STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

PHIL BRYANT
GOVERNOR

ALBERT SANTA CRUZ
COMMISSIONER

MEMORANDUM

TO ALL: 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 MCA § 45-2-1 (1)(a) and as otherwise provided within the amended Law Enforcement Officers and Fire Fighters Death Benefits Trust Fund

FROM: Commissioner Albert Santa Cruz
Mississippi Department of Public Safety

DATE: June 15, 2014

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

Pursuant to Mississippi Code Annotated § 45-2-1, as amended, effective from and after July 1, 2014, for establishment and amendment to the Law Enforcement Officers and Fire Fighters Death Benefits Trust Fund, the Mississippi Department of Public Safety is forwarding the following two Death Benefits Trust forms:

Form "A" **BENEFICIARY DESIGNATION FORM** - To be completed by "Covered Individuals" which are defined by the statute, 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 voluntary firefighters, as defined by MCA § 45-2-1(1), as amended, effective from and after July 1, 2014, when employed by an enumerated employer; 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 by the amended statute, 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 or receives accidental or intentional bodily injury that results in the loss of the covered individual's life, provided that the killing 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, with it being signed, notarized and placed within the public employer's or agency personnel file wherein the person is currently employed.

NOTICE: DO NOT IMMEDIATELY SEND THE FORM TO THE DEPARTMENT OF PUBLIC SAFETY! (Note: If the individual does not complete this designation form, the alternative statutory provisions of MCA § 45-2-1(2)(b) will apply, which provide for benefit distribution if no such designation is made.)

Form "B" DEATH BENEFITS TRUST CLAIM APPLICATION will be used only when necessary by all "employer" agencies or any county, municipal or other political subdivision of the State, by the chief law enforcement officer or public agency director, as employer for the deceased individual, and therein to notify the Mississippi Department of Public Safety when a covered individual is killed while engaged in the performance of the person's official duties.

NOTICE: Form "B" is not to be sent to the Department of Public Safety unless the chief law enforcement officer or public agency director, as employer, completes this claim application report and thus, is presenting the application to DPS to claim death benefits for a deceased covered individual.

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. Consequently, 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