PUBLIC SAFETY OFFICER'S BENEFIT PROGRAM

See Minnesota Statutes 299A.465,352B.102, and 353.032

WHAT WE WILL COVER

1. Background
2. Registration
3. Navigation
4. Submitting Applications
5. Review Existing Applications
6. Q&A

BACKGROUND

- This training guide is meant to assist you in applying for reimbursement costs of continued health care, benefits and salary.

- Beginning Jan. 1, 2024, employers must provide either annual wellness training to peace officers and firefighters who are employees; or an employee assistance program or peer support program.

- All information in this training guide is mock data.

- For large agencies, it is recommended to submit applications monthly.

- Employers with questions regarding the reimbursement can send an email to PSOB.DPS@state.mn.us or call 651-230-1545.

REGISTRATION

WEBSITE REGISTRATION

- URL: https://mnitservices.my.site.com/psob

- Click the "Register Here" button to request an account. Use an email you have access to.

SELECT OR SUBMIT YOUR AGENCY

- Search for and select your agency (City, County).   If not found, "Create New."

Log Out

Select Your Agency

Please select your agency. If you do not see it, select the "Submit New Agency" button at the bottom.

Agency List

Showing 2 of 2 items

🔍 paul ✕

Agency Name	⌄
○ South St. Paul, City of	
○ St. Paul, City of	

Submit New Agency ✓

Next

Required Information

To complete new agency creation, you will need the following information:

- Agency Name
- SWIFT Number
- Agency Head name and email

If you are a new applicant for these funds, you must register with the state to get a SWIFT vendor number

Agency Submission

Please fill out the following form.

* Agency Name

West St. Paul Fire Department

* Swift Number

12345

* Agency Type

Fire Department

* Agency Head Name

Captain West

* Agency Head Email

captain@wstpfire.com

Previous   Next

COMPLETE LOGIN

- Acknowledge your agency is certified to submit reimbursement applications every time you log on.

- Finish by setting up your password.

Certification and Acknowledgement

By applying through this site, you, the agency representative, acknowledge that the application and all requested information is correct and complete to the best of your knowledge. You also agree to comply with any request for additional or clarifying information asked for by the Minnesota Department of Public Safety.

Please acknowledge below that your agency is certified to submit reimbursement applications and select the qualifying element you are certified through.

☐ Certified

* Qualifying Element

--None--

Next

The instruction box says, "Change your Password," but you are setting up a new account at this stage.

Change Your Password

Enter a new password for marc.jolicoeur+psobregt@gmail.com. Make sure to include at least:

- ✅ 8 characters
- ✅ 1 uppercase letter
- ✅ 1 lowercase letter
- ✅ 1 number
- ✅ 1 special character ⓘ

* New Password

················

* Confirm New Password

················

Change Password

Password was last changed on 2/1/2024 9:14 PM.

PENDING AGENCY AND PSOB APPROVAL

- You will get an email confirmation that your access is pending.

- The home page will have this message if you are still pending approval. You have no access.

Public Safety Officer's Benefits
to Marc.Jolicoeur+psobregt@gmail.com ▾

Greetings from the State of Minnesota,

We have received your request for an account with the Public Safety Officer's Benefit Program. We are will let you know if your account is approved or denied.

Please contact the Minnesota Department of Public Safety FAS coordinator at 651-230-1545 if you nee

Public Safety Officer's Benefit Program Coordinator
Minnesota Department of Public Safety, Fiscal and Administrative Services Division
651-230-1545

- Your agency head will get an email to confirm you should have access and to confirm creation of your agency if it's a new agency for the PSOB.

Home

Welcome to the Expanded Benefits Program

The Minnesota Department of Public Safety (DPS) provides full reimbursement for benefit costs as outlined in the statutes. These funds come from the State of Minnesota's Public Safety Officer's Benefit (PSOB) Account and are based on the availability of funds.

Your request to access this system is pending approval.

