

Village of Mount Prospect



Application for Public Safety Employee Benefit Act ("PSEBA") Benefits

The undersigned states as follows:

1. Name of Applicant: _____
2. If the Applicant has previously applied for and been denied PSEBA benefits, attach a copy of such application and denial.
3. If the Applicant is a family member, describe relationship to injured or deceased Public Safety Officer: _____

4. Date of hire of Applicant or related Public Safety Officer: _____
5. Detailed description of when, where, and how injury and/or death occurred. Please attach all additional documentation relevant to statement: _____

6. Has a line-of-duty disability pension been applied for through the Village's Police/Fire Pension Board? If so, provide the date of application for pension, the Pension Board's determination, and copies of any materials submitted in support of such a pension: _____

7. List any and all witnesses to the qualifying injury and/or death (name, address, phone number): _____

-
- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

- [illegible]

-
-
-
-
-