

FORM 1
CLAIM FOR DEATH BENEFITS
(To be completed by family of deceased or authorized representative)

FOR CABINET USE ONLY

CASE NO.:	
DATE RECEIVED:	

Name of Deceased (last, first, middle):	Social Security No.:	Date of Injury:	Date of Death:
---	----------------------	-----------------	----------------

Name and address of public safety agency, organization or unit in which service death occurred:

INSTRUCTIONS: A claim should be filed when an eligible police officer has died as a result of an act in the line of duty line of duty. **WHO SHOULD FILE:** (1) Surviving Spouse (Complete Part 1); (2) Child or Children of the Deceased (Complete Part 2); or (3) Parent or Parents of the Deceased if there are no surviving spouse or children (Complete Part 3). Where documentation is required, a properly certified copy of the record shall be attached. See KRS 61.315(2), 500 KAR 1:010 through 500 KAR 1:030.

PART 1: INFORMATION ON SURVIVING SPOUSE	When at the time of the police officer's death, the police officer was survived by a spouse, this part shall be completed. Please attach required documentation. See KRS 61.315(2), 500 KAR 1:010 through 500 KAR 1:030.
Name of Spouse (<i>first, middle, last, maiden</i>):	Social Security No.:

Mailing Address:	Email Address:	Phone No.:
------------------	----------------	------------

Was the police officer previously married to anyone other than current spouse else? (<i>please select one</i>) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If answer is yes, submit documents to show dissolution of prior marriage.</i>	Does deceased police officer have any children from a previous marriage or relationship? (<i>please select one</i>) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <i>If answer is yes, include under Part 2 or explain on separate sheet and attach to this form.</i>
--	--

PART 2: INFORMATION ON CHILDREN	If the police officer was survived by a natural, adopted, or posthumous child*, this part shall be completed and required documentation attached. See KRS 61.315(2), 500 KAR 1:010 through 500 KAR 1:030.
---	---

Child's Full Name:	Social Security No.:	Date of Birth:	Mailing Address:	Telephone No.:

*an infant born following the death of the parent.

Has a legal guardian been appointed for any of the above-mentioned children? Yes No Unknown
 (If yes, give name and mailing address of guardian of each child.)
 (Legal guardianship documents shall be attached in the event benefits may be awarded to children under guardianship.)

Guardian(s) Name:	Social Security No.:	Mailing Address:	Guardian For (list children's names):	Phone No.:

PART 3:
PARENT(S) OF OFFICER
 If at the time of death, the police officer was not survived by a spouse or children and a parent of the deceased survives, this part shall be completed, and the required documentation attached. See KRS 61.315(2), 500 KAR 1:010 through 500 KAR 1:030.

Full Name of Parent-Claimants:	Social Security No.:	Mailing Address:	Telephone No.:

I hereby make claim for compensation for myself as, or on behalf of, a spouse, child or children or other eligible claimants listed above, for the death of the above-named police officer who died as a result of an act in the line of duty. Every statement and information set forth herein is true to the best of my knowledge and belief.

A false answer to any question in this statement may be grounds for non-eligibility for benefits and may be punishable by fine or imprisonment. All the information you give will be considered in reviewing the claim and is subject to investigation.

Signature of Claimant or Authorized Representative*		Date:
Mailing Address:	Phone No.:	Email Address:

*This claim may be prepared by a person acting on behalf of the claimant(s) such as a parent, legally appointed guardian, other legal representatives, or duly designated representatives of the claimant(s). Evidence of authority to represent claimant(s) shall be attached.

Mail completed form to:
 Justice and Public Safety Cabinet, Death Claims Administrator
 125 Holmes Street
 Frankfort, KY 40601

FORM 2
REPORT OF POLICE OFFICER'S DEATH
(To be completed by law enforcement agency of deceased)

FOR CABINET USE ONLY

CASE NO.:	
DATE RECEIVED:	

Name of public safety agency, organization, or unit in which officer's death as a result of an act in the line of duty occurred:	Address of public safety agency, organization, or unit in which officer's death as a result of an act in the line of duty occurred:
--	---

PART 1:

NOTICE OF LINE OF DUTY DEATH OF POLICE OFFICER

Name of deceased police officer (<i>last, first, middle</i>):	Social Security No.:	Date of Injury:	Date of Death:
Deceased police officer's last mailing address:			
Name of decedents superior officer:		Telephone No.:	

Was injury contributed to by:	YES <i>Attach explanations for any yes answers.</i>	NO	UNKNOWN
Police officer's prior disease or injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police officer's intentional misconduct?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police officer's willful or wanton disregard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police officer's intent to bring about own death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police officer's voluntary intoxication?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any person who may be entitled to benefit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Provide proof of wage payments, amounts and last pay period dates

Police officer's employment status when injury occurred:	Full-Time: <input type="radio"/>	Part-Time: <input type="radio"/>	Volunteer: <input type="radio"/>	Other (<i>please explain</i>):
--	----------------------------------	----------------------------------	----------------------------------	----------------------------------

Part 2:

PLEASE CHECK AND ATTACH ALL APPLICABLE REPORTS RELATING TO THE DIRECT CAUSE OF/OR PROXIMATE CAUSE OF DEATH. SEE 500 KAR 1:010 through 500 KAR 1:030.

Certified copy of original reports attached (*check all that apply*):

Medical Report (<i>attending physician</i>)	Autopsy Report	Death Certificate	Coroner's Report	Investigation Report
---	----------------	-------------------	------------------	----------------------

Other (*please explain*):

If no investigation report exists, please provide statement of circumstances leading to death. Please attach additional pages, if needed.

If known, give name and address of witness(es) with whom police officer was involved when injured, if not provided in the above reports:

Witness(es):	Mailing address:	Phone No.

**Part 3:
INFORMATION CONCERNING POSSIBLE CLAIMANTS**

Name of claimant:	Relationship to deceased officer:	Birthdate of claimant:	Social Security No. of claimant:	Mailing address of claimant:	Phone No. of claimant:

List surviving parents only when neither spouse nor children survive decedent.

Part 4: CERTIFICATIONS

A false answer to any question in this statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment. All the information [you] given will be considered in reviewing the claim and is subject to investigation.

Employing Organization - To the best of my knowledge and belief, the above stated information is true and complete.

Name and Title:	Organization:	Date:
Mailing address:	Phone No.:	Email address:
Signature:		

MAIL COMPLETED FORM TO:
Justice and Public Safety Cabinet, Death Claims Administrator
125 Holmes St
Frankfort, KY 40601