Review the <<<LINK>>> guidelines for applicants of the PSOB Reimbursement Program.

Please contact the Minnesota Department of Public Safety FAS coordinator at 651-230-1545 if you need additional assistance.

NAVIGATION

Submit new applications

Logout

View existing applications

Home   Submit Application   Existing Applications

Welcome to the Expanded Benefits Program

The Minnesota Department of Public Safety (DPS) provides full reimbursement for benefit costs as outlined in the statutes. These funds come from the State of Minnesota's Public Safety Officer's Benefit (PSOB) Account and are based on the availability of funds.

SUBMIT APPLICATION   EXISTING APPLICATIONS

Review the <<<LINK>>> guidelines for applicants of the PSOB Reimbursement Program.

Please contact the Minnesota Department of Public Safety FAS coordinator at 651-230-1545 if you need additional assistance.
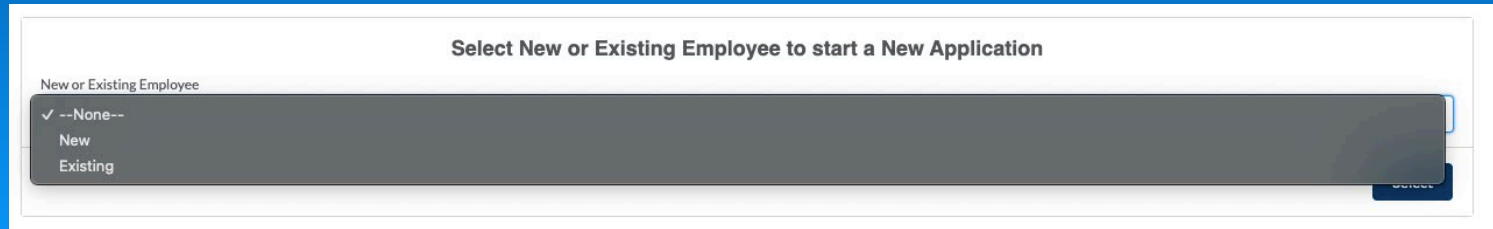
SUBMITTING APPLICATION

NEW OR EXISTING EMPLOYEE

- Select if the employee is existing or new. Existing employees are those who have been previously submitted for Health Care Insurance have been loaded into the system.

- New employees are those who have never been requested before for reimbursement by the state.

- If you are unsure, check existing to see your employees already in the system.

Select New or Existing Employee to start a New Application

New or Existing Employee

✓ --None--
New
Existing

EXISTING EMPLOYEE

- Use the search bar to search for an existing employee if they don't appear at the top of the list.

- Select/check the button next to the employee and "Next" to get started.

NEW EMPLOYEE DETAILS

- Fill out relevant details for the new employee.

- Use drop down for birthdate to ensure proper entry.

- An employee must be no older than 66 years.

NEW EMPLOYEE DETAILS

- Enter and confirm or change birthdate of employee.

- Select the Incorrect (Needs Updating) to correct birthdate.

Confirm Employee

Please confirm the employee information is correct.

Employee Name - Arnold Arnold

Birthdate - April 3, 2024

Age - 0

Is this information correct?
Incorrect (Needs Updating)

Previous   Confirm

Please contact the Minnesota Department of Public Safety FAS coordinator at PSOB.DPS@state.mn.us or 651-230-1545 if you need additional assistance.

NEW EMPLOYEE DUTY DISABILITY LETTER

- If creating a new employee for a Health Care Insurance application, you must upload a Duty Disability Letter.

- A duty-disability letter is usually provided by the employee's pension agency.

EMPLOYEE CONFIRMATION

- Confirm employee information is accurate before proceeding. Return using previous if not accurate.

Confirm Employee

Please confirm the employee information is correct. If it is not correct, please send an email to PSOB.DPS@state.mn.us with the correct information.

Employee Name - James Brown

Birthdate - March 4, 1971

Age - 52

Previous   Confirm

APPLICATION TYPE

- Select the application type you're submitting.

