

# Application for Benefits

M-1

\_\_\_\_\_ This is a **NEW** application.

\_\_\_\_\_ This is a **SUPPLEMENTAL** application

## 1. About the Public Safety Officer:

Public Safety Officer's Name: \_\_\_\_\_

DPSST #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Employing Agency: \_\_\_\_\_

\_\_\_\_ Officer's Death - List Date: \_\_\_\_\_

\_\_\_\_ Officer's Permanent Total Disability - List Date of Medical Determination: \_\_\_\_\_

Public Safety Officer's Children/dependents - Total #: \_\_\_\_\_ (Must include all children/dependents - use page 2 of this form if more space is needed):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

## 2. About the Applicant:

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Public Safety Officer: \_\_\_\_\_ Date of Marriage to Officer \_\_\_\_\_  
(if applicable)

## 3. Benefits Requested:

I request the Board make a determination for my eligibility for the following award(s):

\_\_\_\_ Lump Sum Benefit. \_\_\_\_\_ Mortgage Payments - list monthly mortgage amount: \_\_\_\_\_

\_\_\_\_ Health/Dental Benefit (List coverage in effect at the time of the public safety officer's death/disability & who was covered by the insurance - use page 2 of form if more space is needed:  
\_\_\_\_\_

\_\_\_\_ Educational Scholarship - list school and amount requested: \_\_\_\_\_

Has application been made for compensation, annuity, or other benefits as a result of this death/disability under any compensation law, police death or survivor's benefit fund, or other such fund? \_\_Yes \_\_ No. If yes, list sources, addresses of organization(s), and amounts of all awards you expect to receive and/or have applied for on page 2.

**NOTE: See "How to Apply for Initial Benefits" or "How to Apply for Supplemental Benefits" checklists for additional information required to accompany this form.**

