpage to the DOJ Privacy Policy pursuant to OMB 17-06, Section 6, B. OPCL recommends the following language under the Privacy Act Statement above: The Bureau of Justice Assistance, Office of Justice Programs will collect, process, disclose, and store your personal information that you submit through this online portal with the U.S. Department of Justice (DOJ) Privacy Policy and as stated on the Privacy Act Statement above. Your online submission of personally identifiable information constitutes your agreement to the DOJ Privacy Policy.

If you have questions about PSOB Benefits or wish to speak to a Customer Resource Center Representative, call 1-888-744-6513 between 8:00 a.m. - 4:30 p.m. Eastern Standard Time, or send a message to the PSOB Customer Resource Center using [Messages](#) in [MyPSOB](#).

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Education Assistance Benefits Applications/Terms

Applicant Name	Public Safety Officer's Name	Education Claim Number	Student's relationship to the Public Safety Office	Filing Capacity	Date Pre-Screen Submitted ↑	Pre-Screen Approved	Pre-Screen Approval Date ↑	
Allen, Mary	B, A		Spouse	Student's Parent	9/17/2017	Yes	9/17/2017	▼
Ween, Dean			Spouse	Student's Parent	9/1/2017	Yes	9/1/2017	▼
Richards, Keith			Child	Student	8/23/2017	Yes	8/23/2017	▼
B, A			Child	Authorized Representative	8/18/2017	Yes	8/18/2017	▼
Franklin, Frank			Child	Student	8/8/2017	Yes	8/9/2017	▼



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In which capacity are you filing for education benefits?

Filing type *

- Student
- Student's Parent
- Authorized Representative
- Other (please describe)

If "other" selected, describe your filing type:

Next/Save



If filing as Student's Parent, Authorized Representative, or Other

Parent, Authorized Representative, or "Other" Information

Parent, Authorized Representative, or "Other" Prefix

Describe "other" here

Parent, Authorized Representative, or "Other" First Name *

Parent, Authorized Representative, or "Other" Last Name *

Parent, Authorized Representative, or "Other" Suffix

Parent, Authorized Representative, or "Other" Phone Number *

Parent, Authorized Representative, or "Other" Alternate Phone Number

Parent, Authorized Representative, or "Other" Email Address *

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Enter the Student Information

Student Prefix

Describe "other" here

Student First Name *

Student Last Name *

Student Suffix

Student Date of Birth *

Student Phone Number *

Student Alternate Phone Number

Student Email Address *

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Next/Save



Primary Contact Information

Are you the primary contact person for all matters related to the PSOEA Program? *

Yes No

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If 'No'

Enter the Primary Contact Information

Primary Contact Person Prefix

Describe "other" here

Primary Contact Person First Name *

Primary Contact Person Last Name *

Primary Contact Person Suffix

Primary Contact Person Phone Number *

Primary Contact Person Alternate Phone Number

Primary Contact Person Email Address *

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Student's Record of Education

Add information about your program of study at an institution of higher education (type of school, dates attended, etc...)

Add School

Name of School ↑	School State	Type of School	Dates Attended From	Dates Attended To	Degree/Certification Attempting or Achieved	Graduation or Expected Graduation Date
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There are no records to display.

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Add School or Term Information

Use the grid below to add information about the educational terms for which you are seeking benefits.

Add Term/School

Year ↑	Term	Name of School	City	State/Country
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Add Educational Assistance

Please list all additional public and private educational assistance you received or will receive for the term(s) for which you are applying. Include assistance such as tuition waivers, grants, or scholarships from public and private sources. Do not list any loans.

Add Assistance

Year ↑	Term	Source/Organization/Institution Name	Amount Received
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Student Loan Status Verification

Section 32.35(a) of the PSOEA Regulations states that an individual who is in default on any student loan obtained through Title IV of the Higher Education Act of 1965 will not receive PSOEA benefits unless those benefits are used for repayment of the defaulted loans and the student provides evidence of this in the form of an approved repayment plan. Please select only one from the following:

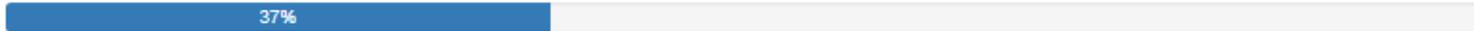
Student Loan Status Verification *

- I have not obtained any student loans (such as Stafford Loans) through Title IV of the Higher Education Act of 1965.
- I have obtained student loans (such as Stafford Loans) through Title IV of the Higher Education Act of 1965 but am not in default on any of them.
- I am currently in default on loans (such as Stafford Loans) obtained through Title IV of the Higher Education Act of 1965. Assistance under the PSOEA Program is to be used for repayment of the defaulted loans and I am submitting an approved repayment plan with this form.
- I am currently in default on loans (such as Stafford Loans) obtained through Title IV of the Higher Education Act of 1965. I do not have an approved repayment plan.

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Public Safety Officers' Education Benefits Application



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.

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Required Documents

Based on your responses, a customized checklist has been generated. The following required documents must be uploaded 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. - 4:30 p.m. Eastern Standard Time, or send a message using [Messages in MyPSOB](#).

Upload	Document Type	Association	Date Requested	Date Uploaded	Review Status	Instructions	Missing Document Justification
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CERTIFICATION OF APPLICATION/TERM

I certify that all information set forth above is true to the best of my knowledge and belief. I authorize the release of school records to the Department of Justice for the sole purpose of administering the PSOEA Program. I understand that I must provide the PSOB Office with a copy of my transcript each time I apply for benefits, and that failure to maintain satisfactory progress may result in a loss of additional assistance.

I certify that the PSOEA benefits being provided to me will only be used for educational or vocational purposes consistent with 42 USC § 3796d and 28 CFR § 32. I further certify that I am not in default on any student loans provided or guaranteed by the United States Government.

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 this box asserts that all of the information you provided on this form is true and correct, and will be treated as an electronic signature by the applicant. *

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FINAL REVIEW FORM

Education Application

OMB Form 1121-0220, Form Expiration Date: 10/31/2020

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.

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Education Benefits Application Submission Acknowledgement

Public Safety Officers' Education Assistance (PSOEA) Program - Successful Submission of Term Documents

You have successfully submitted your term documents as part of your PSOEA Application. An Education Specialist will review your expense-related documentation to confirm that you have provided all the required documents needed to assess your eligibility for educational assistance.

If you have questions about your PSOEA Application or any of the subsequent steps in filing for Education Benefits, please do not hesitate to call the PSOB Customer Resource Center at 1-888-744-6513 Monday through Friday between 8:00 AM and 4:30 PM Eastern Standard Time, or send a message using [Messages in MyPSOB](#).