- A Treatment application must be submitted prior to a Salary, or Benefits application. The applications must be submitted as follows – 1 – Treatment, 2 - Salary, 3 – Benefits.

Select Application Type

Please select the type of application

* Application Type

✓ --None--
Health Care Insurance
Treatment
Salary
Benefits

A **treatment** application must be submitted for an officer before a **salary** or **benefit** application. A **salary** application must be submitted for an officer before a **benefit** application.

You may submit a zero dollar amount application if the employee had no expenses but you wish to submit a salary and benefit reimbursement.

HEALTH CARE INSURANCE

- The request date must be after 06/30/2023.

- Year must be entered in the format YYYY, month must be entered in the format MM.

- If submitting for multiple months, enter the last month you are requested reimbursement for. By way of example, if you want submit for the last six months of a year, enter 12.

HEALTH CARE INSURANCE UPLOAD

- When multiple documents are required for upload, they must be uploaded at the same time or you will get an error and will not be able to submit your application.

- Click upload files.

- Mac: press Command or Shift on your keyboard while selecting files.

- PC: press Control or Shift on your keyboard while selecting files.

- Click Done when the upload completes.

Upload Healthcare Documents

Please **upload the following 3 documents** at the same time (by multi-selecting all that you wish to upload) here:
1. Proof of Payment
2. Billing for Healthcare Insurance
3. Open Enrollment Information

You will see your documents on the application after submission by checking existing applications.

Proof of Payment, Proof of Billing and Open Enrollment

⬆ Upload Files   Or drop files

Next

DECEASED

- If the employee is deceased, fill out the name of the Qualifying Dependent.

Is the Employee Deceased?

☑ Employee Deceased?

Previous | Next

Qualifying Dependent Information

Please fill out the information for their Qualifying Dependent

Salutation

--None--

* First Name

Middle Name

* Last Name

Suffix

Previous | Next

APPLICATION SUBMITTED

- Your application has been submitted successfully.

- Click Finish to return to the Submit Application screen.

Application Submitted

Thank you for submitting an application. You will receive an email when its been approved. You can check the status of the application on your home page.

Please contact us at PSOB.DPS@state.mn.us or call the Minnesota Department of Public Safety FAS reimbursement coordinator at 651-230-1545.

Please select Finish to complete the application.

Finish

TREATMENT

- Select if requesting reimbursement for a copayment, treatment or both.

Treatment Application

Please select if you are requesting for a copayment reimbursement, treatment reimbursement, or both.

You may submit a zero dollar amount application if the employee had no expenses but you wish to submit a salary and benefit reimbursement.

Copayment ⬤ No

Treatment ⬤ No

Previous   Next

COPAYMENT FIELDS

- Fill out relevant details for copayment.

Treatment Application - Copayment / Out of Pocket / Treatment

For treatment co-pay, out of pocket expenses, or any other expenses not covered by health insurance, you will need proof of payment to provider by employee, and proof of reimbursement by employer.

*Network
In Network

*Copayment or Out of Pocket Start Date
Jan 1, 2024

*Copayment or Out of Pocket End Date
Jan 12, 2024

*Copayment Date to Employee
Jan 26, 2024

Enter total reimbursement costs for copayment, out-of-pocket costs, and treatment here. Documentation will be required later in the application.

*Requested Reimbursement Amount
$500

You will upload your documents on the next screen.

*Amount on Supporting Documentation
$500

Previous   Next

TREATMENT UPLOAD

- When multiple documents are required for upload, they must be uploaded at the same time or you will get an error and will not be able to submit your application.

- Click upload files.

- Mac: press Command or Shift on your keyboard while selecting files.

- PC: press Control or Shift on your keyboard while selecting files.

- Click Done when the upload completes.

