

# **Public Safety Officer's Death Benefit Application**



Minnesota Department of Public Safety  
Commissioner's Office  
445 Minnesota Street  
Suite 1000, Town Square Tower  
St. Paul, MN 55101-5000  
651-201-7160

## **Public Safety Officer's Death Benefit Contacts**

State Statutes:            [299A.41](#)            Public Safety Officer's Benefit Definitions  
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                                 [299A.44](#)            Death Benefit  
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                                 [299A.47](#)            Claims Limitation

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State Statutes:            [299A.45](#)            Education Benefit

Responsibility:            Minnesota Higher Education Services Office  
                                 1450 Energy Park Drive, Suite 350  
                                 St. Paul, MN 55108-5227

Phone: 651-642-0567

Contested Cases:            Minnesota Attorney General's Office  
                                 Public Safety and Gambling Enforcement Division  
                                 445 Minnesota Street, Suite 1800  
                                 St. Paul, MN 55101

Phone: 651-296-6196

## Public Safety Officer's Death Benefits

### 299A.41 DEFINITIONS.

Subdivision 1. **Scope.** The definitions used in this section apply to sections 299A.41 to 299A.46.

Subd. 2. **Dependent child.** A "dependent child" means a person who is unmarried and who was either living with or was 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:

- (1) under 18 years of age;
- (2) over 18 years of age and incapable of self-support because of physical or mental disability; or
- (3) over 18 years of age and a student as defined by United States Code, title 5, section 8101.

Subd. 3. **Killed in the line of duty.** "Killed in the line of duty" does not include deaths from natural causes, except as provided in this subdivision. In the case of a public safety officer, killed in the line of duty includes the death of a public safety officer caused by accidental means while the public safety officer is acting in the course and scope of duties as a public safety officer. Killed in the line of duty also means if a public safety officer dies as the direct and proximate result of a heart attack, stroke, or vascular rupture, that officer shall be presumed to have died as the direct and proximate result of a personal injury sustained in the line of duty if:

- (1) that officer, while on duty:
  - (i) 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) participated in a training exercise, and that participation involved nonroutine stressful or strenuous physical activity;
- (2) that officer died as a result of a heart attack, stroke, or vascular rupture suffered:
  - (i) while engaging or participating under clause (1);
  - (ii) while still on duty after engaging or participating under clause (1); or
  - (iii) not later than 24 hours after engaging or participating under clause (1); and
- (3) the presumption is not overcome by competent medical evidence to the contrary.

Subd. 4. **Public safety officer.** "Public safety officer" includes:

- (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 into 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.

Subd. 5. **Spouse.** "Spouse" means a person legally married to the decedent at the time of the decedent's death.

#### **299A.42 PUBLIC SAFETY OFFICER'S BENEFIT ACCOUNT.**

The public safety officer's benefit account is created in the state treasury. Money in the account consists of money transferred and appropriated to that account. Money in the account that is not expended in the fiscal year in which it is transferred or appropriated does not revert to the general fund until claims for reimbursement under section 299A.465 that are submitted in that fiscal year are either paid or denied.

#### **299A.43 ELIGIBILITY DETERMINATION; CONTESTED CASE.**

A challenge to a determination of eligibility by the commissioner of public safety must be heard as a contested case, except that the decision of the administrative law judge is binding on the parties to the proceeding. The order of the administrative law judge is the final decision of the commissioner. The

hearing must be conducted according to sections 14.56 to 14.62 and is subject to appeal according to sections 14.63 to 14.68.

#### **299A.44 DEATH BENEFIT.**

##### **Subdivision 1. Payment required.**

(a) On certification to the governor by the commissioner of public safety that a public safety officer employed within this state has been killed in the line of duty, the commissioner of management and budget shall pay \$100,000 from the public safety officer's benefit account, as follows:

(1) if there is no dependent child, to the spouse;

(2) if there is no spouse, to the dependent child or children in equal shares;

(3) if there are both a spouse and one or more dependent children, one-half to the spouse and one-half to the child or children, in equal shares;

(4) if there is no surviving spouse or dependent child or children, to the parent or parents dependent for support on the decedent, in equal shares; or

(5) if there is no surviving spouse, dependent child, or dependent parent, to the public safety officer's estate.

