



DEPARTMENT OF PUBLIC SAFETY

1488 FRANKLIN STREET • ROCKY MOUNT, VA 24151

BUSINESS: (540) 483-3091 • FAX: (540) 483-3086 • EMERGENCY: 9-1-1

Designation of Beneficiaries Form For U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.**
5. If none of the above, to the officer's parents in equal shares.

**"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

PURPOSE
OF THIS
FORM

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefits are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ 1. (Print full name), as a member of
_____ 2. (Print agency name) hereby designate
the following beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

3. Name	4. Address	5. Relationship	6. Percent (must total 100)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Officer signature: _____ Date: ____/____/____

8. Witness signature: _____ Date: ____/____/____

INSTRUCTIONS ON REVERSE SIDE



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Line Instructions for completing the Public Safety Officers' Benefits Program Form

Line 1

Print your full name

Line 2

Print the agency name you are affiliated with

Line 3

Print Name of each beneficiary on different line

Line 4

Print Address of each beneficiary on line beside the beneficiary name

Line 5

Print Relationship of each beneficiary on line beside the beneficiary

Line 6

Add percentage amount for each beneficiary

Line 7

Signature of Volunteer member & Date

Line 8

Signature of person whom witnessed your signature & Date