



**Line of Duty Compensation Act
Beneficiary Designation Form**

Employee/Volunteer Name: _____
Employer/Organization Name: _____
Address: _____
City, State, ZIP Code: _____
Phone number: _____ Email address: _____

I hereby designate the person(s) named below as beneficiary(ies) for Line of Duty Act Compensation, revoking any previous beneficiary designation.

Employee/Volunteer Signature: _____
Date: _____

Spousal Signature (if applicable)

If you are married and name someone other than your spouse as beneficiary, payment of benefits may be delayed or disputed unless your spouse also signs this beneficiary designation.

Spouse Signature: _____ Date: _____

Primary & Contingent Beneficiaries

Proceeds are paid to primary surviving beneficiaries in equal amounts unless otherwise indicated. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal amounts. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Allen D Simpson, State Risk Manager

Department of Administrative Services | RISK MANAGEMENT

PO Box 94974
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OFFICE 402-471-2551
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NEBRASKA

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DEPT. OF ADMINISTRATIVE SERVICES



Jim Pillen, Governor

Primary Beneficiary Designation

****Total Primary Beneficiary Share % must equal 100%***

Full name (Last, First, Middle Initial): _____

Relationship: _____ Date of birth _____

Address (Street, City, State, Zip): _____

Percentage: _____

Full name (Last, First, Middle Initial): _____

Relationship: _____ Date of birth _____

Address (Street, City, State, Zip): _____

Percentage: _____

Full name (Last, First, Middle Initial): _____

Relationship: _____ Date of birth _____

Address (Street, City, State, Zip): _____

Percentage: _____

Contingent - Full name (Last, First, Middle Initial):

Relationship: _____ Date of birth _____

Address (Street, City, State, Zip): _____

Percentage: _____

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GUIDELINES FOR WHO IS ELIGIBLE FOR LINE OF DUTY PAYMENT

Public Safety Officers killed in the line of duty. Killed in the line of duty means losing one's life as a result of an injury or illness arising on or after the operative date of this act in connection with the active performance of duties as a public safety officer if the death occurs within three years from the date the injury was received or illness was diagnosed and if that injury or illness arose from violence or other accidental cause. Killed in the line of duty excludes death resulting from the willful misconduct or intoxication of the public safety officer.

For purposes of the In the Line of Duty Compensation Act:

Public safety officer means:

- A firefighter*;
- A law enforcement officer**;
- A member of an emergency medical services ambulance squad operated by a political subdivision or by a private, nonprofit ambulance service, but excluding any employee of a private, for-profit ambulance service; or
- A correctional officer employed by a jail or by the Department of Correctional Services;

** Firefighter means a member of a paid or volunteer fire department in Nebraska, including a member of a rescue squad associated with a paid or volunteer fire department in Nebraska.*

***Law enforcement officer means any member of the Nebraska State Patrol, any county or deputy sheriff, or any member of the police force of any city or village in Nebraska.*

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General Please be sure to include the beneficiary's full name and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a death the insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may wish to consult with an attorney when drafting your beneficiary designation.

Trust as Beneficiary You may designate a trust as beneficiary, using the following form: To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust].

Life Status Changes It is recommended that you review your beneficiary designation when various life status events occur, such as marriage, divorce, or birth of a child.

Please note: The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. Qualified legal counsel can help assure that your beneficiary designation clearly and correctly reflects your intentions for distribution of your benefits.

The public safety officer shall file the beneficiary form with his or her employer or, if he or she is a volunteer, with the entity for which the volunteer service is provided.

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