PUBLIC SAFETY OFFICERS' BENEFITS DISABILITY BENEFITS PROGRAM





Required Documents

FILING A PSOB DISABILITY CLAIM





IMPORTANT: In general, Public Safety Officers' Benefits (PSOB) claims must be filed within 3 years of the public safety officer's disability. To discuss claims that fall outside of this filing period, please call the PSOB Office directly at 1–888–744–6513.

Disability Benefits Application - Part A and B

Collect and upload the following required documents regarding the officer's line-of-duty injury.

Ш	Disability Benefits Part A application completed and
	electronically signed by the disabled officer or authorized
	representative.

- ☐ Disability Benefits Part B application completed and electronically signed by the head of the former employing agency or designee.
- ☐ Agency Accident or Incident Report containing information relevant to each incident and injury that contributed to the officer's disability.
- ☐ Statement signed by the disabled officer or authorized representative that addresses the following questions:
 - What is the highest educational level the disabled officer achieved? Has the disabled officer completed any special training or courses, including military training?
 - Has the disabled officer received any formal vocational or functional capacity evaluation or vocational rehabilitative treatment? If so, provide a copy of the report.
 - Has the disabled officer worked at any job following the injuries? If so, where?

- ☐ IRS "Wage and Income Transcript" for the past three years.

 These documents are available without charge from the IRS by mail or online at https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them.
- ☐ Medical Documentation, including admission and discharge summaries from medical facilities, as well as a final medical diagnosis for each injury.
- □ Volunteer Fire Departments (VFD), Rescue Squad, Ambulance Crew Only: Supporting documentation of department's volunteer status, *if applicable*.
 - If VFD, Rescue Squad, or Ambulance Crew is a nonprofit/chartered corporation, a statement on letterhead, signed by an elected official such as a mayor, county commissioner, etc., which states:

"The [insert name of VFD, Rescue Squad, or Ambulance Crew] is legally organized and is authorized by the [insert name of government agency] to act on its behalf by providing [fire services or rescue activities, or emergency medical services] as its primary function, to the community of [insert name of jurisdiction]."

SUBMIT

Submit the above information via PSOB 2.0. Keep a complete copy for your records.

☐ File online at www.psob.gov

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

While the PSOB Office hopes that no officer, agency, or family ever requires our services, we stand ready to assist you throughout the claim process. Do not hesitate to contact the PSOB Office toll free at 1–888–744–6513 between the hours of 8 a.m. and 4:30 p.m. Eastern Standard Time or by email at AskPSOB@usdoj.gov for assistance with any part of the PSOB claim.

