

# 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 #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Employing Agency: \_\_\_\_\_

Officer's Death - List Date: \_\_\_\_\_

Officer's Permanent Total Disability - List Date: \_\_\_\_\_

Public Safety Officer's Children/dependents - Total #: \_\_\_\_\_ (Must include all children/dependents - use page 2 of this form if more space is needed):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

## 2. About the Applicant:

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Public Safety Officer: \_\_\_\_\_ Date of Marriage to Officer \_\_\_\_\_  
(if applicable)

## 3. Benefits Requested:

I request the Board make a determination for my eligibility for the following award(s):

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.**

