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BENEFICIARY DESIGNATION FOR US DEPARTMENT OF JUSTICE PUBLIC SAFETY OFFICERS' BENEFITS (PSOB) PROGRAM

Employee ID	Last Name, First Name	Department
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I wish to designate the following person(s) who, notwithstanding any other provision of law, shall be entitled, upon my death, to receive any eligible benefits from the Public Safety Officers' Benefits (PSOB) Program. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefits are identified in the "WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?" box below.

I understand that this is not a benefit payable by San Bernardino County or County Fire Department.

Designee Information

Percent must equal 100

Last Name, First Name or Trust	Relationship to Employee	Percent
Mailing Address	City	State
		Zip Code

Last Name, First Name or Trust	Relationship to Employee	Percent
Mailing Address	City	State
		Zip Code

This designation shall be retained with my official departmental records and will remain in full force and effect during my employment with San Bernardino County or County Fire Department unless revoked by me in writing.

<i>Employee Signature</i>	Date
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Witness (Print & Sign)	Date
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WHO RECEIVES PSOB BENEFITS IF THE 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 as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.**
5. If none of the above, to the officer's parents in equal shares.

* "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.

DISTRIBUTION: Special Districts Department Employees-Special District/County Fire's Payroll – 0450
Sheriff-Coroner Department Employees-Sheriff's Payroll – 0061
Probation Department Employees- Probation's Payroll – 0460