

LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST APPLICATION
FOR CLAIMING:

DEATH BENEFITS OF COVERED INDIVIDUALS KILLED IN THE LINE OF DUTY, PURSUANT TO MCA § 45-2-1, AS AMENDED.

Pursuant to the provisions of Mississippi Code Annotated Section 45-2-1, 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 is responsible for management of the trust fund and disbursement of the \$100,000 death benefit authorized under the statute 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 killing is not the result of suicide and that the bodily injury is not intentionally self-inflicted.

According to the amended statute, the death benefit payment shall be made to the beneficiary who was designated in writing by the covered individual, as 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. 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: MISSISSIPPI CODE ANN OT A TED § 45-2-1 (1), amended, effective July 1, 2016, defines the following important terms:

(a) "Covered individual" means a law enforcement officer or fire fighter, 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 fire-fighting 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.

The Mississippi Department of Public Safety is responsible for the management of the trust fund and the disbursement of death benefits authorized under MCA § 45-2-1, as amended, effective from and after July 1, 2016 (approved by Governor, May 11, 2016). The department has adopted rules and regulations necessary to implement and standardize the payment of death benefits under this statute, to administer the trust fund created by this statute and to carry out the purposes of this legislation.

To claim death benefits pursuant to MCA § 45-2-1, as amended, please complete the following application, attach necessary documents and forward all information to the Mississippi Department of Public Safety, Legal Division, Post Office Box 958, Jackson, MS, 39205.

NAME OF DECEASED INDIVIDUAL:

EMPLOYER:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

DATE OF DEATH:

DATE OF INJURY
RESULTING IN DEATH:

CAUSE OF FATAL INJURY:

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

YES

NO

DID COVERED INDIVIDUAL HAVE ON FILE A COMPLETED BENEFICIARY DESIGNATION FORM?

YES

NO

Revised: 10/07/2020

**LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST CLAIM APPLICATION
FORM "B" CONTINUED**

LIST:

NAME OF BENEFICIARY OR BENEFICIARIES:	ADDRESS:	TELEPHONE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCLUDE ANY ADDITIONAL NECESSARY INFORMATION:

CHIEF LAW ENFORCEMENT OFFICER OR DIRECTOR OF EMPLOYER AGENCY WHERE DECEASED INDIVIDUAL WAS EMPLOYED:

NAME OF OFFICIAL OR DIRECTOR:	ADDRESS:	TELEPHONE NUMBER:
_____	_____	_____

ATTACH TO THIS APPLICATION THE FOLLOWING REQUIRED DOCUMENTS:

- (1) A certified copy of the original certificate of death;
- (2) The original of the Beneficiary Designation Form (Form "A");
- (3) An attested or "true" copy of the incident report documenting how death occurred; and
- (4) An attested or "true" copy of the covered employer's record which shows deceased's date of hire. (or covered organization's record which shows date of membership for Firefighter).

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

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

ACKNOWLEDGMENT

STATE OF MISSISSIPPI
COUNTY OF _____

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

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

SEAL

My Commission Expires: _____

Revised: 10/06/2020

DEATH BENEFITS TRUST CLAIM APPLICATION

Notary Public

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
Legal Division
Post Office Box 958 Jackson,
Mississippi 39205
Telephone: 601-977-3700