



LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST FUND

APPLICATION TO CLAIM DEATH BENEFITS AS A BENEFICIARY OF A COVERED INDIVIDUAL

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 One Hundred Fifty Thousand Dollars (\$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 Twenty-five Thousand Dollars (\$25,000.00) per child of the covered individual, not to exceed a total payment of Two Hundred Fifty Thousand Dollars (\$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 Fifteen Thousand Dollars (\$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 payment may be made directly to the funeral home chosen by the next of kin and is subject to the availability of funds. The Application for Payment of Funeral and Other Related Burial Expenses [Form DB-030] must be completed to apply for funeral benefits.

NOTE THAT MCA §45-2-1 (1) defines the following important terms:

- (a) "Covered individual" means a law enforcement officer or firefighter, including volunteer firefighters, as defined in this section when employed by an employer as defined in this section; it does not include employees of independent contractors.
- (b) "Employer" means a state board, commission, department, division, bureau or agency, or a county, municipality or other political subdivision of the state, which employs, appoints or otherwise engages the services of covered individuals.
- (c) "Firefighter" means an individual who is trained for the prevention and control of loss of life and property from fire or other emergencies, who is assigned to firefighting activity, and is required to respond to alarms and perform emergency actions at the location of a fire, hazardous materials or other emergency incident.
- (d) "Law enforcement officer" means any lawfully sworn officer or employee of the state or any political subdivision of the state whose duties require the officer or employee to investigate, pursue, apprehend, arrest, transport or maintain custody of persons who are charged with, suspected of committing, or convicted of a crime, whether the officer is on regular duty on full-time status, an auxiliary or reserve officer, or is serving on a temporary or part-time status.
- (e) "Cause of death" means any cause of death that would be covered under the Public Safety Officers' Benefits Act of 1976, the Hometown Heroes Survivors Benefits Act of 2003, or the Safeguarding America's First Responders Act of 2020.

The Department of Public Safety has adopted rules and regulations necessary to implement and standardize the payment of death benefits under this statute, to administer the trust fund created and to carry out the purposes of this legislation.

To claim death benefits on behalf of the covered individual, this form is to be completed by the Chief Law Enforcement Officer or Director of the agency where the deceased individual was employed and submitted, along with all necessary documents, to the Mississippi Department of Public Safety as shown below.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF DECEASED INDIVIDUAL

SOCIAL SECURITY NO.

EMPLOYER/AGENCY

DATE OF BIRTH

DATE OF DEATH

DATE OF INJURY RESULTING IN DEATH

LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST FUND

APPLICATION TO CLAIM DEATH BENEFITS AS A BENEFICIARY OF A COVERED INDIVIDUAL

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE COVERED INDIVIDUAL'S INJURY:

STATEMENT OF CIRCUMSTANCES: *Please describe the circumstances of the Covered Individual's Injury. Provide details about what happened, as well as when, where, and how the incident occurred.*

WAS COVERED INDIVIDUAL ENGAGED IN THE PERFORMANCE OF HIS/HER
OFFICIAL DUTIES AT THE TIME OF INJURY?

YES

NO

WAS THE CAUSE OF INJURY A HEART ATTACK, STROKE OR VASCULAR RUPTURE?

YES

NO

If "Yes," please complete the Prior 24-Hour Activity Report below.

PRIOR 24-HOUR ACTIVITY REPORT: *Please provide a statement accounting for the 24-hour period prior to the onset of the Covered Individual's heart attack, stroke or vascular rupture. Note the hours within this period that the Covered Individual was on duty and give detailed information on all of his or her on-duty actions during that time.*

LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST FUND
APPLICATION TO CLAIM DEATH BENEFITS AS A BENEFICIARY OF A COVERED INDIVIDUAL

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH BENEFICIARY:

BENEFICIARY NAME:	RELATION:	ADDRESS:	PHONE NUMBER:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DID COVERED INDIVIDUAL HAVE A COMPLETED BENEFICIARY DESIGNATION FORM? YES NO

ATTACH TO THIS APPLICATION THE FOLLOWING REQUIRED DOCUMENTS:

1. A certified copy of the original certificate of death;
2. If one was completed, the original of the Beneficiary Designation Form (Form DB-010);
3. An attested copy of the incident report documenting how death occurred; and
4. An attested copy of the covered employer's record showing deceased's date of hire or date of membership.

If you have any questions or concerns, please contact the DPS Legal Division at DeathBenefitsTrust@dps.ms.gov.

I hereby attest, to the best of my knowledge, all of the information provided above is true and accurate.

NAME OF OFFICER OR DIRECTOR	TITLE	PHONE NUMBER
-----------------------------	-------	--------------

ADDRESS	CITY	ZIP CODE
---------	------	----------

WITNESS MY SIGNATURE this, the _____ day of _____, _____.

CHIEF LAW ENFORCEMENT OFFICER OR PUBLIC AGENCY
DIRECTOR AS EMPLOYER FOR THE DECEASED INDIVIDUAL

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.

Notary Public: _____

SUBMIT TO: Mississippi Department of Public Safety
Legal Division
Post Office Box 958
Jackson, Mississippi 39205

(SEAL)

My Commission Expires: _____