

**LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS DEATH BENEFITS TRUST  
BENEFICIARY DESIGNATION FORM**

FOR:

DEATH BENEFITS OF COVERED PUBLIC EMPLOYEES KILLED IN THE LINE OF DUTY, PURSUANT TO MCA § 45-2-1, AS AMENDED.

Pursuant to the provisions of Mississippi Code Annotated Section 45-2-1, as amended by Chapter 437 § 1, House Bill 1433, Mississippi Legislature, 2014 Regular Session, effective from and after July 1, 2014 (approved by Governor, March 26, 2014) **I acknowledge and understand that** the Mississippi Department of Public Safety is responsible for management of the trust fund and disbursement of the \$100,000 death benefit authorized under the statute when a covered individual, while engaged in the performance of the person's official duties, is accidentally or intentionally killed or receives accidental or intentional bodily injury that results in the loss of the covered individual's life, provided that the killing is not the result of suicide and that the bodily injury is not intentionally self-inflicted.

According to the amended statute, the death benefit payment shall be made to the beneficiary who was designated in writing by the covered individual, as signed by the covered individual and delivered to the employer during the covered individual's lifetime. If no such designation is made, then the payment shall be made to the surviving child or children and spouse in equal portions, and if there is no surviving child or spouse, then to the individual's parent or parents. If a beneficiary is not designated and there is no surviving child, spouse or parent, then the payment shall be made to the covered individual's estate.

The death benefit payment is in addition to any workers' compensation or pension benefits and is exempt from the claims and demands of creditors of the covered individual.

For purpose of compliance with the statute, the following information identifies me and accordingly, designates my beneficiaries:

NAME OF COVERED INDIVIDUAL:

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DESIGNATED BENEFICIARY (BENEFICIARIES):

BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This signed document designates the above named person(s) as my beneficiaries for purpose of receiving MCA § 45-2-1 death benefits:

\_\_\_\_\_ COVERED INDIVIDUAL'S SIGNATURE \_\_\_\_\_ DATE OF SIGNATURE

**A C K N O W L E D G M E N T**

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, within my jurisdiction, the within named \_\_\_\_\_, who acknowledged that they executed and delivered the above and foregoing instrument for the purposes contained therein.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_

**FORM PREPARED UPON REQUEST:**  
R. STEVEN COLEMAN, ATTORNEY, SR.  
MISSISSIPPI BAR # 6365  
Revised: 06/15/2014 [H:\law & fire. wpd. RSC]

**FORM "A"**

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