Public Safety Memorial Fund Board andDEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

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/dependent this form if more space is needed):	dents - Total #:	(Must include all children/de	ependents - use page 2 of
Name:	_ Date of Birth:	Social Security No:	
Name:	_ Date of Birth:	Social Security No:	
Name:	_ Date of Birth:	Social Security No:	
2. About the Applicant:			
Applicant's Name:	Social Secu	urity #: Da	te 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.			
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.			



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Use this side to elaborate or add to any information on the front side of this form. **ADDITIONAL INFORMATION:** 4. Records Release: By signing below, I hereby authorize the release and surrender of any and all financial, medical, and scholastic information deemed appropriate and pertinent to the Public Safety Memorial Fund Board on the applicant or public safety officer mentioned in this form. The information will be used to determine the award of benefits resulting from the death or disability of the public safety officer mentioned on this application: I swear or affirm that the information contained in this application (front and back), including all supporting documents and information is true and correct to the best of my knowledge and belief.

Applicant's Signature: _____ Date: _____