



## OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST FUND

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

Pursuant to the provisions of Mississippi Code Annotated §45-2-31, the Mississippi Department of Public Safety (DPS) is responsible for management of the Other Safety Officials Death Benefits Trust Fund and disbursement of a One Hundred Thousand Dollars (\$100,000.00) death benefit authorized under the statute “when a covered individual, while engaged in the performance of the person’s official duties, is accidentally or intentionally killed, provided that the killing is not the result of suicide and that the bodily injury is not intentionally self-inflicted.”

The death benefit payment shall be made to the beneficiary who was designated in writing by the covered individual 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. If a beneficiary is not designated and there is no surviving child, spouse or parent, then the payment shall be made to the covered individual's estate.

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.

Note that in accordance with MCA §45-2-31 (1), “covered individual” means the directors and assistant directors of local emergency management organizations established under MCA §33-15-17, and coroners and deputy coroners.

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 County or Organization as employer for the deceased individual and submitted, along with all necessary documents, to the Mississippi Department of Public Safety as shown below. If you have any questions or concerns, please contact the DPS Legal Division at [DeathBenefitsTrust@dps.ms.gov](mailto:DeathBenefitsTrust@dps.ms.gov).**

#### PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF DECEASED INDIVIDUAL	SOCIAL SECURITY NO.	EMPLOYER/AGENCY
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DATE OF BIRTH	DATE OF DEATH	DATE OF INJURY RESULTING IN DEATH
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CAUSE OF FATAL INJURY: *(Provide specific details about the incident and the covered individual’s role at the time.)*

WAS COVERED INDIVIDUAL ENGAGED IN THE PERFORMANCE OF HIS/HER OFFICIAL DUTIES?	YES	NO
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DID COVERED INDIVIDUAL HAVE ON FILE A COMPLETED BENEFICIARY DESIGNATION FORM?	YES	NO
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**OTHER SAFETY OFFICIALS 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:	ADDRESS:	PHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCLUDE ANY ADDITIONAL NECESSARY INFORMATION:

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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 OS-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.

*If you have any questions or concerns, please contact the DPS Legal Division at [DeathBenefitsTrust@dps.ms.gov](mailto:DeathBenefitsTrust@dps.ms.gov).*

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

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NAME OF AUTHORIZED SIGNER	TITLE	PHONE NUMBER
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ADDRESS	CITY	ZIP CODE
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**WITNESS MY SIGNATURE this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

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AUTHORIZED SIGNER (FOR THE ORGANIZATION/COUNTY  
WHERE THE DECEASED INDIVIDUAL WAS EMPLOYED)

**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: \_\_\_\_\_