



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” defined by Mississippi Code Annotated §45-2-1(1)(a) and as otherwise provided within the amended Law Enforcement Officers and Fire Fighters Death Benefits Trust Fund

DATE: January 12, 2021

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

RE: **LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST – BENEFICIARY DESIGNATION FORM AND DEATH BENEFITS CLAIM APPLICATION FORM**

DEATH BENEFITS TRUST – REQUIRED FORMS

Pursuant to Mississippi Code Annotated §45-2-1, as amended, effective from and after July 1, 2016, the Mississippi Department of Public Safety requires the following two Death Benefits Trust forms to qualify for payment of benefits under the Law Enforcement Officers and Fire Fighters Death Benefits Trust Fund:

FORM “A” - BENEFICIARY DESIGNATION FORM – To be completed by “Covered Individuals” which are defined by the statute, upon employment, in order to name a beneficiary or beneficiaries for receiving the benefit; and,

FORM “B” - DEATH BENEFITS TRUST CLAIM APPLICATION - To be completed when needed by the chief law enforcement officer or public agency director as “Employer” for the deceased individual.

DEFINITION OF SPECIFIC TERMS AND BENEFIT EXPLANATION

(a) "Covered individual" means a law enforcement officer or firefighter, including volunteer firefighters, as defined in MCA §45-2-1 when employed by an employer as defined in MCA §45-2-1; 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 shall make a payment, as provided in this section, 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, dies or 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 death is not the result of suicide and that the bodily injury is not intentionally self-inflicted.

DEATH BENEFITS TRUST – INSTRUCTIONS FOR COMPLETING FORMS

FORM "A" - BENEFICIARY DESIGNATION FORM should be completed by the covered individual or employee upon employment. This form must be signed, notarized and placed within the public employer's or agency personnel file wherein the person is currently employed.

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

NOTICE: DO NOT IMMEDIATELY SEND FORM "A" TO THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY! FORM "A" MUST BE ATTACHED TO FORM "B" WHEN A DETERMINATION FOR BENEFITS IS NECESSARY.

FORM "B" - DEATH BENEFITS TRUST CLAIM APPLICATION should 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 to the Mississippi Department of Public Safety along with the original copy of **FORM "A."**

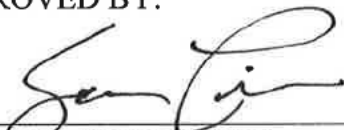
This claim application should not be sent to the Mississippi Department of Public Safety unless the "Employer" fully completes the application and presents the application to the Mississippi Department of Public Safety for a claim of death benefits on behalf of a deceased covered individual.

NOTICE: THE SUBMISSION OF FORM "A" AND FORM "B" DOES NOT GUARANTEE PAYMENT UNDER MCA §45-2-1. THE MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY MAKES THE FINAL DETERMINATION OF PAYMENT UNDER THE STATUTE.

Both **FORM "A"** and **FORM "B"** are enclosed. You are responsible for making the necessary copies of **FORM "A"** 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 is needed to be made for a deceased individual. An application for the benefit must then be filed with the following agency:

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

APPROVED BY:



COMMISSIONER SEAN J. TINDELL