(b) If there are both a spouse and one or more dependent children under age 18, the spouse, at the spouse's discretion, may spend a maximum of one-third of a child's share on medical or dental treatment for the child or the child's education. Expenditures under this paragraph on behalf of a child do not diminish the shares of any other children. In addition, a spouse, at the spouse's discretion, may expend money from a child's share to pay state and federal taxes on any interest accrued on the share.

##### **Subd. 2. Adjustment of benefit.**

On October 1 of each year beginning after July 1, 1995, the commissioner of public safety shall adjust the level of the benefit payable immediately before October 1 under subdivision 1, to reflect the annual percentage change in the Consumer Price Index for all urban consumers, published by the federal Bureau of Labor Statistics, occurring in the one-year period ending on June 1 immediately preceding such October 1.

#### **299A.45 EDUCATION BENEFIT.**

##### **Subdivision 1. Eligibility.**

A person is eligible to receive educational benefits under this section if the person:

(1) is certified under section 299A.44 and in compliance with this section and rules of the commissioner of public safety and the Minnesota Office of Higher Education;

(2) is enrolled in an undergraduate degree or certificate program after June 30, 1990, or a graduate degree or certificate program after June 30, 2011, at an eligible Minnesota institution as provided in section 136A.101, subdivision 4;

(3) has not received benefits for the maximum duration specified in subdivision 4; and

(4) is related in one of the following ways to a public safety officer killed in the line of duty on or after January 1, 1973:

(i) as a dependent child less than 23 years of age;

(ii) as a surviving spouse; or

(iii) as a dependent child less than 30 years of age who has served on active military duty 181 consecutive days or more and has been honorably discharged or released to the dependent child's reserve or National Guard unit.

**Subd. 2. Award amount.**

(a) The amount of the award is the lesser of:

(1) the average tuition and fees charged by the institution; or

(2) the tuition maximums established by law for the state grant program under section 136A.121. The tuition maximum for graduate study is the maximum established by law for the state grant program for four-year programs.

(b) An award under this subdivision must not affect a recipient's eligibility for a state grant under section 136A.121.

(c) For the purposes of this subdivision, "fees" include only those fees that are mandatory and charged to all students attending the institution.

(d) For the purpose of benefits awarded under this section, "full time" for a graduate program is eight or more credits per term or the equivalent.

**Subd. 3. Payment.**

On proof of eligibility for this program, an eligible institution, on behalf of the student, shall request payment of the award from the Minnesota Office of Higher Education. An institution must not request payment unless the student is enrolled in or has completed the term for which the payment is intended.

**Subd. 4. Renewal.**

Each award must be given for one academic year and is renewable for a maximum of eight semesters or the equivalent. A student who withdraws from enrollment for active military service or for a major illness, while under the care of a medical professional, that substantially limits the student's ability to complete the term is entitled to an additional semester or the equivalent of grant eligibility. An award must not be given to a dependent child who is 23 years of age or older on the first day of the academic year.

**299A.46 RULES.**

The commissioner of public safety may adopt rules under chapter 14 to implement, coordinate, and administer sections 299A.41 to 299A.44. The Minnesota Office of Higher Education may adopt rules to implement, coordinate, and administer section 299A.45.

**299A.47 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.

## **General Instructions**

The following required documents are applicable for all Officers, Firefighters and Volunteer Firefighters killed in the Line of Duty. Please provide all information listed below to prevent a delay or denial of the claim.

