PUBLIC SAFETY OFFICERS’ BENEFITS
DISABILITY BENEFITS PROGRAM

Checklist

FILING A PSOB DISABILITY CLAIM

U.S. Department of Justice
IMPORTANT: In general, Public Safety Officers’ Benefits (PSOB) claims must be filed within 3 years of the public safety officer’s disability. To discuss claims that fall outside of this filing period, please call the PSOB Office directly at 1–888–744–6513.

Medically retired officers, or their representatives, and their former employing public safety agency must submit the following documents concerning the line-of-duty injury to file a disability claim with the PSOB Office:

☐ **Report of Public Safety Officer’s Permanent and Total Disability Claim Form:** This form must be completed and signed by the disabled officer (or representative) and the head of your former employing agency.

☐ **Benefits Provider Information:** A letter or affidavit from the agency’s benefits provider stating the disabled officer is receiving the maximum allowable disability compensation for public safety officers in the agency. This must be on the provider’s letterhead and signed by an authorized official. The benefits provider may be a retirement fund or a government workers’ compensation office. Please note that, for purposes of the PSOB Disability Program, Social Security does not qualify as a benefits provider, even though the officer may be receiving funds from that source.

☐ **Circumstances of Injuries:** A statement signed by the head of the former employing agency, on agency letterhead, that includes the officer’s name and title, when and where the incidents occurred, what initiated them, and the nature of the injuries. This statement must also indicate the date on which the officer was medically retired from the agency.

☐ **Agency Investigation (Accident/Collision/Reconstructive) Reports:** These reports should contain information relevant to each incident and injury that contributed to the officer’s permanent and total disability. If these reports are unavailable, a statement to that effect must be signed and submitted by the head of the former employing agency.

☐ **Official Toxicology Catastrophic Reports:** If available, these reports must be signed by the official who performed the toxicology analysis immediately following each injury. If a toxicology analysis is not available, a statement to that effect must be signed and submitted by the head of the former employing agency.

☐ **Tax Returns:** A copy of each state, local, and federal tax return filed by or on behalf of the public safety officer from the year before the injury to the current year.

☐ **Medical Documentation:** Medical documentation must include admission and discharge summaries from each medical facility in which the officer was treated for each of the injuries, as well as a final medical diagnosis.

☐ **Claimant Statement:** A brief statement signed by the disabled officer or representative must also be submitted, that addresses the following questions:

1. What is the highest educational level the disabled officer achieved? Has the disabled officer completed any special training or courses, including military training?

2. Has the disabled officer received any formal vocational evaluations or vocational rehabilitative treatment? If so, what is their current status?

3. Has the disabled officer worked at any job following the injuries? If so, where?