

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE COMMISSIONER
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Minnesota Department of Public Safety (DPS) Public Safety Public Safety Officer's Death Benefit Application

Version: 5/28/24

Public Safety Officer's Death Benefit Program Contacts: Line.of.duty.death.dps@state.mn.us

Please read the applicable state statutes to ensure that you are eligible for these benefits:

- [299A.41](#) Public Safety Officer's Benefit Definitions
- [299A.42](#) Public Safety Officer's Benefit Account
- [299A.43](#) Eligibility Determination Contested Case
- [299A.44](#) Death Benefit
- [299A.45](#) Education Benefit
- [299A.46](#) Rules
- [299A.47](#) Claims Limitation

Definitions:

Public Safety Officer: A public safety officer *can* include peace officers, correction officers, firefighters, fire investigators, emergency motor vehicle operators, emergency medical services providers, hazardous material responders, good Samaritans, first responders, volunteer or reserve responders, and personnel responsible for capitol security or enforcement or commercial motor vehicles. This definition is for illustrative purposes only. See Subd. 4 of Minnesota Statute [299A.41](#) for full and complete definition.

Potential Beneficiaries: Public Safety Officer's beneficiaries can include a spouse, financially dependent children, financially dependent parents, and the public safety officer's estate. This definition is for illustrative purposes only. See Subd. 1 of Minnesota Statute [Sec. 299A.44](#) for full and complete definition.

Directions to apply:

1. Send the Public Safety Officer Employer form to the deceased officer's employer or the employer can download the forms from the DPS website. Forms are available on the DPS website at [Public Safety Officer Benefits Program](#) page. Have the employer return the forms to you.
2. Complete all forms.
3. Return all the required information and forms (including the employer's forms) to the following email address: line.of.duty.death.dps@state.mn.us
4. After you submit, someone from the DPS will be contacting you.
5. Please note that applications for benefits must be filed within two years after the date of death of the officer. See Minn. Stat. § 299A.47.

If you have questions or problems relative to criteria or completion of the forms, please send an email to Line.of.duty.death.dps@state.mn.us.

Public Safety Officers in the Line-of-Duty Death Benefit Claim Form

Please complete the following information:

Name of Deceased: _____

Deceased Date of Birth: _____

Deceased Date of Death: _____ Time of Death: _____

Name of Person Completing Application: _____

Relationship to Deceased Officer or Beneficiary: _____

CLAIMS LIMITATION. Claims for benefits from the public safety officer's death benefit account made by or on behalf of a survivor of a public safety officer must be filed within two years after the date of death of the officer [Minnesota Statute §299A.47](#).

The claim must be submitted on behalf of one or more persons included in one or more of the following categories (check all appropriate categories):

1. Dependent Child(ren). A dependent child means an unmarried person either living with or receiving support contributions from the public safety officer at the time of death, including a child by birth, a stepchild, an adopted child, or a posthumous child, and who is:
 - under 18 years of age;
 - over 18 years of age and incapable of self-support because of physical or mental disability;
 - over 18 years of age and a student defined by United States Code, Title 5, Section 8101;
 - an individual under 23 years of age who has completed 4 years of education beyond the high school level and who is regularly pursuing a full-time course of study or training at an approved institution.
2. Spouse. A spouse means a person legally married to the deceased officer at the time of the deceased's death.
3. Dependent Parent(s). Dependent parent means a parent of the deceased officer who was at the time of the death dependent on the deceased for support (provide documents to support).
4. Estate of the public safety officer

List Beneficiaries of the Deceased Officer

You must identify in the table below the public safety officer’s spouse, any children, and any parents who were financially dependent on the public safety officer at the time of the officer’s death, or an estate of the officer.

