INSTRUCTIONS FOR ALABAMA STATE BOARD OF ADJUSTMENT CLAIM FOR PEACE OFFICER, FIREFIGHTER, OR VOLUNTEER FIREFIGHTER DEATH BENEFITS

www.bdadj.alabama.gov

NOTE: Claims must be presented to the Alabama State Board of Adjustment within two years of death. Each question must be answered. If all questions are not answered, the claim will not be accepted. Forms must be printed in ink or typed. Death benefits are paid according to the Code of Alabama, 1975, §§36-30-1, et seq. All supporting documentation must be submitted on 8 ½ x 11 paper front side only.

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Claim forms must be accompanied by all of the required documentation or your claim will be returned requesting further information. Any delays could cause the dismissal of your claim.

- **MAIL COMPLETED FORMS TO**:
  Alabama State Board of Adjustment
  600 Dexter Avenue, Suite E-302
  Montgomery, AL 36130-1435
- **FORMS MAY BE DELIVERED TO:**
  Alabama State Board of Adjustment
  State Capitol Building, Suite E-302
  Montgomery, Alabama
- Telephone Numbers: (334) 242-7175 Fax: (334) 242-2008

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1. Claimant Information: Enter the name, address, telephone number(s), email address, relationship to the deceased peace officer, firefighter or volunteer firefighter and the claimant's last four digits of social security number. This information must be provided for each claimant making a claim for the decedent's death benefits.

2. Name of the deceased.

3. Accrual Date: Enter the date of death.

4. Length of Service: Enter the length of time the deceased was employed as a peace officer, firefighter or volunteer firefighter.

5. Spouse: If there is a surviving spouse of the deceased peace office, firefighter or volunteer firefighter, provide the requested information. (Marriage certificate is required.)

   A. Name, address, home and office telephone number.

   B. Was the spouse voluntarily living apart from the decedent at the time of his/her death? Answer "Yes" or "No."

   C. Was the decedent contributing to the spouse's support in the 12 months preceding their death? Answer "Yes" or "No."

   D. If you answered "Yes" in 4.C. above, describe the amount of such support.

6. Children: List all children of the deceased, including children by a previous marriage, if any.

   If there are any children, provide the requested information for each child in 5.A. - 5.D. (Attach additional sheets if necessary.

7. Was the decedent supporting his/her mother, father, brother, sister, grandfather, grandmother, mother-in-law or father-in-law at the time of his/her death? Answer "Yes" or "No."

If you answered "Yes", provide requested information on those individuals by filling out 6.A. - 6.D., if appropriate.

8. Provide the location where the death occurred.

9. Provide a statement of facts explaining the circumstances behind the decedent's death. Attach additional sheets if necessary.

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If the claimant is represented by an attorney, provide the attorney's name, address and telephone number. This information is needed for each claimant. **DO NOT SIGN THE FORM UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.**

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In the "VERIFICATION" section, a Notary Public will verify your signature and any other claimants' signatures.

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DOCUMENTATION REQUIRED TO SUPPORT CLAIM FOR BENEFITS

- Death certificate of deceased peace officer/firefighter/volunteer firefighter.
- Copy of Physical Fitness exam completed upon employment of deceased.
- Accident/Incident Report, if applicable.
- Affidavit of head of employing agency/department addressing the following questions with regard to the incident causing the death of the peace officer/firefighter/volunteer firefighter:
    - Was decedent engaged in the performance of his/her duties when he/she was killed or received injuries which resulted in death?
    - Was decedent engaged in willful misconduct?
    - Was decedent intoxicated by alcohol or drugs at time of death? Were tests conducted with regard to alcohol/drugs?
    - Did decedent refuse or fail to use safety appliances provided by his/her employer?
    - Did decedent refuse or neglect to perform a statutory duty?
    - Did decedent violate a law or willfully breach a reasonable rule or regulation governing the performance of his/her duties or employment?
- Marriage/divorce documents, birth certificates, guardianship documents, etc., to identify dependents of the decedent.
- Persons conclusively presumed to be wholly dependent are:
    - Wife, unless voluntarily living apart or not supported by deceased for more than twelve months prior to death.
    - Children under the age of eighteen; children over eighteen if physically/mentally incapacitated from earning.
    - Wife, child, husband, mother, father, grandmother, grandfather, sister, brother, mother-in-law and father-in-law if wholly supported by the deceased at the time of death.
- Partial dependents are any of the above who regularly derived part of his/her support from the earning of the decedent.
- Mother or father shall be eligible for benefits if the deceased had no dependents or partial dependents.

