PUBLIC SAFETY OFFICERS' BENEFITS

"CHILDREN" AT-A-GLANCE

Statement from child's parent

	Birth Certificate	Signature on PSOB Claim Form	Statement from child that he/she was capable of self-support when the officer passed away	Statement from school confirming child's status as a full-time student for the term when the officer passed away	that, when the officer passed away: • the child's principal residence was the home of the officer, OR • the child did not live at the officer's home but was dependent on the officer's income for more than one-half of the child's support, OR • the officer accepted the child as his/ her own (include affidavits from two non-family members stating that).
Natural child, age 18 or under when the officer passed away?	V	Parent or Guardian of Child			
Stepchild, age 18 or under when the officer passed away?	V	Parent or Guardian of Child			V
Natural child, age 19–22, and a full-time student when the officer passed away?	V	Child		V	
Natural child, age 19–22, and not a full- time student when the officer passed away?	V	Not Required	V		
Stepchild, age 19–22, and a full-time student when the officer passed away?	V	Child		V	V
Stepchild, age 19-22, and not a full-time student when the officer passed away?	V	Not Required	V		
Natural or stepchild over the age of 22 when the officer passed away?	V	Not Required			

While the PSOB Office hopes that no agency ever requires our services, we stand ready to assist you throughout the claim process. Thank you for your own public safety efforts that serve to keep America safe.



PUBLIC SAFETY OFFICERS' BENEFITS OFFICE

U.S. Department of Justice • Office of Justice Programs • Bureau of Justice Assistance 810 Seventh Street NW., Fourth Floor, Washington, DC 20531 Web site: www.psob.gov • Toll free: 1–888–744–6513 • E-mail: AskPSOB@usdoj.gov



PUBLIC SAFETY OFFICERS' BENEFITS DEATH BENEFITS PROGRAM





Checklist

FILING A PSOB DEATH CLAIM





The Public Safety Officers' Benefits (PSOB) Office extends its condolences to you on the loss of your colleague. This checklist is designed to streamline the PSOB filing and review process for the fallen officer's survivors and you. Do not hesitate to contact the PSOB Office toll free at 1–888–744–6513 for assistance with any part of the PSOB claim.

— STEP 1 —

(Collect the following information regarding the off	icer [,]	's line-of-duty death from your agency records.
	PSOB Report of Public Safety Officer's Death form, completed and signed by the head of the public safety agency. The form is available at www.ojp.usdoj.gov/		☐ Medical documents about any response to the heart attack or stroke (like an ambulance run sheet) and any treatment of the officer prior to his or her death.
	BJA/grant/psob/death_claim.pdf. Detailed Statement of Circumstances from the initiation of the incident to the officer's death, on agency letterhead	de	VOLUNTEER FIREFIGHTERS (VFD) ONLY: Supporting documentation of department's volunteer status, <i>if applicable</i> .
	and signed by department head or designee.		☐ If VFD is a nonprofit/chartered corporation:
	Investigation, Incident, and/or Accident Reports. Death Certificate.		1. A statement on letterhead, signed by an elected official such as a mayor, county commissioner, etc., and notarized, which states:
	Autopsy Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no autopsy was performed.		"The [insert name of VFD] is legally organized and is authorized by the [insert name of government agency] to act on its behalf by providing fire
	Toxicology Report, or a statement signed by the head of the public safety agency or the medical examiner noting that no analysis was performed. When the cause of death is a heart attack or stroke:		services, as its primary function, to the communi of [insert name of jurisdiction]."
			2. A certified copy of the charter or minutes of the government agency's meeting establishing the
Ц	Refer to the <u>Hometown Heroes Checklist</u> available at		VFD as that government agency's VFD.
	www.psob.gov.		☐ If VFD is a unit of government that utilizes volunteers
	☐ A statement, on agency letterhead and signed by the agency head or designee, accounting for the 24-hour		1. A statement on letterhead, signed by an elected official and notarized, which states:
	period prior to the onset of the officer's heart attack or stroke, noting the hours within this period that the officer was on duty, and all on-duty actions during that time.		"The [insert name of VFD] is a unit of [insert lev of government] government using volunteer firefighters."
	☐ All investigation, incident, and/or accident reports for		

the officer's on-duty activities in the 24 hours prior to

his or her heart attack or stroke.

— STEP 2 —

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

For officers with surviving children, use the "Children At-A-Glance" chart on the back of this checklist for the documents to include with the claim packet.								
	PSOB Claim for Death Benefits form, completed and signed by the survivor or claimant.		Death certificates for all the officer's and current spouse's previous marriages, if any of the marriages					
	Officer's current marriage certificate, if applicable.		ended in death, if applicable.					
	Divorce decrees for all the officer's and current spouse's previous marriages, including references to physical custody of any children, <i>if applicable</i> .							
	— STE	P	3 —					
Submit the above information to the PSOB Office, keeping a complete copy for your records.								
	Mailing Address: Public Safety Officers' Benefits Office Bureau of Justice Assistance Office of Justice Programs 810 Seventh Street NW. Fourth Floor Washington, DC 20531		E-mail: AskPSOB@usdoj.gov Fax: 202–616–0314					
SHOULD TRAGEDY STRIKE								
	☐ Contact the PSOB Office at 1–888–744–6513. The PSOB Call Center is open Monday through Friday from 7:00 a.m. to 7:00 p.m.							
	☐ Download death claim forms at www.psob.gov.							
☐ When in doubt regarding the eligibility of a claim, always contact the PSOB Office to discuss.								

Because every PSOB case is unique, additional information may be requested by the PSOB Office to help clarify or establish the eligibility of claims and beneficiaries according to the PSOB Act and its regulations.