

ROGUE VALLEY FIRE CHIEFS ASSOCIATION

Document: Appendix A, B and C
Section & #: Organizational Policies #5.20
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APPENDIX A – Death and Funeral Notice

This notice is to be used in conjunction with established RVFCA media release policy and format. This worksheet is intended to collect the necessary information to produce an appropriate release.

The Rogue Valley Fire Chiefs Association regrets to announce the death of:

Rank _____ Name _____ DPSST # _____
Last Assigned to: _____ Place of Birth: _____
Place of Death: _____ Date of Death: _____
Date of Hire: _____
Surviving Family: _____

Viewing: Day: _____ Date: _____ Time: _____
Facility: _____
Address: _____
City: _____

Service: Day: _____ Date: _____ Time: _____
Facility: _____
Address: _____
City: _____

Interment Immediately Following
Facility: _____
Address: _____
City: _____

Family Contact:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone: _____
Department Liaison Officer: _____

Reporting Party: _____ Call Back #: _____
Supervisor Notified: _____ Date: _____ Time: _____
Information Taken by: _____ Date: _____ Time: _____

APPENDIX B – POSSIBLE BENEFITS TO SURVIVING FAMILY

These are the possible benefits available to the surviving family.

Fire Pension

PERS (Oregon Public Employees Retirement System). Survivors will receive 100% refund of the member (employee) account balance. The employer matching death benefit will also be paid if the member died while actively employed in a PERS-covered position.

City Life Insurance

Specified by individual agency.

Public Safety Officer's Benefit (PSOB)

Federal statute may provide the following benefits:

1. A one-time death benefit to the survivors of a public safety officer who is killed in the line of duty.
2. Payments to officers who are permanently or totally disabled due to an injury sustained in the line of duty.
3. Education benefits to dependents of public safety officers who are killed or disabled in the line of duty.

Forms will be completed by the Fire Department and forwarded to the U.S. Department of Justice for processing and payment. Exclusions to this benefit would come if there was misconduct on the part of the officer, intoxication, performing duty in a grossly negligent manner, or if claimant was a substantial contributing factor to the death of the officer. If the documentation is submitted in order, payment of this benefit can be expected within 90 days. See 42 U.S. Code 3796 for specific details of this benefit.

Contact information: The Claims Examiner of the Public Safety Officer's Benefit Program at telephone 888-744-6513 or 202-307-0635. They can also be reached at FAX number 202-616-0314 or on the web at <http://www.ojp.usdoj.gov.bja>. (Go to special programs and to PSOB).

The street address is:

Bureau of Justice Assistance
Special Programs

Public Safety Officer's Benefits Program
810 7th Street, N.W. 4th Floor
Washington, DC 20531

Social Security

If the deceased member has earned the required Social Security credits prior to his/her death, the widow(er) and family may be eligible for Social Security benefits. Benefits available may be:

1. One-time cash death benefit.
2. Minor child benefit payments until age 18.

Forms needed for filing claim are:

1. Certified copy of minor children's birth certificates.
2. Notarized copy of marriage license.
3. Current W-2 earnings form.
4. Certified copy of death certificate.

Contact the local Social Security office for benefit coordination. Or call 1-800-772-1213 for assistance.

City Payroll

Specific to the organization.

Deferred Compensation

Specific to the organizations that offer deferred comp and their specific carrier.

Worker's Compensation

Worker's compensation benefits are payable to the beneficiaries of a member killed in the line-of-duty. Beneficiaries are defined as surviving spouse or domestic partner, or children. Benefits are as follows:

1. Funerals Expense Benefit (not to exceed 20 times the state's average weekly wage).
2. The surviving spouse or domestic partner and dependent children are eligible for a monthly benefit. (ORS 656.204)

Personal Life Insurance Benefits

Specific to the organization.

Veterans Administrative Benefits

The United States Veterans Administration may provide disability or death benefits to officers who are eligible veterans. In addition, the officer's dependents may be eligible for education benefit.

Some of the benefits that may be available to eligible veterans are:

1. Death pension
2. Funeral expenses
3. National service life insurance
4. Servicemen's Group Life Insurance (SGLI) or Veteran's Group Life Insurance (VGLI)
5. Interment or burial plot allowance to include an American Flag and headstone and marker

Contact information: The United States Department of Veterans Affairs, Benefits and Claims Office can be contacted at telephone number 1-800-827-1000. The web site is: <http://www.va.gov> (Go to benefits).

Public Safety Memorial Fund Board

ORS 243.950 and 243.974 allows the Memorial Fund Board to pay a death benefit of \$25,000 to an eligible beneficiary of a public safety officer within 14 days of receipt of the notice of death. It also requires health and dental insurance benefits be paid to eligible beneficiaries. Other benefits (such as educational scholarships and mortgage payments) may also be available. All of the above benefits are subject to some restrictions and limitations set out in the statute.

