



STATE OF MISSISSIPPI
TATE REEVES, GOVERNOR
DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI HIGHWAY SAFETY
SEAN J. TINDELL, COMMISSIONER

MEMORANDUM

TO: 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" as defined under Mississippi Code Annotated §45-2-1(1)(a) and §45-2-31(1)

FROM: Commissioner Sean J. Tindell
Mississippi Department of Public Safety

DATE: May 14, 2025

RE: LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST AND OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST

As set forth in Mississippi Code Annotated §45-2-1 and Mississippi Code Annotated §45-2-31, the Mississippi Department of Public Safety shall be responsible for the management and disbursement of benefits under the Law Enforcement Officers and Fire Fighters Death Benefits Trust as well as the Other Safety Officials Death Benefits Trust. The following forms have been developed to assist the process of establishing beneficiaries, claiming death benefits, and applying for funeral expenses.

Beneficiary Designation Form (Form DB-010 and OS-010) - To be completed by "Covered Individuals" as defined by the statute, upon employment or during the Covered Individual's lifetime, for purposes of naming a beneficiary or beneficiaries for receiving death benefits payments; and,

Death Benefits Trust Claim Application (Form DB-020 and OS-020) - To be completed by the "Employer", as defined by the statute, and submitted to the Mississippi Department of Public Safety on behalf of a Covered Individual and his/her beneficiaries.

Funeral and Burial Payment Application (Form DB-030) - To be completed by both the Next of Kin and the Employer and submitted to the Mississippi Department of Public Safety on behalf of a Covered Individual.

The above forms listed above can also be found on the DPS website at www.dps.ms.gov/public-safety-planning/standards-and-training/Death-Benefits-Trust. You are responsible for making the necessary copies of the beneficiary designation form (FORM DB-010 or OS-010) to be distributed to covered individuals employed within your department or public agency. These forms must remain within your department or public agency until or unless a Death Benefits Trust Claim needs to be made for a deceased individual. If you have any questions or concerns, please contact us at DeathBenefitsTrust@dps.ms.gov.

I. LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST

Pursuant to Mississippi Code Annotated §45-2-1, as amended by Chapter 529, Senate Bill 2487, Mississippi Legislature, 2024 Regular Session, effective from and after July 1, 2024 (approved by Governor, May 13, 2024), the Mississippi Department of Public Safety shall be responsible for the management of the Law Enforcement Officers and Fire Fighters Death Benefits trust fund and the disbursement of death benefits and other funeral and burial expenses authorized. The Department of Public Safety shall adopt rules and regulations necessary to implement and standardize the payment of death benefits under this section, to administer the trust fund and to carry out the purposes of this statute.

A. DEFINITION OF SPECIFIC TERMS

1. “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.
2. “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.
3. “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.
4. “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.
5. “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.

B. LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST—BENEFITS FOR COVERED CAUSE OF DEATH (KILLED IN THE LINE OF DUTY)

1. The Mississippi Department of Public Safety shall make a payment, as provided in this section, in the amount 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.
2. 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).

C. LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST—FUNERAL BENEFITS

1. 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.

D. LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST—FORMS

DPS has developed the following Death Benefits Trust forms for establishing beneficiaries, submitting claims for a death benefit, and requesting payment of funeral costs:

1. BENEFICIARY DESIGNATION FORM (Form DB-010) should be completed by the covered individual or employee upon employment. This form must be signed, notarized and placed within the covered individual's personnel file at the employer or agency wherein the person is currently employed.

If a covered individual or employee did not complete Form DB-010 upon employment or if Form DB-010 is missing from an employee's personnel file, this form should be completed as soon as possible. If the individual does not complete Form DB-010, the alternative statutory provisions of MCA §45-2-1 (2)(b) will apply, which provide for benefit distribution if no such designation is made.

NOTE: *Do not send the Beneficiary Designation Form (Form DB-010) to the Mississippi Department of Public Safety for record keeping. This document is to be maintained by the Employer. DPS should only receive a copy when included as an attachment to the submission of the Death Benefits Trust Application (Form DB-020).*

2. DEATH BENEFITS TRUST CLAIM APPLICATION (Form DB-020) must be completed by the chief law enforcement officer or public agency director of the "Employer" when a covered individual is killed while engaged in the performance of the individual's official duties and sent by the Employer to the Mississippi Department of Public Safety along with the original copy of Form DB-010.