1. Medical reports/medical autopsy reports
2. Certified Death Certificate
3. Certified Birth Certificate of surviving children and Marriage Certificate
4. Certified Adoption decrees if applicable
5. A statement/certificate from the employer which verifies the decedent's employment
6. Affidavits that provide:
  - 6.1. proof that the dependent spouse and decedent were legally married at the time of decedent's death;
  - 6.2. proof that the decedent had custody or guardianship of all listed dependent children;
  - 6.3. proof of dependency of claimed dependent children over 18 years of age.
7. Workers Compensation First Report of Injury Form (if available)
8. A 24 Hour Timeline Representation of decedent leading up to the time of death
9. Schedule or payroll document(s) showing decedent's on-duty status 24 hours prior to death
10. PERA Letter confirming death
11. Incident Reports and/or First Responding Agency Reports

Return all the required information and forms to the following address:

Minnesota Department of Public Safety  
Commissioner's Office  
445 Minnesota Street  
Suite 1000, Town Square Tower  
St. Paul, MN 55101-5000

If you have questions or problems relative to criteria or completion of the forms, please call 651-201-7160.

### **TENNESSEN WARNING**

The 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.*

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## Eligibility Checklist

In order to be eligible for death benefit funds:

- A. A claim for the benefit must be made within two (2) years of the date of death of the public safety officer.
- B. The decedent must be a public safety officer as described in one of the following nine categories (check the 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.

- C. 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:

- a. \_\_\_\_\_ under 18 years of age;

- b. \_\_\_\_\_ over 18 years of age and incapable of self-support because of physical or mental disability;
- c. \_\_\_\_\_ over 18 years of age and a student defined by United States Code, Title 5, Section 8101;
- d. \_\_\_\_\_ 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 decedent at the time of the decedent's death.

3. \_\_\_\_\_ Dependent Parent(s)

Dependent parent means a parent of the decedent who was at the time of the death dependent on the decedent for support.

4. \_\_\_\_\_ Estate of the Public Safety Officer

## Employment Verification

As part of our review of the claim, we must have information about and verification of the decedent's employment or membership under your supervision. Provide all the information requested, sign and notarize the form, and return it as soon as possible to:

Department of Public Safety  
Public Safety Officer's Death Benefit Program  
445 Minnesota Street  
Suite 1000, Town Square Tower  
St. Paul, MN 55101-5000

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Name of Decedent

---

Address

City

State

Zip

---

Date of Birth

---

Name of Employer

---

Address of Employer

City

State

Zip

---

Phone Number of Employer

---

Name of Supervisor

---

Title

---

Supervisor's Address

City

State

Zip

---

Supervisor's Phone Number

---

Description of Decedent's Job Duties

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Supervisor's Signature

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Date

# Claim Form

Public Safety Officer Survivor Benefits  
Minnesota State § 299A.41 – 47

For payment of Public Safety Officers in the line of duty death benefit per Minnesota Statute §299A.41 – 47

**Type or print legibly – Complete all sections that apply, sign and return the form to the address above.**

\_\_\_\_\_  
Name of Agency (Employer)

\_\_\_\_\_  
Street Address City State  
Zip

\_\_\_\_\_  
Date of Death Work Telephone Number

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Name of Claimant (Last, First, Middle) Date of Birth

\_\_\_\_\_  
Street Address City State  
Zip

\_\_\_\_\_  
Signature of Claimant Date

Describe why line of duty benefit should be paid (use additional page if necessary):

**For Commissioner's Office, and Fiscal and Administrative Services use only:**

\$ \_\_\_\_\_ Line of Duty Death Benefit Amount

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

Amount Approved \_\_\_\_\_ Vendor # \_\_\_\_\_

**Claim Form Continued**

**Deceased Officer (Decedent) Information**

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Date and Time of Death

**Description of cause of death**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all Dependents of the Decedent (use additional page if necessary)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Address                      Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Address                      Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Address                      Phone Number

\_\_\_\_\_  
Date of Birth

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Name of Claimant

---

Signature of Claimant

---

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 officer's employer and labor organization. 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 and Labor organization.

I consent/do not consent (circle one) to giving of notice of denial to the deceased officer's employer and Labor organization.

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Signature of Claimant

**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 the Minnesota Department of Public Safety 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 the Department of Public Safety. I also agree to complete any additional authorizations requested by the Department of Public Safety should the need arise.

I understand that after receiving this form the Department of Public Safety will perform whatever investigation is necessary to process my application for benefits, and I consent to such investigation. This authorization is valid for one year from the date listed below.

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.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_