

Application for Benefits

M-1

_____ This is a **NEW** application.

_____ This is a **SUPPLEMENTAL** application

1. About the Public Safety Officer:

Public Safety Officer's Name: _____ DPSST #: _____

Last Employing Agency: _____

____ Officer's Death - List Date: _____

____ Officer's Permanent Total Disability - List Date: _____

Public Safety Officer's Children/dependents - Total #: _____ (Please include all children/dependents – Attach additional pages as needed)

Name: _____ Date of Birth: _____ *Social Security No: _____

Name: _____ Date of Birth: _____ *Social Security No: _____

Name: _____ Date of Birth: _____ *Social Security No: _____

2. About the Applicant:

Applicant's Name: _____ Relationship to Officer: _____

*Applicant Social Security No.: _____ Applicant Date of Birth: _____

Address: _____ Phone: _____

* Beneficiary Social Security Numbers (SSN) are required to be provided to DPSST. The authority for this requirement is USC 405(c)(2)(C)(i). Beneficiary SSN will be used for tax purposes only.

3. Benefits Requested:

I request the Board make a determination for my eligibility for the following awards:

____ Death Benefit. _____ Mortgage Payments - list monthly mortgage amount: _____

____ Health/Dental Benefit

Is alternate coverage available (through employer, etc.)? _____ If yes, please provide explanation for reimbursement request on page 2.

If initial request for health/dental benefit, list available coverage in effect at the time of the public safety officer's death/disability & who was covered by the insurance - use back of form if more space is needed:

____ Educational Scholarship - list school and amount requested: _____

Has application been made for compensation, annuity, or other benefits as a result of this death/disability under any compensation law, police death or survivor's benefit fund, or other such fund? __Yes __ No. If yes, list sources, addresses of organization(s), and amounts of all awards you expect to receive and/or have applied for on page 2.

NOTE: See "Application Instructions" and the "Public Safety Memorial Fund Flow Chart" for additional information required to accompany this form.

