



**Washington County Volunteer Fire  
and Rescue Association**  
1501 Pennsylvania Avenue  
Hagerstown, MD 21742

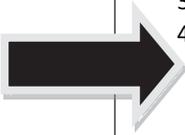
**Designation of Beneficiaries Form**  
**for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program**

**WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?**

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child\* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.**
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

PURPOSE  
OF THIS  
FORM



*\*"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it **must be retained with official department records**.

I, \_\_\_\_\_ (print full name), as a member of \_\_\_\_\_  
(print agency name), hereby designate the following beneficiary(s) for an PSOB benefits that may be paid in the event of my death:

Name	Percent (must total 100)	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

signature: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_

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

Re-enter name in above box to verify signature and date.