



LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST FUND

BENEFICIARY DESIGNATION FORM

Pursuant to the provisions of Mississippi Code Annotated §45-2-1, the Mississippi Department of Public Safety (DPS) is responsible for management of the Law Enforcement Officer and Fire Fighters Death Benefits Trust Fund and shall disburse a payment of \$150,000.00 when a covered individual, while engaged in the performance of the person's official duties, receives accidental or intentional bodily injury that results in the loss of the covered individual's life and such death is the result of a covered cause of death, provided that the fatality is not the result of suicide and that the bodily injury is not intentionally self-inflicted. Furthermore, DPS shall issue an additional payment of \$25,000.00 per child of the covered individual, not to exceed a total payment of \$250,000.00.

The death benefit payment shall be made to the beneficiary who was designated in writing by the covered individual, signed by the covered individual and delivered to the employer during the covered individual's lifetime. If no such designation is made, then the payment shall be made to the surviving child or children and spouse in equal portions, and if there is no surviving child or spouse, then to the individual's parent or parents. The death benefit payment is in addition to any workers' compensation or pension benefits and is exempt from the claims and demands of creditors of the covered individual.

As provided in MCA §45-2-1 (3), DPS shall make a disbursement in the amount not to exceed \$15,000.00 to pay funeral and other related burial expenses when a covered individual dies or receives accidental or intentional bodily injury that results in the loss of the covered individual's life.

THIS FORM SHALL BE MAINTAINED BY THE EMPLOYER IN THE COVERED INDIVIDUAL'S PERSONNEL FILE.

For purpose of compliance with the statute, the following information identifies me and accordingly designates my beneficiaries:

NAME OF COVERED INDIVIDUAL

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DESIGNATED BENEFICIARY (BENEFICIARIES)

BENEFICIARY NAME:	DATE OF BIRTH:	SSN:	RELATIONSHIP:	SHARE (%)*:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* The percentage allocated for beneficiary shares should total 100%.

By my signature below, I acknowledge and understand that the Mississippi Department of Public Safety is responsible for management of and disbursement of benefits from the Law Enforcement Officer and Fire Fighters Death Benefits Trust Fund. This signed document designates the above-named person(s) as my beneficiaries for purpose of receiving MCA §45-2-1 death benefits.

COVERED INDIVIDUAL'S SIGNATURE _____ DATE SIGNED _____

ACKNOWLEDGEMENT

STATE OF MISSISSIPPI
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this _____ day of _____ 20 ____, within my jurisdiction, the within named _____, who acknowledged that they executed and delivered the above and foregoing instrument and attached pertinent documentation for the purposes contained therein.

In witness whereof, I hereunto set my hand and official seal.

(SEAL)

NOTARY PUBLIC

My Commission Expires _____

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