



# BJA

Bureau of Justice Assistance  
U.S. Department of Justice

## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

### Claim for Disability Benefits Application

#### Part A (Applicant)

This file contains an example of the online application you will fill out for the Claim for Death Benefits. This information is provided as a reference tool only and it is not intended to be submitted. If you would like to proceed with the on-line application, please create a User Account.

# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

## Claim for Disability Benefits Application – Part A (Applicant)



## How to Apply for Disability Benefits

### Application Instructions for PSOB Disability Benefits:

Welcome to the Bureau of Justice Assistance's Public Safety Officers' Benefits (PSOB) Program online application.

The PSOB Office extends its condolences to you as you file a disability application. This online system has been designed with you in mind, to impose the least possible burden while providing the PSOB Office with the information required to file your application.

The PSOB Disability Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Officer or Authorized Representative, Part B is completed by the Employing Agency. Parts A and B, and all required supporting documents must be provided before the application can be considered complete.

Based on the responses provided in your application, a customized checklist of required documents will be generated. The documents listed in the custom checklist must be uploaded before the application can be considered complete.

You can review a [general list of required documents](#) for filing a disability benefit claim, understanding the documents will vary based on each officer's situation. You will be prompted to upload the minimally necessary documentation before completing your application.

#### How to Apply:

**Applicants – Enter Part A:** Provide answers to the application questions and attach (upload) supporting documentation as instructed. When you submit Part A, you will see if the Officer's Public Safety Agency has completed Part B. If the Public Safety Agency has not completed Part B of the application, please contact the agency point of contact to follow up.

Part A – Applicant ▶

**Agency User – Enter Part B:** Provide information about the officer and agency and attach supporting documentation as instructed. If you are also entering information on behalf of an applicant, please enter Part A upon completion of Part B.

Part B – Agency ▶

The BJA PSOB Office is honored to review the nearly 900 claims submitted each year on behalf of America's fallen and catastrophically disabled public safety heroes and their loved ones.



## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)

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## Privacy Act Notice

**Authority:** 34 U.S.C. subtit. I, ch. 101, subch. XI, 42 U.S.C. 3796, and 44 U.S.C. 3103

**Purpose:** The information you submit in your claim is for official use by the U.S. Department of Justice for the purpose of determining your eligibility for, and the amount of, the benefit you may receive under your claim to the Public Safety Officers' Benefits Program and for the purpose of managing this Program.

**Routine Uses:** Information you submit regarding your claim may be disclosed by the Department of Justice only in accordance with the provisions of the Privacy Act, and for the routine uses indicated below:

- (a) To State and local agencies to verify and certify eligibility for benefits.
- (b) To researchers for the purpose of researching the cause and prevention of public safety officer line of duty deaths.
- (c) To appropriate Federal agencies to coordinate benefits paid under similar programs.
- (d) In a proceeding before a court or adjudicative body before which the OJP is authorized to appear, when i. The OJP, or any subdivision thereof, or ii. Any employee of the OJP in his or her official capacity, or iii. Any employee of the OJP in his or her individual capacity, where the Department of Justice has agreed to represent the employee, or iv. The United States, where the OJP determines that the litigation is likely to affect it or any of its subdivisions, is a party to litigation or has an interest in litigation and such records are determined by the OJP to be arguably relevant to the litigation.
- (e) To the news media and the public pursuant to 28 CFR 50.2 may be made available from systems of records maintained by the Department of Justice unless it is determined that release of the specific information in the context of a particular case would constitute an unwarranted invasion of personal privacy.

## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)

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(f) To the National Archives and Records Administration (NARA) and to the General Services Administration in records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.

(g) To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of and at the request of the individual who is the subject of the record.

(h) Pursuant to subsection (b)(3) of the Privacy Act, the Department of Justice may disclose relevant and necessary information to a former employee of the Department for purposes of: responding to an official inquiry by a federal, state, or local government entity or professional licensing authority, in accordance with applicable Department regulations; or facilitating communications with a former employee that may be necessary for personnel-related or other official purposes where the Department requires information and/or consultation assistance from the former employee regarding a matter within that person's former area of responsibility.

(i) To appropriate agencies, entities, and persons when (1) The Department suspects or has confirmed that there has been a breach of the system of records; (2) the Department has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, DOJ (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the Department's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

**Effect:** While providing this information is voluntary, failing to provide information may result in delays in processing or a claim being denied based on insufficient evidence.



