

SUPPORTING HEROES®



11400 Decimal Drive, Suite 1002 – P.O. Box 991547
Louisville, KY 40269-1547
(502) 585-2282

The attached PSOB Designation of Beneficiaries Form can be used by a Public Safety Officer to designate who would receive the federal line-of-duty death benefits (Public Safety Officers' Benefits – PSOB) if he/she were to die in the 'line of duty' (as defined by federal guidelines).

Keep in mind that if the public safety officer is legally married or has dependent children, the form would have no effect. The form would only come into play if the Public Safety Officer was not legally married and did not have dependent children.

For PSOB purposes, a 'dependent child' is defined as one who is:

- 18 years of age or younger; or
- 19 to 22 years of age and a full-time student at the time of the officer's death; or
- of any age but incapable of self-support due to physical or mental disability.

NOTE: Step-children can qualify

In order for the form to be valid, it must be:

- Printed on departmental letterhead
- Signed by the public safety officer
- Have a named human beneficiary (trusts, estates, animals, charities, etc. cannot be used)
- On file at the agency the individual was serving at the time of his/her death. (For those who serve more than one agency, a form should be executed and filed at each agency.)

A Public Safety Officer is generally defined as 'an individual serving a public agency in an official capacity, with or without compensation, as a:

- Law enforcement officer
- Firefighter
- Chaplain (in limited situations)
- EMS or rescue squad member while actively engaging in rescue activity or EMS response
- FEMA and state or local Emergency Management personnel while responding to a major disaster or declared emergency pursuant to federal guidelines

If you have any questions regarding this form or Public Safety Officers' Benefits, please contact us at (502) 585-2282 or write: HonorAndBenefits@SupportingHeroes.org

"Greater love has no one than this, that he lay down his life for his friends." – John 15:13

"...pure and faultless is to look after orphans and widows in their distress..." – James 1:27

Designation of Beneficiaries Form

For

U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.**
5. If none of the above, to the officer's parents in equal shares.

**"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ (print full name), as a member
of _____ (print agency name), hereby
designate the following beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

Name	Address	Relationship	Percent <i>(must total 100)</i>

Officer signature: _____ Date: ____/____/____

Witness signature: _____ Date: ____/____/____