Public Safety Officers Benefit Act

Public Act 46 of 2004

APPLICATION FOR DISABILITY BENEFIT

This application is to completed by the permanently and totally disabled public safety officer, the spouse of the officer or the legally designated representative of the officer. As provided in administrative law, R28.14952, the application shall be filed within one year of the prerequisite disability certification. Before completing this application, please read the program requirements and instructions carefully. **Type or legibly print all information**.

Section A: Permanently and Totally Disabled Public Safety Officer Information

1. Officer's Name	Last	First	M.I.

2. Address	3. Phone #	4. Email Address

5. Officer's Date of Birth	6. Officer's Date of Injury

Section B: Employer Information

7. Name and address of the public agency for whom the public safety officer was working at the time of the injury.

Agency Name	Telephone #	Email Address	
Street Address	**City**	**State**	**Zip**

8. Name and Title of Employing Agency Head

9. Supervisor's Name, Rank, and Phone Number

10. Officer's Job Title	11. Pay Status ☐ Paid ☐ Volunteer	12. Employment Status ☐ Full-Time ☐ Part-Time
_____	13. Date Officer Separated from Employment	

14. Please check the appropriate boxes to indicate the reports that are attached which relate to the direct cause of the permanent and total disability. Provide original reports or a certified copy of original reports. A copy should be certified as a true and exact copy by the official custodian of the record or other public official authorized to certify the copy (R 28.14955).

☐ Medical / Hospital Records ☐ Letter from Disability Benefit Provider

☐ Claimant Statement ☐ Post Injury Employment ☐ Other (Describe) :_____

_____

15. Please provide a brief description of the personal injury incident and the permanent and total disability.

16. If known, give the name and address of witness(es) to the officer's injury.

17. Was the officer awarded a disability retirement? ☐ Yes ☐ No If yes, provide the name, address, and telephone number of the organization that made the award.

Section C: Information on Potential Claimants

Please provide the name, date of birth, and contact information of all persons in the 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	
Spouse				
Children (Natural and Adopted) and Dependents				
Entity Providing Care to Officer				

Section D: Post Injury Employment

As item #3 of the claimant statement, detail all of the public safety officer's employment, if any, since the personal injury that caused the disability and the separation from the officer's public safety employer. If there has been no Post Injury employment, state "none" for item #3. Include self employment, if any. List the current employer first, then go backward to the date of the personal injury / separation. Do not include the officer's public safety employer at the time of the injury. Provide the full name, address, contact information, dates of employment for each employer, and a description of the job duties.

Section E: Federal PSOB Application

Has an application been submitted to the United States Department of Justice for a federal PSOB benefit for the injury claimed on this application?

☐ Yes. When was it filed? _____What was the outcome? _____

☐ No. Why wasn't a claim made? _____

Section F: 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 permanently and totally disabled 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 permanently and totally disabled public safety officer. For an adopted child, include a true copy of the adoption papers.
- Proof of Dependency. For a dependent, other than a spouse or child, of the permanently and totally disabled public safety officer, include proof of dependency upon the public safety officer.
- Proof of Divorce. If the public safety officer was divorced, but not remarried at the time of the line of duty disability, the application must include a copy of the judge's journal entry for the Order of Divorce.
- Official Documentation of Appointment. For a personal representative or care giver of a permanently and totally disabled public safety officer, include a copy of the official document(s) of appointment as the personal representative of care giver.

Section G: Submission

Carefully review this application before submission. Be sure that all information has been provided, the application 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

Section H: 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.

Certification: False information provided on, or included with, this application may be grounds for non-payment of benefits. Further, fraud in this application process may result in criminal prosecution under Michigan law. All information will be considered in reviewing this claim and is subject to investigation.

Everyone, other than individuals younger than 17 years of age, whose information is given on this form <u>shall sign</u> below.

Public Safety Officer	Date
Spouse	Date
Child or Dependent	Date
Child or Dependent	Date
Child or Dependent	Date
Child or Dependent	Date
Care Provider	Date
Legally Designated Personal Representative (Sign and Print Name, Address and Contact Information)	Date