Form M1 is to be completed by those applying for benefits; the Form M2 is a designation of beneficiary form to be completed by all public safety officers affected by this law; the Form M3 is notice from the employing agency to DPSST of the death or permanent total disability of an affected public safety officer.

The Form M3 has a short time frame and must be provided to DPSST by the employing agency within three (3) days from the date of death or notice of permanent disability. Contact person is the Department Support Specialist for the completion of the forms.

Other Social and Fraternal Organizations

The following is a list of social and fraternal organizations that may provide death or disability benefits for their members:

1. The Military Order of the Purple Heart
2. Fraternal Order of Eagles
3. National Guard
4. National Sheriff's Association
5. National Rifle Association (NRA)

Documentation Necessary for Application of Benefits

The following documentation may be needed to apply for the various benefits and assistance.

1. Marriage license: May be needed to apply for various benefits and assistance.
2. Certified copy of death certificate
3. Certified copy of minor child/children birth certificate.
4. W-2 earnings statement for the current and possible immediate past year.

APPENDIX C – LINE OF DUTY DEATH / SERIOUS INJURY INFORMATION

This document is to be filled out by all FD field personnel. The information contained within is private and is to be kept in the employee’s medical records file which is maintained by the Human Resources Department. Employees are responsible for updating this information as their life situation changes. It is recommended employees review during their annual evaluation.

PERSONAL

The information that you provide will only be used in the event of your life threatening injury or line-of-duty death.

Name: _____
Last First Middle DPSST #

Address: _____ City: _____

Home Phone #(s): _____

Birth Date: _____ Place of Birth: _____

Spouse/Significant Other

Name: _____

Address: _____ City: _____

Spouse's Employer: _____

Address: _____

Phone: _____ Spouse's Cell Phone: _____

Hours of Employment: _____ Work Days: _____

Children

Child's Name: _____

Birth Date: _____

Address: _____ City: _____

Child's Name: _____

Birth Date: _____

Address: _____ City: _____

Child's Name: _____

Birth Date: _____

Address: _____ City: _____

Child's Name: _____

Birth Date: _____

Address: _____ City: _____

Child's Name: _____

Birth Date: _____

Address: _____ City: _____

If you are divorced, please provide information about your ex-spouse(s)

Name: _____

Address: _____ City: _____ State: _____

Phone: (H) _____ (W) _____

Name: _____

Address: _____ City: _____ State: _____

Phone: (H) _____ (W) _____

Do you want a FD representative to contact your ex-spouse(s)? Yes _____ No _____

IN CASE OF EMERGENCY
THE FOLLOWING INDIVIDUALS MUST BE CONTACTED

Please list the name, address and telephone numbers of relatives and friends to be contacted. If these individuals have serious medical conditions that may adversely affect them upon receiving notification, please indicate on the form.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Additional Information: _____

NOTIFICATIONS

Do you have a department member you would like to make notification to family members?

Name: _____ Name: _____

Name: _____ Name: _____

Do you have a department member you would like to serve as a department liaison officer for your family?

Name: _____ Name: _____

IMPORTANT BUSINESS/PERSONAL INFORMATION

Name of Physician: _____

Physician Address: _____

Physician Phone: _____

Do you wish to have a Fire Service funeral? Yes _____ No _____

Church preference: _____ Religious Affiliation: _____

Clergyman: _____ Phone: _____

Address: _____

Funeral Home to be used: _____

Pre-paid burial plan: Yes _____ No _____

Church Service Requested: Yes _____ No _____ Private: Yes _____ No _____

Funeral Home Service: Yes _____ No _____ Private: Yes _____ No _____

I prefer: Interment _____ Entombment _____ Cremation _____

If you wish to be buried, do you prefer to be buried in: ___Uniform ___Civilian Clothes

My choice of cemetery is: _____

I have purchased a plot: Yes _____ No _____ Location of Deed: _____

Obituary: Yes _____ No _____

Do you have a Living Will? Yes _____ No _____ Location of Will: _____

Please list the following in my obituary:

Are you a veteran of the United States Armed Forces: Yes _____ No _____

Which Service: _____ Military ID Number _____

If you are entitled to a military funeral as determined by the Department of Veterans Affairs, do you wish to have one? Yes _____ No _____

I am entitled to Veterans Benefits: Yes _____ No _____

I am entitled to Military Honors: Yes _____ No _____

I would like a "Lodge" service: Yes _____ No _____

By: _____

Flowers: Yes _____ No _____ Donation in lieu of flowers to: _____

Special requests for service (speakers, readers, etc.): _____
