



Public Safety Memorial Fund

Notice of Death or Disability/Initial Application for Benefits

ORS 243.974 requires the agency employing or utilizing a public safety officer who suffered a death or permanent, total disability notify the Public Safety Memorial Fund Board no later than three days from the death of public safety officer or from becoming aware that a public safety officer has become permanently, totally disabled as defined by ORS 656.206.

Section 1: Notice of Death/Disability

(To be completed by Public Safety Officer's Employing Agency)

Public Safety Officer's Name: _____

DPSST #: _____

Employing Agency: _____

Date of Incident Resulting in Death/Disability: _____

Description of Incident: (Please include supporting documentation, attaching additional pages as necessary.)

NOTE: All information submitted becomes public record under ORS 192.410 and is open to public inspection unless the Public Safety Memorial Fund Board determines that the information should be kept confidential. *The Board may request additional information in order to make an eligibility determination.*

Was the officer performing regular duties at the time of his/her death or disability? _____

Does the officer have a PSMF Alternate Designation of Beneficiary (M-4) on file? _____

By signing below, I understand that any and all information provided will be used to determine the award of Public Safety Memorial Fund benefits. I further swear and affirm that the information contained in Section 1 of this application, including all supporting documentation and information is true and correct to the best of my knowledge and belief.

Agency Contact/Liaison Signature

Date

Phone Number

E-mail Address

Section 2: Initial Application for Benefits

(To be completed by Beneficiary)

Applicant's Name: _____

Relationship to Public Safety Officer: _____

Applicant SSN*: _____ Applicant Date of Birth: _____

*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.

Applicant Address: _____

Applicant Phone: _____

Applicant E-mail: _____

By signing below, I swear and affirm that the information contained in Section 2 of this application, including all supporting documentation and information is true and correct to the best of my knowledge and belief. I understand that any and all information provided will be used by the Public Safety Memorial Fund Board (Board) to determine the award of Public Safety Memorial Fund benefits. I understand that all information submitted becomes public record under ORS 192.410 and is open to public inspection unless the Board determines that the information should be kept confidential. I understand that the Board may request additional information in order to make an eligibility determination.

Applicant Signature

Date

Phone Number

E-mail Address

Please send completed form to:

Dept. of Public Safety Standards and Training
Attn: Suzy Herring
4190 Aumsville Hwy. SE
Salem, OR 97301
suzy.herring@dpsst.oregon.gov
Questions: (503) 378-2427