## **Web Privacy Policy Notice**

Pursuant to OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, “agencies must post a link to [their] website’s Privacy Policy on any known, major entry points to the website as well as any webpage that collects PII.” OMB 17-06, *Policies for Federal Agency Public Websites and Digital Services*, Section 6, B. The PSOB 2.0 webpage will collect PII. Accordingly, OJP must add a link within the PSOB 2.0 webpage to the DOJ Privacy Policy pursuant to OMB 17-06, Section 6, B. OPCL recommends the following language under the Privacy Act Statement above: The Bureau of Justice Assistance, Office of Justice Programs will collect, process, disclose, and store your personal information that you submit through this online portal with the U.S. Department of Justice (DOJ) Privacy Policy and as stated on the Privacy Act Statement above. Your online submission of personally identifiable information constitutes your agreement to the DOJ Privacy Policy.

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If you have questions about PSOB Benefits or wish to speak to a Customer Resource Center Representative, call 1-888-744-6513 between 8:00 a.m. - 4:30 p.m. Eastern Standard Time, or send a message to the PSOB Customer Resource Center using [Messages](#) in [MyPSOB](#).

## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

### Claim for Disability Benefits Application – Part A (Applicant)

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### Consent to Release Information and Assistance with Your PSOB Application

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The Public Safety Officers' Benefits (PSOB) Office collaborates with various PSOB National Stakeholders, including the Concerns of Police Survivors, Inc. (C.O.P.S.) and National Fallen Firefighters Foundation (NFFF), to provide information and support to survivors and surviving agencies of America's fallen and catastrophically injured Public Safety Officers.

With funding from the Bureau of Justice Assistance, C.O.P.S. and NFFF provide a wide range of peer support and counseling services to survivors, as well as assistance with filing a PSOB application. By completing the consent to release below, you authorize the PSOB Office to release your name and contact information to C.O.P.S., NFFF, or any other organization you specify to contact you for assistance with your application.

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: Concerns of Police Survivors, Inc. (<https://www.nationalcops.org>) \*

Yes  No

Pursuant to the Privacy Act (5 U.S.C. § 552a(b)), I consent to the release of my name and contact information to: National Fallen Firefighters Foundation (<https://www.firehero.org>) \*

Yes  No

Other Organization (please specify)

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## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)



### In which capacity are you filing this application?

**Applicant Type \***

- Applicant
- Authorized Representative

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### What type of Authorized Representative are you?

**Authorized Representative Type \***

- Attorney
- Other

If "other" selected, describe the relationship to the Applicant:

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**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**  
Claim for Disability Benefits Application – Part A (Applicant)



Enter the Public Safety Officer's information.

Prefix

Describe "other" here

Public Safety Officer First Name \*

Public Safety Officer Middle Name

Public Safety Officer Last Name \*

Public Safety Officer Suffix

Public Safety Officer Job Title \*

Public Safety Officer Employing Agency \*

Public Safety Officer Social Security Number (Enter in this format: 555-55-5555) \*

Public Safety Officer Date of Birth \*

Public Safety Officer Address Line 1 \*

Public Safety Officer Address Line 2

Public Safety Officer City \*

Public Safety Officer State \*

Describe "other" here

Public Safety Officer Zip / Postal Code \*

Public Safety Officer Country

Public Safety Officer Phone Number \*

Public Safety Officer Alternate Phone Number

Public Safety Officer Email Address \*

Public Safety Officer Date of Injury \*

Public Safety Officer Date of Medical Retirement



# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

## Claim for Disability Benefits Application – Part A (Applicant)



### Officer Injury Profile

Cause of Injury: (Check all that apply) \*

- Bullets
- Explosives
- Sharp Instruments/ Blunt Objects
- Physical Blows
- Motor Vehicle/ Boat/ Airplane/ Helicopter Accident
- Fire/ Smoke Inhalation
- Chemicals
- Electricity
- Climatic Conditions
- Infectious Disease
- Radiation
- Viral Infection
- Heart Attack
- Stroke
- Vascular Rupture
- Occupational Disease
- Stress or Strain
- Other (please describe)

Describe "other" here:

Was this injury related to the events of September 11, 2001? \*

- Yes
- No

At the time of injury, was the Officer? \*

- On-duty
- Off-duty
- Other (please describe)

Describe "other" here:

**PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM**

Claim for Disability Benefits Application – Part A (Applicant)



Was the Public Safety Officer married at the time of injury? \*

Yes  No

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**If 'Yes'**

Enter information about the Public Safety Officer's Spouse

How many times was the Public Safety Officer married? \*

Add Officer's Spouse

First Name

Middle Name

Last Name ↑

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Did the Public Safety Officer have any Children at the time of injury? \*

