

Public Safety Officer's Benefits (PSOB) Act and the 100 Club of Buffalo

The 100 Club of Buffalo (100 Club) was established in 1957 as an independent nonprofit, nonpolitical organization dedicated to assisting and honoring members of local law enforcement, fire and emergency medical services, and their families. We provide recognition to public safety officers through our scholarship program, annual hero awards, and pro-bono legal representation in federal benefits claims for officers wounded or killed in the line-of-duty.

In 1976, the Public Safety Officers Benefit Act (the Act) was passed by Congress to provide death and higher education benefits to families and survivors of fallen law enforcement officers, firefighters, and other first responders, and disability benefits to officers catastrophically injured in the line-of-duty. For 2024-25, the Act provides a death and disability benefit totaling \$448,575 and an educational assistance benefit of \$1,536 per month of full-time higher-education assistance.

Through the PSOB Act, the federal government provides monetary benefits to public safety officers (including police, firefighters, volunteer firefighters, EMS etc.) who are killed or are catastrophically injured and permanently disabled in the line of duty. While it is always a case-by-case determination as to what constitutes a death or injury in the line of duty, covered incidents have been expanded with amendments to the PSOB Act to include certain illnesses, heart attacks, and in some instances cancers.

The benefit program is administered through the Department of Justice on behalf of the federal government. The process begins with filing applications with the DOJ by the officer or his or her survivors as well as the agency the officer worked under. Once the process is initiated, the applicant is expected to provide additional information such as death reports, autopsies, expert testimony, etc. supporting their claim.

Depending on the complexity of the injury, the time from the date of application to the date of award can range from as little as a few months to several years in cases that include premature denials and appeals.

For more than 70 years, the 100 Club of Buffalo and its members have helped to simplify this process and secured millions of dollars of PSOB benefits on behalf of public safety officers and their families. Attorneys, on behalf of the 100 Club, provide their services and experience on a no-cost basis for these claims. In our experience, even the most straightforward applications take at up to or over six months.

While we hope to never have to work with any of you or your families to secure this benefit, the 100 Club of Buffalo is honored to provide this service and proud of its record in doing so. In handling these cases for decades, it has become clear that one of the most recurrent issues for survivors is the designation of beneficiaries.

The PSOB Act intends for the award to be provided first to children and/or spouses, then to designated beneficiaries on file, then to insurance beneficiaries on file, then to surviving parents, lastly to anyone else who can be determined to be a child within the definition of the act. The Act does not consider an officer's wishes that may be included in a will or other estate document to have any relevance in determining PSOB beneficiaries.

Because life often follows an indirect path, the individuals listed on an updated "designated beneficiaries form" can be extremely important in ensuring that the right people are counted as the officer's survivors. To assist with that, the 100 Club has the following:

- A Designation of Beneficiaries Form for the US DOJ PSOB Program, which is to be signed by every public safety officer and kept on file by their department or agency;
- A form authorizing the 100 Club to act on behalf of the fallen officer in the event the 100 Club agrees to take the case AND the survivors are interested in our services, which is to be signed by every public safety officer and kept on file by their department or agency; and
- An informational form for each department to be filled out and forwarded to the 100 Club in the event of an officer's death providing the 100 Club with agency contact and incident information.

As a note, it is our belief that the best practice would be to have these forms updated by the officer on an annual basis.

The first two forms are located on our website, and the third can be provided upon request to any department or agency to help expedite the unfortunate processing of any PSOB claims.

Fallen Emergency Service Provider Program (FESP)
The 100 Club of Buffalo, Inc.



Please read, fill out, and fully sign the following information and the attached HIPAA Authorization form and return to the appropriate party at your agency or department.

Please print your full legal name below:

(PRINT NAME HERE)

Date

A. AUTHORIZATION FOR DISCLOSURE OF INFORMATION:

I, the undersigned, authorize all the information requested in this form together with any other documentation necessary under the Public Safety Officer's Benefit Act (PSOB) as well as all fire/police incident reports, and medical services patient reports regarding emergency care provided to me by fire, ambulance, medical doctor, and hospital personnel, documenting my condition, procedures applied, autopsies/toxicology reports, and laboratory tests resulting from my line of duty injury and/or death to be released to Arthur F. DuC. Musarra, Esq., and/or his designee. I further authorize Arthur F. DuC. Musarra, Esq., and/or his designee, to act as attorney for the purpose of proceeding in an attempt to receive benefits pursuant to the PSOB Act for the benefit of all individuals who may collect pursuant to the Act.

Please check one:

_____ I wish to take advantage of The 100 Club Burial and Funeral Fund *

_____ I do not wish to take advantage of The 100 Club Burial and Funeral Fund

*Subject to change, this includes free burial services for public safety officers who die in the line of duty. Services shall be arranged through Dengler & Roberts Funeral Homes and a credit toward burial at any of the participating cemeteries, including those at Mount Calvary Cemetery Group, Diocese of Buffalo, Forest Lawn Group and Elmlawn Cemeteries. Benefit subject to limitations as provided by the participating cemeteries or law.