The following documents must be included with Form DB-020 at the time of submission:

- (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.

NOTE: *The submission of FORM DB-010 and FORM DB-020 does not guarantee payment under MCA §45-2-1. The Mississippi Department of Public Safety makes the final determination of payment under the statute.*

3. APPLICATION FOR PAYMENT OF FUNERAL AND OTHER RELATED BURIAL EXPENSES (Form DB-030) should be completed in part by the deceased individual's next of kin and in part by the chief law enforcement officer or public agency director and sent by the Employer to the Mississippi Department of Public Safety along with the requested documents.

The following documents must be included with FORM DB-030 at the time of submission:

- (1) Copy of a contract for services or invoice for services rendered;
- (2) Completed W-9 for company/funeral home if a direct payment is being issued;
- (3) An attested copy of the covered employer's record showing deceased's date of hire or date of membership; and
- (4) If a volunteer, proof of the deceased's service as an active part-time or on-call member of the department within the six months prior to death.

NOTE: *The submission of FORM DB-030 does not guarantee payment under MCA §45-2-1. Payment is subject to the availability of funds, and the Mississippi Department of Public Safety makes the final determination of payment under the statute.*

4. SUBMISSION OF FORMS DB-020 AND DB-030 should be made by the Employer and filed with the Legal Division of the Mississippi Department of Public Safety at Post Office Box 958 in Jackson, Mississippi 39205. Questions or concerns should be directed to DeathBenefitsTrust@dps.ms.gov.

II. OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST

Pursuant to the provisions of Mississippi Code Annotated §45-2-31, as amended by Chapter 480, House Bill 1205, Mississippi Legislature, 2016 Regular Session, effective from and after July 1, 2016 (approved by Governor, May 11, 2016), the Mississippi Department of Public Safety shall be responsible for the management of the Other Safety Officials Death Benefits trust fund and the disbursement of death benefits authorized. The Department of Public Safety shall adopt rules and regulations necessary to implement and standardize the payment of death benefits under this section, to administer the trust fund and to carry out the purposes of this statute.

A. DEFINITION OF SPECIFIC TERMS

“Covered individual” means the directors and assistant directors of local emergency management organizations established under MCA §33-15-17, and coroners and deputy coroners.

B. OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST—BENEFITS

The Mississippi Department of Public Safety shall make a payment, as provided in MCA §45-2-31, in the amount of One Hundred Thousand Dollars (\$100,000.00) 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.

C. OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST—FORMS

DPS has developed the following Death Benefits Trust forms for establishing beneficiaries and submitting claims for a death benefit:

1. BENEFICIARY DESIGNATION FORM (Form OS-010) should be completed by the covered individual or employee upon employment. This form must be signed, notarized and placed within the covered individual's personnel file at the employer or agency wherein the person is currently employed.

If a covered individual or employee did not complete Form OS-010 upon employment or if Form OS-010 is missing from an employee's personnel file, this form should be completed as soon as possible. If the individual does not complete Form OS-010, the alternative statutory provisions of MCA §45-2-31 (2)(b) will apply, which provide for benefit distribution if no such designation is made.

NOTE: *Do not send the Beneficiary Designation Form (Form OS-010) to the Mississippi Department of Public Safety for record keeping. This document is to be maintained by the Employer. DPS should only receive a copy when included as an attachment to the submission of the Death Benefits Trust Application (Form OS-020).*

2. DEATH BENEFITS TRUST CLAIM APPLICATION (Form DB-020) must be completed by the County or organization as employer for the deceased individual when a covered individual is killed while engaged in the performance of the individual's official duties and sent by the Employer to the Mississippi Department of Public Safety along with the original copy of Form OS-010.

The following documents must be included with Form OS-020 at the time of submission:

- (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.

NOTE: *The submission of FORM OS-010 and FORM OS-020 does not guarantee payment under MCA §45-2-31. The Mississippi Department of Public Safety makes the final determination of payment under the statute.*

3. SUBMISSION OF FORM OS-020 should be made by the Employer and filed with the Legal Division of the Mississippi Department of Public Safety at Post Office Box 958 in Jackson, Mississippi 39205. Questions or concerns should be directed to DeathBenefitsTrust@dps.ms.gov.

APPROVED BY:



SEAN J. TINDELL, COMMISSIONER