Beneficiary Name	Date of Birth	Relationship to Officer <i>{drop down}</i>	Phone Number	Address	If Approved, Address to Send Check (if different than address)

Under what section are you claiming the Line-of-Duty Death Benefit? The deceased officer must be a public safety officer as described in one of the following nine categories:

(Check the eligibility appropriate category):

1. a peace officer defined in section 626.84, subdivision 1, paragraph (c) or (d);
2. a correction officer employed at a correctional facility and charged with maintaining the safety, security, discipline, and custody of inmates at the facility;
3. an individual employed on a full-time basis by the state or by a fire department of a governmental subdivision of the state, who is engaged in any of the following duties:
 - i. Firefighting;
 - ii. emergency motor vehicle operation;
 - iii. investigation onto the cause and origin of fires;
 - iv. the provision of emergency medical services; or
 - v. hazardous material responder.
4. a legally enrolled member of a volunteer fire department or member of an independent nonprofit firefighting corporation who is engaged in the hazards of firefighting;
5. a good Samaritan while complying with the request or direction of a public safety officer to assist the officer;

6. a reserve police officer or a reserve deputy sheriff while acting under the supervision and authority of a political subdivision;
7. a driver or attendant with a licensed basic or advanced life-support transportation service who is engaged in providing emergency care;
8. a first responder who is certified by the emergency medical services regulatory board to perform basic emergency skills before the arrival of a licensed ambulance service and who is a member of an organized service recognized by a local political subdivision to respond to medical emergencies to provide initial medical care before the arrival of an ambulance; and
9. a person, other than a state trooper, employed by the commissioner of public safety and assigned to the state patrol, whose primary employment duty is either capitol security or the enforcement of commercial motor vehicle laws and regulations.

ELIGIBILITY

An eligible line-of-duty death can be caused by accidental means, a medical event, or suicide, provided certain criteria are satisfied. Below, please select the criteria applicable to your application.

SELECT A, B, C, or D

Death caused by:

- A. Accidental means.** The public safety officer’s death was caused by accidental means while the public safety officer was acting in the course and scope of their duties as a public safety officer.
- B. A direct and proximate result of a heart attack, stroke, or vascular rupture.** If the public safety officer died as the direct and proximate result of a heart attack, stroke, or vascular rupture, the officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty if:

Activity Requirement - SELECT all that apply

- (i) The officer, while on duty engaged in a situation, and that engagement involved nonroutine stressful or strenuous physical law enforcement, fire suppression, rescue, hazardous material response, emergency medical services, prison security, disaster relief, or other emergency response activity; or
- (ii) The officer, while on duty, participated in a training exercise, and that participation involved nonroutine stressful or strenuous physical activity.

Timing Requirement – SELECT Applicable Boxes

The above presumption will apply if the officer died as a result of a heart attack, stroke, or vascular rupture if the officer engaged or participated in a nonroutine stressful or strenuous situation or training while on duty:

- (i) While engaging or participating in the nonroutine stressful situation or training; or
- (ii) While still on duty after engaging or participating in the nonroutine stressful situation or training; or
- (iii) Not later than 24 hours after engaging or participating in the nonroutine stressful situation or training.

Presumption Only. Per Minn. Stat. Sec. 299A.41, subd. 3 (a) (3), the above presumption only applies if the presumption is not overcome by competent medical evidence to the contrary.

- C. Suicide.** Killed in the line of duty also means that the officer died due to suicide if:

SELECT (1) or (2) if you selected C

- (1) suicide was secondary to a diagnosis of post-traumatic stress disorder (PTSD) as described in the most recent edition of the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; or
- (2) suicide was within 45 days of the end of exposure, while on duty, to one of the following traumatic events:

SELECT (i), (ii), or (iii) if you selected (2):

- (i) a homicide, suicide, or the violent, gruesome death of another individual, including but not limited to a death resulting from a mass casualty event, mass fatality, or mass shooting; or
- (ii) a harrowing circumstance posing an extraordinary and significant danger or threat to the life of or of serious bodily harm to any individual, including but not limited to a death resulting from a mass casualty event, mass fatality event, or mass shooting; or
- (iii) an act of criminal sexual violence committed against any individual.

If you have any additional information supporting this application, please include it in the box below. If you need additional room, feel free to include additional pages.

24- Hour Timeline Prior to Deceased Officer’s Death only complete if this is a coronary event

Date of Death: _____ **Time of Death:** _____

Start your timeline 24 hours prior to death and continue until you have filled in 24 hours. Please include any activities that are related to the death and that meet the statutory requirements for line of duty death benefit.

