

Public Safety Officers Benefit Act

Public Act 46 of 2004

PROGRAM REQUIREMENTS AND INSTRUCTIONS for the Application for Death Benefits

P.A. 46 of 2004

Under certain circumstances when a public safety officer dies in the line of duty, Public Act 46 of 2004, the Public Safety Officers Benefit Act, provides for a one time payment of \$25,000 to the spouse, children, or estate of the officer.

Terms: Following are paraphrased definitions of some of the terms used in the Act (see the Act for all official definitions):

- “Public safety officer” means an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter, rescue squad member, or ambulance crew member.
- “Law enforcement officer” means an individual involved in crime and juvenile delinquency control or reduction, or the enforcement of the criminal law. It includes police, corrections, probation, parole, bailiffs, or other similar court officers.
- “Firefighter” means a volunteer or employed member of a fire department of a city, county, township, village, state university, community college, or a member of the Department of Natural Resources employed to fight fires.
- “Line of duty” means any action the public safety officer is obligated, authorized, or assigned to perform.
- “Surviving spouse” means the husband or wife of a deceased officer at the time of the officer’s death. This includes a spouse living apart from the officer at the time of the officer’s death for any reason.

The Michigan Commission on Law Enforcement Standards (MCOLES) is responsible for the administration of this program. The Commission may be contacted at (517) 322-1417.

Program Benefit Payment

When an officer dies in the line of duty, the one-time \$25,000 benefit is paid to an eligible beneficiary(ies) in the following order.

- The benefit will be paid to the spouse. If there is no spouse, then the benefit will be paid to the public safety officer’s dependents. If there is no spouse or dependents, then the benefit will be paid to the estate of the deceased officer.

Limitations

A benefit payment will **not** be made if any of the following apply:

- The personal injury that resulted in the death was caused by the intentional misconduct of the officer or by his or her intent to bring about the injury.
- The officer was voluntarily intoxicated at the time of the personal injury.
- The officer was performing his or her duties in a grossly negligent manner at the time of the personal injury.
- The injury was the direct and proximate result of the actions of an individual to whom payment would be made under the Act.

Notice: The payment of benefits under the Act is subject to an appropriation by the Legislature of money necessary to make the death benefit payment.

Application Procedure

This application is to be used only for the Public Safety Officers Death Benefit Program.

The following person’s are eligible to submit an application for benefits.

- The spouse or the dependent(s) of an officer killed in the line of duty, or if the dependent is under the age of 17, the legal guardian of the dependent.
- The employer of an officer killed in the line of duty. Note: The employer may initiate the claim; however, the eligible beneficiary(ies) must execute the claim.
- A public safety officer benefit organization of an officer killed in the line of duty. Note: The organization may initiate the claim; however, the eligible beneficiary(ies) must execute the claim.
- The personal representative of the estate in the event of death and no spouse or dependent exists.

Instructions

Read the instructions carefully. Mistakes may delay the

processing of your application. Type or print legibly in ink all information.

Section A: Deceased Public Safety Officer Information

1. Enter the full legal name of the deceased public safety officer.
2. Enter the officer's date of birth in numeric format (mm/dd/yyyy).
3. Enter the officer's date of death in numeric format (mm/dd/yyyy).
4. Enter the name and complete address of the agency for whom to officer was working at the time of the injury or death. Give the agency's name; for example, Lansing Police Department or Lansing Fire Department.
5. Enter the name and title of the employing agency head.
6. Enter the name, rank, and phone number of the officer's supervisor at the time of the incident.
7. Enter the officer's job title, e.g., patrol officer, firefighter, sergeant, etc.
8. Check the appropriate box for the officer's pay status.
9. Check the appropriate box for the officer's employment status.
10. Give a brief (25 – 75 words) description of the incident that resulted in the officer's death.

Section B: Information on Potential Claimants

Enter the legal name, date of birth (mm/dd/yyyy), complete address, telephone number, and e-mail address (if available) of all potential claimants as appropriate, based upon the relationship to the officer: spouse, child, and dependent.

If there are not enough lines for all of the officer's children/dependents, photocopy page 2 of the application, add the additional children/dependents, and attach the sheet to the application.

Section C: Applicant Information

1. Enter your legal name.
2. Enter your complete permanent mailing address.
3. Enter your phone number where you may be reached during the day and your email address.
4. Check the appropriate box indicating your relationship to the deceased officer.

Section D: Releases

Read this section very carefully before signing this application. By signing, you are agreeing that the application information is true and accurate. You are also authorizing the release of information to the Commission in support of the application. If you have any questions regarding these conditions, please contact the Commission staff before you sign and submit this application.

Section E: Attachments

Several attachments are required as supporting documentation for your application. These documents will be used only to determine

eligibility under P.A. 46 of 2004. Your application cannot be processed without these documents. Be sure to obtain official copies from the issuing agency.

Section F: Submission

Carefully review the application before submission. Be sure that all the requested information has been provided, the form has been signed, and the appropriate enclosures have been attached. Make a copy of the application for your records. Mail the completed form to:

Public Safety Officers Benefit Program
Michigan Commission on Law Enforcement Standards
106 West Allegan Street, Suite 600
P.O. Box 30633
Lansing, Michigan 48909

Application Processing

Upon receipt of the application, the Commission will initiate an investigation and verification process. The incident resulting in the death will be verified and confirmed with the employing agency. Once the claim has been verified and substantiated, the benefit will be paid to the eligible claimant(s) under the Act, subject to the availability of funds.

If you have any questions regarding the Public Safety Officers Benefit Program or this application, contact the MCOLES staff at (517) 322-1417.