

MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF THE COMMISSIONER  
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**Public Safety Officer Employer: please complete form and return to survivor or representative.**

The Minnesota Department of Public Safety (“DPS”) has received an application for Public Safety Officer Death Benefits (“PSODB”) on behalf of the survivors of a deceased member of your organization. To determine eligibility for the benefits, DPS needs to verify the deceased’s status as a Public Safety Officer under Minn. Stat. § 299A.41, subd. 4. You are being asked to provide information about the deceased’s membership or employment with your organization for this purpose. Please provide all the information requested below and sign and return to survivor or estate representative.

Definitions.

For purposes of the PSODB statute, “**Public safety officer**” includes:

1. (1) a peace officer defined in section [626.84, subdivision 1](#), paragraph (c) or (d);
2. (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. (3) a corrections staff person working in a public agency and supervising offenders in the community as defined in sections [243.05, subdivision 6](#); [244.19, subdivision 1](#); and [401.01, subdivision 2](#);
4. (4) 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:
  5. (i) firefighting;
  6. (ii) emergency motor vehicle operation;
  7. (iii) investigation into the cause and origin of fires;
  8. (iv) the provision of emergency medical services; or
  9. (v) hazardous material responder;
10. (5) 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;
11. (6) a good samaritan while complying with the request or direction of a public safety officer to assist the officer;
12. (7) a reserve police officer or a reserve deputy sheriff while acting under the supervision and authority of a political subdivision;
13. (8) a driver or attendant with a licensed basic or advanced life-support transportation service who is engaged in providing emergency care;
14. (9) 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

15. (10) 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.

Name of Deceased: \_\_\_\_\_  
Deceased Address, City, State, Zip: \_\_\_\_\_  
Deceased Date of Birth: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address of Employer City State Zip: \_\_\_\_\_  
Phone Number of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor's Address City State Zip: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_

**Verification of Employment**

Date: \_\_\_\_\_

This is to verify that \_\_\_\_\_ was employed by \_\_\_\_\_  
Deceased Officer's Name Employer's Name

From: \_\_\_\_\_ to \_\_\_\_\_ the end employment, \_\_\_\_\_  
Deceased Officer's Name

held the position of \_\_\_\_\_ with the following duties (employer may include a listing of duties here in place of attaching a job description)

\_\_\_\_\_

\_\_\_\_\_ was  a full-time employee /  a part-time employee /  a volunteer.  
Deceased Officer's Name Please select one

\_\_\_\_\_  
Supervisor's Signature Date

### **Additional Supporting Documentation**

Please provide the following documents where applicable to prevent a delay in processing the claim.

1. Workers Compensation first report of injury form (if available.)
2. If decedent died of a heart attack, stroke, or vascular rupture, please provide schedule or payroll document(s) showing deceased's on-duty status 24 hours prior to death and a description of any nonroutine strenuous or stressful duty-related physical activity or training (Please be sure the documentation provides detailed information regarding the hours the officer worked each shift including beginning and end of shift).
3. Incident Reports and/or First Responding Agency Reports (if any).
4. Any relevant medical or mental health records to support the claim for benefits.

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.