Upload Treatment Documentation

Please upload the following 2 documents at the same time here:
1. Proof of Payment
2. Proof of Reimbursement by Employer

Proof of Payment and Proof of Reimbursement by Employer

⬆ Upload Files   Or drop files

Upload Files

| DOC | Test file 2.docx 12 KB | ✓ |
| DOC | Test file 3.docx 12 KB | ✓ |

2 of 2 files uploaded   Done

CLINICIAN'S FORM

- You must upload the clinician's form for every application you are submitting. This form should be given the your employee for signature and returned to you for uploading. The form can be found at:

- Clinician's Form - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/clinicians-form.pdf

TREATMENT FIELDS

- Fill out relevant details for treatment.

- If the Week Number is greater than 24, you must upload additional documentation on the next screen.

- If uploading for multiple weeks, enter a range ("3-10" for weeks 3 through 10).

Treatment Application

If your officer has started treatment, and you wish to claim salary and/or benefits (in addition to any out-of-pocket or copayment costs) you must also upload the clinician's statement showing the treating clinician's name, the name of the employee, the dates of treatment, and the total cost and payment made by the employee. See guidelines for additional information. You will be asked to upload the documentation on the next screen.

*Supporting Documentation Start Date for Treatment from Clinician's Information
Jan 1, 2024

*Supporting Documentation End Date for Treatment from Clinician's Information
Jan 5, 2024

*Supporting Documentation Hours for Treatment from Clinician's Information
20

Supporting Documentation Hourly Rate for Treatment from Clinician's Information
$40.00

Please enter the week number(s) this treatment application is for. For example: If this application is for week 3 of treatment, then enter 3, or if it is for treatment weeks 3 to 10, please enter 3-10. For any applications over 24 weeks you will be required to upload additional approval.

*Week Number
3

Previous   Next

SALARY APPLICATION

- Fill out relevant details for salary. A paystub is requested, but other documents will be reviewed for acceptance.

Salary Application

You will need to a **Paystub or other documentation** to complete the application. You will upload it after filling out the form below.

* Paystub Start Date
Jan 1, 2024

* Paystub End Date
Jan 12, 2024

* Paystub Hours
80

* Requested Reimbursement Amount
$1,000

* Amount on Supporting Documentation
$1,000

Previous   Next

SALARY UPLOAD

- Upload relevant documents.

Upload Salary Documents

Please upload your relevant paystubs or other documentation.

Paystubs or Other Documents

⬆ Upload Files   Or drop files

Next

BENEFITS APPLICATION

- Fill out relevant details for benefits.

- Select multiple Benefit Types if necessary.

- Mac: press Command or Shift on your keyboard while selecting files.

- PC: press Control or Shift on your keyboard while selecting files.

- If multiple Benefit Types are selected, the corresponding Amount will appear below for you to populate.

BENEFITS UPLOAD

- Upload relevant documents.

Upload Benefit Documents

Please upload your Proof of Benefit Payment.

Proof of Benefit Payment

⬆ Upload Files   Or drop files

Next

REVIEW EXISTING APPLICATIONS

NAVIGATION

Click on any column name to sort the list

Click on the list to view other available filtered lists

Type in at least 3 letters to search by Agency or Officer

Instructions: From this List you can view PSOB applications that were previously submitted and approved; and you can submit more documentaion on any existing application.

Tips:
- To submit more documents for an application, click on the Application Number in the first column (PSOB000...)
- Change your views by clicking the down arrow next to the list name on the left side below (Recently Viewed, Approved and Completed, etc.)
- You may sort the tables by clicking on the column headers.
- You may filter by Submission Type, Submission Stats, or Employee Name by entering part of the name into the Search box.