B. CONTACT INFORMATION:

The best way to contact me/my survivors is via:

- 1) Primary Contact: _____
(name, address, phone number, relationship)
- 2) Union Representative: _____
(name, address, phone number, relationship)
- 3) Other: _____
(name, address, phone number, relationship)

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C. CONSENT FOR RELEASE OF CONTACT INFO:

Pursuant to 5 USC §552a(b), The Privacy Act, I, the undersigned, also consent to the release of my name and address to Arthur F. DuC Musarra Esq., his designee, and The 100 Club of Buffalo, Inc. (The 100 Club).

D. LEGAL REPRESENTATION AND DECISION TO PURSUE CLAIM:

The 100 Club, Arthur F. DuC. Musarra Esq., or the designee of Arthur F. DuC. Musarra do not enter into any agreement to represent the above signed safety officer through the signing of this document, unless notified of such representation by the 100 Club, Arthur F. DuC. Musarra, or his designee. All representation is done on a voluntary basis in the sole discretion of The 100 Club or Arthur F. DuC. Musarra, Esq., or his designee.

Any agreement to enter into said representation must be made in writing only after The 100 Club and Arthur F. DuC. Musarra Esq., or his designee, have had an opportunity to review the public safety officer's case and have agreed to accept the case. The decision by any of these parties not to pursue the Public Safety Officer's claim does not preclude the undersigned from otherwise pursuing their claim under the PSOB Act.

This offer of representation is done in conjunction with The One Hundred Club of Buffalo, Inc. (The 100 Club). All services are provided pro bono for the benefit of my survivors regarding preparation of PSOB claims. I understand that there will be no charge for the services herein performed and therefore I, or my representatives, will make no claim against The 100 Club or Arthur F. DuC. Musarra, Esq., and/or his designee. In the event The 100 Club or Arthur F. DuC. Musarra, Esq., or his designee, decide not to pursue this matter, such notice will be delivered orally by that attorney or his representative; which includes but is not limited to a director of The 100 Club, or sent by regular mail in writing to my representatives. Any act that the public safety officer created, which is released to authorities pursuant to government regulations or statutes, that defeats any claim of the undersigned shall create no action against The 100 Club or Arthur F. DuC. Musarra, Esq. or his assigns.

E. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (IDPAA)

By signing this section E, the undersigned, hereby authorizes Arthur F. DuC. Musarra and The 100 Club to obtain any medical document Arthur F. DuC. Musarra, his assigns, or The 100 Club deem necessary to pursue any and all claims arising under the PSOB Act.

(SIGNATURE HERE)

Date

Fallen Emergency Service Provider Program (FESP)
The 100 Club of Buffalo, Inc.



F. SIGNATURE & NOTARY

By signing below the undersigned indicates he/she has read the above information in all the above sections, A through E, and agrees to all terms and conditions set out therein:

(PRINT NAME HERE)

(SIGNATURE HERE)

Date

Department or Company _____ Date _____

Please have the following filled out by a notary public at the time of signing:

Sworn to before me this _____ day of _____, 20____

Notary Public

Notary Seal

G. IMPORTANT INFORMATION ON FESP AND PSOB BENEFITS

In the event of a line of duty fatality, please contact Arthur F. DuC. Musarra, Esq. at 716-831-1560.

More Information on the 100 Club of Buffalo's Fallen Emergency Service Provider program can be found at <http://www.100clubbuffalo.org/fespo.html>.

More information on the Department of Justice's PSOB Death Benefits Program can be found at <http://www.benefits.gov/benefits/benefit-details/1073>

100 Club of Buffalo and the Public Safety Officers Benefit Program

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To file a claim under the PSOB Act the public safety officer must sustain an injury in the line of duty that directly or proximately leads to their death or disability. While the requirements for initiating a claim appear simple, it can take a significant amount of time to complete a case between the date of death and the date the financial assistance is paid out by the Department of Justice. It should be noted that claims for disability assistance have a high bar for what constitutes qualifying claims for the Department of Justice.

Since the creation of the PSOB Benefits Act in the 1970's additional congressional acts have authorized additional injuries to qualify for benefits as line-of-duty deaths including heart attacks, hazardous material exposure related to 9/11 response, and duty related COVID-19 infection to qualify for benefits under the PSOB Act.

At this time, the 100 Club of Buffalo requests the attached form be filled out by someone in the public safety officer's organization who is familiar with the incident leading to the death of the public safety officer. The form is intended to provide information to the 100 Club's board of directors and the attorneys providing pro-bono representation necessary to make a determination as to whether the claim is one that qualifies for assistance from the 100 Club.

This document in no way binds the 100 Club, its representatives, or its agents to any representation for any potential claims made under the Public Safety Officer Death Benefit (PSOB) Act. Any decision to represent the claimant shall be made in writing pending a review by the 100 Club of Buffalo. Further, this document and information provided in no way binds the public safety officer or his or her estate to representation by the 100 Club of Buffalo.

Information Required from Department

Point of Contact for person in the fallen officer’s department who can provide access to information about the incident who is not a direct family member of the deceased:

Name: _____ Phone Number: _____

Position in Department: _____

Please provide a brief statement of the facts including a timeline that led to the injury or death of the PSO:



**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:

- If there is a spouse and no child* or children, all to the spouse.
- 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.
- If no spouse, and children only, all to the child or children in equal shares.
- **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.**
- If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
- If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

*"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, _____, as a member of _____
(print full name) (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
	%		
	%		
	%		
	%		
	%		
	%		

Public Safety Officer _____ Date _____
(Signature)
Witness _____ Date _____
(Signature)