

# Public Safety Officers Benefit Act

Public Act 46 of 2004

## APPLICATION FOR BENEFITS

Before you complete this application, please read the program requirements and instructions carefully. Follow the instructions for each section as you complete the form. **Type or legibly print all information.**

### Section A: Deceased Public Safety Officer Information

1. Officer's Name	Last	First	MI
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2. Officer's Date of Birth	3. Date of Officer's Death
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4. Name and address of public agency for whom the public safety officer was working at the time of the incident	Agency		
Street Address	City	State	Zip

5. Officer's Job Title <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	6. Supervisor's Name, Rank, and Phone Number
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9. Cause of Death - Provide a <u>brief</u> description of the incident. Include a certified copy of the death certificate.
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**Section B: Information on Potential Claimants**

Please provide the relationship, name, date of birth, and address of all persons in applicable categories.

Relationship to Public Safety Officer	Name (Last, First, Middle Initial)	Date of Birth	Address (Street, City, State, Zip) Telephone Number / E-mail Address
Surviving Spouse			
Children (Natural and Adopted) and Dependents			

**Section C: Applicant Information**

1. Applicant's Name	Last	First	MI
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If a personal representative, provide business name here.

2. Applicant's Permanent Mailing Address	Street Address		
City	State	Zip	

3. Applicant's Daytime Phone Number	Applicant's E-mail Address
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4. Applicant's relationship to the deceased public safety officer:	<input type="checkbox"/> Employer <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Officer <input type="checkbox"/> Personal Representative of Estate <input type="checkbox"/> Public Safety Benefit Organization
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**Section D: Releases**

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not provide proof when asked or misrepresent information on this form, that benefits may be denied. I understand that benefits received under this program are not reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency, or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives, and/or agents any and all information related to this claim for benefits. I hereby authorize any individual, agency, or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards pursuant to the authority granted under P.A. 46 of 2004.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency, or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of P.A. 46 of 2004.

I hereby release any individual, agency, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization of release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photocopy of this authorization shall have the same force as the original.

Everyone, other than individuals younger than 17 years of age, whose information is given on this form **must** sign below. **All persons 17 years of age or greater must sign this application.**

Applicant: Print, then Sign	Date
Spouse: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Child or Dependent: Print, then Sign	Date
Personal Representative of Estate: Print, then Sign	Date

## Section E: Attachments

**True or certified copies** of the following are required as supporting documentation for this Application for Benefits. These documents will remain a permanent part of the application. Your application will not be processed without the required documents.

- Marriage License. For the spouse of a deceased public safety officer, include a true copy of your marriage license.
- Birth Certificate/Adoption Papers. For each natural child, include a true copy of the birth certificate that shows the relationship to the public safety officer. For an adopted child, include a true copy of the adoption papers.
- Death Certificate. I include a certified copy of the deceased public safety officer's death certificate.
- Proof of Dependency. For a dependent, other than a spouse or child, of the deceased public safety officer, who is claiming the benefit under the Act, include proof of dependency upon the public safety officer.
- Proof of Divorce. If the claim is for a death benefit and the public safety officer was divorced, but not remarried at the time of the line of duty death, the application must include a copy of the judge's journal entry for the Order of Divorce.

## Section F: Submission

Carefully review your application before submission. Be sure that all information has been provided, the form has been signed, and the appropriate enclosures have been attached. Keep a copy of this application for your files and submit the original application to:

Public Safety Officers Benefit Program  
Michigan Commission on Law Enforcement Standards  
927 Centennial Way  
Lansing, MI 48909