ALABAMA STATE BOARD OF ADJUSTMENT
CLAIM FOR PEACE OFFICER, FIREFIGHTER, OR VOLUNTEER FIREFIGHTER DEATH BENEFITS

See Page 1-2 of this form for instructions. Each number on the form corresponds with numbers on instruction sheets. Read all instructions carefully to ensure your claim is not returned for additional supporting documentation. See INSTRUCTIONS for mailing or hand delivering this form to the Board of Adjustment (Page 1).	**DO NOT WRITE IN THIS SPACE. FOR BOARD OF ADJUSTMENT USE ONLY.** **Claim No.:**_____

1. Provide the following information for each individual making a claim for the decedent's death benefits:

Claimant 1:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Email Address: _____

Home Telephone Number: _____ Office Telephone Number: _____

Relationship of Claimant 1 to deceased peace officer, firefighter, or volunteer firefighter:

_____ Social Security Number: XXX-XX-_____

Claimant 2:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Email Address: _____

Home Telephone Number: _____ Office Telephone Number: _____

Relationship of Claimant 2 to deceased peace officer, firefighter, or volunteer firefighter:

_____Social Security Number: XXX-XX-_____

Claimant 3:

Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Email Address: _____

Home Telephone Number: _____ Office Telephone Number: _____

Relationship of Claimant 3 to deceased peace officer, firefighter, or volunteer firefighter:

_____Social Security Number: XXX-XX-_____

2. Name of the deceased peace officer or firefighter: _____
3. Date of death: _____
4. How long did the deceased peace officer, firefighter or volunteer firefighter serve? _____
5. If there is a surviving spouse of the deceased peace officer, firefighter, or volunteer firefighter, list the spouse's information below:
   A. Name: _____

      Street Address or P.O. Box: _____

      City, State, Zip Code: _____

      Home Telephone Number: _____

      Office Telephone Number: _____

   B. Was the spouse voluntarily living apart from the deceased at the time of his/her death?
      ☐ Yes ☐ No

   C. Was the peace officer, firefighter, or volunteer firefighter in any way contributing to the spouse's support in the 12 months immediately preceding their death? ☐ Yes ☐ No

   D. If yes, please describe the amount of such support: _____
6. List all children of the deceased, including children by a previous marriage, if any. (Attach additional sheets if necessary.)
   A. <u>Child 1:</u>

      Full Name: _____

      Street Address or P.O. Box: _____

      City, State, Zip Code: _____

      Age at the time of the decedent's death: _____

      If 18 or over is child physically or mentally incapacitated from earning? ☐ Yes ☐ No

      Was deceased contributing to child's support at time of death? ☐ Yes ☐ No

   B. <u>Child 2:</u>

      Full Name: _____

      Street Address or P.O. Box: _____

      City, State, Zip Code: _____

      Age at the time of the decedent's death: _____

      If 18 or over is child physically or mentally incapacitated from earning? ☐ Yes ☐ No

      Was deceased contributing to child's support at time of death? ☐ Yes ☐ No

C. Child 3:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Age at the time of the decedent's death: _____

If 18 or over is child physically or mentally incapacitated from earning? ☐ Yes ☐ No

Was deceased contributing to child's support at time of death? ☐ Yes ☐ No

D. Child 4:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Age at the time of the decedent's death: _____

If 18 or over is child physically or mentally incapacitated from earning? ☐ Yes ☐ No

Was deceased contributing to child's support at time of death? ☐ Yes ☐ No

7. Other Dependents: At the time of the peace officer's, firefighter's or volunteer firefighter's death was he/she supporting his/her mother, father, brother, sister, grandfather, grandmother, mother-in-law or father-in law?

If yes, provide the following information on those individuals:

A. Dependent or Partial Dependent 1:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Relationship to the deceased: _____ Age: _____

Amount of Contribution Per Month: _____

B. Dependent or Partial Dependent 2:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Relationship to the deceased: _____ Age: _____

Amount of Contribution Per Month: _____

C. Dependent or Partial Dependent 3:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Relationship to the deceased: _____ Age: _____

Amount of Contribution Per Month: _____

D. Dependent or Partial Dependent 4:

Full Name: _____

Street Address or P.O. Box: _____

City, State, Zip Code: _____

Relationship to the deceased: _____ Age: _____

Amount of Contribution Per Month: _____

8. Location where death occurred: _____

_____

9. Statement of Facts (Attach additional sheets if necessary): _____

_____

_____

_____

The claimant or claimants respectfully prays that the Board of Adjustment will take cognizance of this claim and upon consideration thereof, make an award.

IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, GIVE NAME & ADDRESS:

_____

_____

_____

Telephone No.: _____

Email Address: _____

_____
Signature of Claimant

_____
Printed Name of Claimant

IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, GIVE NAME & ADDRESS:

_____

_____

_____

Telephone No.: _____

Email Address: _____

_____
Signature of Claimant

_____
Printed Name of Claimant

IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, GIVE NAME & ADDRESS:

_____

_____

_____

Telephone No.: _____

Email Address: _____

_____
Signature of Claimant

_____
Printed Name of Claimant

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VERIFICATION

STATE OF ___________________________________

COUNTY OF _________________________________

Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.
Sworn and subscribed before me this ________ day of ____________________________, 20 ______

Signature of Notary Public ________________________________

AFFIX SEAL Printed Name ____

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Before me, a Notary Public in and for said state and county, personally appeared the person whose name is signed above who being made known to me and being duly sworn to give true testimony, affirmed that all of the above stated facts are true and correct.
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Signature of Notary Public ________________________________

AFFIX SEAL Printed Name ____

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Signature of Notary Public ________________________________

AFFIX SEAL Printed Name ____

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