# Hours Prior to Death	Time	Activities
24 hrs. prior to death		
23 hrs. prior to death		
22 hrs. prior to death		
21 hrs. prior to death		
20 hrs. prior to death		
19 hrs. prior to death		
18 hrs. prior to death		
17 hrs. prior to death		

# Hours Prior to Death	Time	Activities
16 hrs. prior to death		
15 hrs. prior to death		
14 hrs. prior to death		
13 hrs. prior to death		
12 hrs. prior to death		
11 hrs. prior to death		
10 hrs. prior to death		
9 hrs. prior to death		
8 hrs. prior to death		
7 hrs. prior to death		
6 hrs. prior to death		
5 hrs. prior to death		
4 hrs. prior to death		
3 hrs. prior to death		
2 hrs. prior to death		
1 hr. prior to death		
0 hrs. prior to death		Time of Public Safety Officer's Death

Additional Supporting Documentation

When submitting this claim form to DPS the following documentation must be included. You may submit copies. Failure to do so could result in **delays** in processing or a **denial** of the claim:

1. Copy of Death Certificate.
2. Medical reports and/or medical autopsy reports (if applicable).
3. Pension Letter confirming death and line-of-duty benefit (if applicable).
4. If a PTSD diagnosis exists, include a copy of diagnosis (if applicable).
5. Any other documentation in support of your application.

If the deceased officer was married or had surviving children at the time death, the following documents are required:

1. Marriage Certificate.
2. Copy of Birth Certificate(s) of surviving child/children.
3. Copy of Adoption decree(s) of surviving adopted child/children.

AUTHORIZATION FOR RELEASE OF INFORMATION

- I give permission to any hospital, doctor, law enforcement agency, employer, welfare or social agency, or any federal, state or local government agency to release all records and information that will help DPS process my claim for benefits under the Public Safety Officer's Benefit Fund and to allow copies of such records to be made and to answer any questions asked by or on behalf of DPS. I also agree to complete any additional authorizations requested by DPS should the need arise.
- I understand that after receiving this form DPS will perform whatever information gathering and or validation as necessary to process my application for benefits, and I consent to such actions. This authorization is valid for the time DPS is processing this application.
- I certify that I have read and understand the statements above and that the information I give will be true and correct to the best of my knowledge and belief.

Please check one. Failure to consent may result in the delay or denial of the claim.

I consent to have the above information released.

I do not consent to have the above information released.

Signature: _____ Date: _____

TENNESSEN WARNING

The Minnesota Department of Public Safety is asking that you provide data which may include private information pursuant to Minnesota Statute 13.04. This information will be used to validate and process your claim for the public safety officer's death benefit. While you are not legally required to provide any of the requested data, failure to provide information may result in the delay or denial of the claim. Unless you consent to further releases of private information, access will be limited to those individuals whose jobs reasonably require access to this data in order to process, review and evaluate the claim. By signing below, you acknowledge the above terms and conditions.

Signature: _____ Date: _____

This box will apply if your claim for benefits is denied. If you consent, the commissioner of public safety will give notice of a denial to the deceased public safety officer's employer, labor organization, and attorney if applicable. If you do not consent or if you leave this box blank, the commissioner will not give notice of denial to the deceased officer's employer, labor organization, or your attorney if applicable.

Please check one.

I consent to give notice of denial to the deceased officer's employer, labor organization, and your attorney.

I do not consent to give notice of denial to the deceased officer's employer, labor organization, and your attorney.

Signature: _____ Date: _____

Declarations:

I declare, under penalty of perjury, that I have read the contents of the foregoing application and that the facts stated in it are true.

***Dependent spouse and deceased officer were legally married at the time of deceased's death;
Deceased officer had custody or guardianship of all listed dependent children or dependency of claimed dependent children over 18 years of age;***

Dependent spouse has no knowledge of any other dependent children;

Pursuant to 28 U.S.C. § 1746., under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature: _____ Date: _____

Cases may be contested by contacting the DPS commissioner's office, or if you have already contested:

Minnesota Attorney General's Office
Public Safety and Gambling Enforcement Division
445 Minnesota Street, Suite 1800
St. Paul, MN 55101
(651) 296-6196