Yes  No

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**If 'Yes'**

Add information about all of the Officer's Children

How many Children does the Public Safety Officer have? \*

Add Child

First Name

Middle Name

Last Name ↑

Date of Birth

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## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)

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### Other Benefits

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Has a claim for benefits been filed under any of the following: (Check all that apply) \*

- Medical Retirement/Disability
- Workers' Compensation
- Social Security
- Federal Employees Compensation Act
- D.C. Retirement and Disability Act of September 1, 1916
- September 11th Victim Compensation Fund
- Other (please describe)
- None of the Above (please describe)

Describe "other" or "none of the above" here:

Has a final determination been issued for any of the following: (Check all that apply) \*

- Medical Retirement/Disability
- Workers' Compensation
- Social Security
- Federal Employees Compensation Act
- D.C. Retirement and Disability Act of September 1, 1916
- September 11th Victim Compensation Fund
- Other (please describe)
- None of the Above (please describe)

Describe "other" or "none of the above" here:

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## Applicant's Statement

Answer the following questions in the text box provided below.

1. What is the highest educational level the Officer achieved? Has the Officer completed any special training or courses, including military training? \*

2. Has the Officer received any formal vocational or functional capacity evaluation or vocational rehabilitative treatment? \*

Yes  No

3. Has the Officer worked at any job following the injuries? \*

Yes  No

If so, where?

4. Is the Officer currently working or volunteering in any capacity? \*

Yes  No

If yes, please describe.

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# PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

## Claim for Disability Benefits Application – Part A (Applicant)



### APPLICATION PREVIEW

#### Please Review and Confirm

The following is a summary of the information you have entered. Please review and make any necessary changes to this page before submitting your application.

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### Required Documents

Based on your responses, a customized checklist has been generated. The following required documents must be provided for the application to be considered complete. If you have any questions, please contact the PSOB Customer Resource Center at 1-888-744-6513 between 8:00 a.m. - 4:30 p.m. Eastern Standard Time, or send a message using [Messages](#) in [MyPSOB](#).

[Click here to Add Other Documentation](#)

Upload	Document Type ↑	Association	Date Requested ↑	Date Uploaded	Review Status	Instructions	Missing Document Justification
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## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

### Claim for Disability Benefits Application – Part A (Applicant)

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## CERTIFICATION OF APPLICATION

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The information provided will be used by the Department of Justice to determine eligibility of an Applicant/Claimant for PSOB Program benefits. To verify eligibility for benefits, the information provided is subject to investigation and may be disclosed to federal, state, tribal, and local agencies to verify eligibility for benefits. If the Department of Justice receives adverse information regarding an Applicant's or Claimant's eligibility, an information of record may be disclosed as necessary to affected persons and federal, state, tribal, and local agencies, including those persons or agencies challenging eligibility.

I certify that all of the information provided is correct and complete to the best of my knowledge. I know of no facts or circumstances that would render the person identified here as ineligible for the benefit. I understand that knowingly and willfully making a false or incomplete statement or failing to fully disclose pertinent information concerning this claim may be grounds for non-payment of benefits or for prosecution for a false statement under 18 U.S.C. § 1001.

Checking the box below asserts that you have read and understand this Certification of Application, and will be treated as an electronic signature by or on behalf of the Applicant.

Certification of Application \*

If you are ready to submit your application, click the "Next/Save" button. If you need to make changes to your application, click the "Previous" button.

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## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)



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## Disability Benefits Application - Part A

OMB Form 1121-0220, Form Expiration Date: 10/31/2020

### FINAL REVIEW FORM

#### **Please Review and Confirm**

This final review form serves as the version of the application you are about to submit. If you wish to make edits, return to the editable preview screen to do so.

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## PUBLIC SAFETY OFFICERS' BENEFITS PROGRAM

Claim for Disability Benefits Application – Part A (Applicant)



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

### Application Part A Successfully Submitted

A PSOB Disability Benefits Application consists of two parts, Part A and Part B. Part A is completed by the Officer or Authorized Representative, Part B is completed by the Employing Agency. Parts A and B, and all required supporting documents must be provided before the application can be considered complete.

A Customer Resource Specialist will review the application. If all required documents are provided, the application will be assigned a claim number and will move to the next stage of review.

If you have additional questions, please do not hesitate to call the PSOB Customer Resource Center at 1-888-744-6513 Monday through Friday between 8:00 AM and 4:30 PM Eastern Standard Time, or send a message using [Messages](#) in [MyPSOB](#).

