TO: Agency Heads and Human Resource Managers

FROM: Bonnie Salé-Narváez

SUBJECT: Change in Memorial Fund Benefits

DATE: December 30, 2008

IMPORTANT NOTICE * * CHANGE IN BENEFITS * *

The Department of Public Safety Standards and Training has implemented changes to the Public Safety Memorial Fund Board benefits, based on legislatively approved changes to the program (ORS 243.950 to 243.974)

THESE CHANGES INCLUDE A REQUIREMENT FOR EMPLOYERS TO OFFER THE OPTION OF COMPLETING A DESIGNATION OF BENEFICIARY FORM AND TO RETAIN THE FORM IF COMPLETED.

Effective October 1, 2008, the Public Safety Memorial Fund Program approved the following rule amendments to reflect the new law:

- When a public safety officer is hired or used as a volunteer, the employing agency must provide the officer with the option to complete a designation of beneficiary form. This form (M-4) allows an individual to select someone other than the standard designation of beneficiaries to receive benefits due to a qualifying death or disability that occurs after January 1, 2008.

- If no designation of beneficiary form has been completed, any benefits will be paid to qualifying individuals under the provisions of the “standard designation of beneficiaries.”

- Health and Dental benefits, as well as educational benefits may still be available for other eligible individuals, even if a public safety officer has selected a “designee” to receive benefits. The following table illustrates the benefits that may be available if an officer selects a “designee” to be a recipient of benefits resulting from a qualifying death or disability:

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>Alternate Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUMP SUM</td>
<td>100% to Officer or Designee (Maximum of $25,000)</td>
</tr>
<tr>
<td>MORTGAGE</td>
<td>100% to Officer or Designee (Up to 12 months if there is no mortgage insurance coverage)</td>
</tr>
<tr>
<td>HEALTH/DENTAL</td>
<td>Designee, Children and Dependents of Officer with Qualifying Death; or Officer, Designee, Children and Dependents of Officer with Qualifying Disability (Maximum period of five years)</td>
</tr>
<tr>
<td>EDUCATIONAL</td>
<td>Designee, Children and Dependents of Officer with Qualifying Death; or Officer, Designee, Children and Dependents of Officer with Qualifying Disability (Must apply for Federal benefits or other public education benefits prior to applying for state benefits)</td>
</tr>
</tbody>
</table>
If a public safety officer does not complete an M-4, the following benefits will remain available through the standard designation of beneficiaries:

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>Standard Designation of Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUMP SUM</td>
<td>100% to Officer or eligible survivor (Maximum of $25,000)</td>
</tr>
<tr>
<td>MORTGAGE</td>
<td>100% to Officer or eligible spouse (Up to 12 months if there is no mortgage insurance coverage)</td>
</tr>
<tr>
<td>HEALTH/DENTAL</td>
<td>Family Members of Officer with Qualifying Death; or Family Members and Officer with Qualifying disability (Maximum period of five years)</td>
</tr>
<tr>
<td>EDUCATIONAL</td>
<td>Family Members of Officer with Qualifying Death; or Family Members and Officer with Qualifying Disability (Must apply for Federal benefits prior to applying for state benefits)</td>
</tr>
</tbody>
</table>

All completed M-4 forms must be retained by the employing agency.¹ When a public safety officer suffers a qualifying death or disability, the employing agency must submit the Form M-4 along with a Form M-1 (Application for Benefits) to:

Department of Public Safety Standards and Training
4190 Aumsville Hwy SE
Salem, OR 97317

The new M-4 Form is available from our website: [www.oregon.gov/dpsst](http://www.oregon.gov/dpsst)

Please Note that NO ACTION is required if a public safety officer wants the standard designation of beneficiaries to apply as identified above. An M-4 form should ONLY be completed if the public safety officer does NOT want the standard designation of beneficiaries to apply.

For further information, please contact:

Bonnie Sallé-Narváez
(503) 378-2431

¹ 243.974 Designation of beneficiary form; notice required when public safety officer suffers qualifying death or disability. (1) At the time a public safety officer is hired or utilized as a volunteer, the agency employing or utilizing the public safety officer shall provide the public safety officer with a designation of beneficiary form on which the public safety officer may elect to designate a person to receive benefits under ORS 243.956 in lieu of the standard beneficiaries identified in ORS 243.969. If the public safety officer completes the beneficiary form, the agency shall retain the beneficiary form until an initial application is filed under ORS 243.958.

(2) If no designation of beneficiary form has been completed under subsection (1) of this section, any lump sum benefits will be paid under the provisions of ORS 243.969.

(3) No later than three days after a determination that a public safety officer suffered a qualifying death or disability, the agency employing or utilizing the public safety officer shall notify the Public Safety Memorial Fund Board of the fact by sending the board the appropriate form supplied by the Department of Public Safety Standards and Training. If a designation of beneficiary form has been completed, the agency shall include the form with the notification to the board.
Alternate Designation of Beneficiary Form

Officer to complete ONLY if s/he does NOT wish Standard Designation of Beneficiaries (spouse, children/dependents, parents) to apply toward lump sum benefit.

This form is to remain on file at the public safety professional’s place of employment until a public safety professional incurs a qualifying death or disability.

Instructions:

Do not change anything on this form. Do not use white-out or cross anything out. Alterations will void this form. A new form should be completed and submitted any time you wish to change beneficiaries (e.g., future marriages, divorces, births, deaths, etc.).

Name: ___________________________ DPSST #: __________________

(Last, First, Middle)

Employing Agency: ___________________________ Social Security #: __________________

I understand by completing this form that I am revoking the standard designation of beneficiaries outlined in ORS 243.969 and am designating an alternate individual to become eligible for any applicable benefit awarded as a result of a qualifying death or disability.

I also understand a child or dependent (as defined under ORS 243.954) may also be eligible to apply for other benefits (i.e., health, dental, scholarship, etc.)

<table>
<thead>
<tr>
<th>Full Given Name of Beneficiary:</th>
<th>Relationship:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Date: __________________

(Public Safety Officer’s Signature)

March 2008