Pending Approval ▾   📌

13 items • Sorted by Created Date • Filtered by All applications - psob - Expanded Submission Status • Updated a few seconds ago

Click the pin icon to have your preferred list appear by default

Search this list...   ⚙▾ ↻

	Application - PSOB Name ▾	Employee Name ▾	Submission Type ▾	Expanded Submission Status ▾	Requested Reimb... ▾	Created Date ↓	
1	PSOB00000320	Smith, Bob	Treatment	Submitted	$100.00	2/1/2024 9:53 AM	▾
2	PSOB00000319	McFly, Marty	Health Care Insurance	Submitted	$234.00	2/1/2024 9:50 AM	▾
3	PSOB00000316	Jordan, Kelly	Treatment	Submitted	$250.00	1/29/2024 10:56 AM	▾
4	PSOB00000314	Jordan, Kelly	Salary	Submitted	$2,345.00	1/29/2024 10:33 AM	▾
5	PSOB00000313	Jordan, Kelly	Treatment	Information Requested	$123.00	1/29/2024 10:24 AM	▾
6	PSOB00000302	McFly, Marty	Health Care Insurance	Information Submitted	$12.00	1/19/2024 10:28 AM	▾
7	PSOB00000291	McFly, Marty	Benefits	Submitted	$453.00	1/19/2024 9:36 AM	▾

Click blue application number to view additional details

APPLICATION DETAIL

- Click the Application Name (PSOB000...) to view the details.

- Once applications are submitted, the details cannot be edited.

- View uploaded documents at the bottom of the page and upload new documents if requested by the State of MN coordinator.

- Click on blue names like Agency Name or Employee Name to view their details.

Application Details

To upload additional documentation, click the Upload Files button above the Files section at the bottom of this page.

∨ Health Care Insurance Application

Application - PSOB Name
PSOB00000319

Agency Name
West Hennepin Public Safety Dept.

Submission Type
Health Care Insurance

Agency Rep
Marco Jolicoeur

Expanded Submission Status
Submitted

Employee Name
Marty McFly

Qualifying Dependent
Jennifer McFly

∨ Payment Information

Health Insurance Request Year
2024

Amount on Supporting Documentation
$234.00

Health Insurance Request Month
02

Reason For Difference

Requested Reimbursement Amount
$234.00

Amount Approved

∨ Documentation

Health Care Insurance Proof of Payment

Health Care Insurance Proof of Billing

UPLOAD ADDITIONAL FILES

If requested by email from the State of MN coordinator that additional documents are required:

1. Navigate to Existing Applications.

2. Select the Pending Approval list.

3. Click the Application – PSOB Name of the application requiring additional documents.

4. Scroll to the bottom of the application page.

5. Click the Upload Files button.

6. Click Upload Files and select them from your computer.

7. Click the Save Documents button and the files will import.

Upload additional documents

Please upload all the documents you are submitting at once.

Upload Documents

⬆ Upload Files   Or drop files

Save Documents

📄 Files (2)

Deploy-testing-to-qa-2024-01-30_Experience Cloud site
Feb 1, 2024 • 19KB • pdf

logo3
Feb 1, 2024 • 24KB • png

View All

ADDITIONAL LINKS

Guidelines, forms, and agency training

- Continued Health Care Insurance Reimbursement - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/program-guidelines-continued-health-insurance.pdf

- Treatment Reimbursement - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/program-guidelines-treatment.pdf

- Salary Reimbursement - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/program-guidelines-salary-continuation.pdf

- Benefit Reimbursement - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/program-guidelines-benefits.pdf

- Clinician's Form - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/clinicians-form.pdf

- Training - https://dps.mn.gov/divisions/co/programs/public-safety-officer-benefit-program/Documents/agency-training.pdf

FREQUENTLY ASKED QUESTIONS

How long with it take to process my payment?

- Your payment will be processed as soon as possible. If you have not received payment 30 days after submitting your reimbursement request, please contact the PSOB coordinator at PSOB.DPS@state.us.

What if I have trouble creating a login, password, or using the system?

- If you have followed the instructions for login, password, and you still cannot get into the system, email us at PSOB.DPS@state.mn.us. If you need additional immediate help, please call the PSOB coordinator at 651-230-1545.

THANK YOU!