



PROUD TO SERVE THOSE WHO SERVE

LINE OF DUTY or NON-LINE OF DUTY DEATH ASSISTANCE REQUEST

**Please note that this request must be submitted by a first level supervisor or an H/R Supervisor.*

****PLEASE ATTACH A COPY OF YOU STATE ID OR DRIVER'S LICENSE****

Today's Date: _____ Department / Agency: _____

Date of Incident: _____ Line of Duty? Non-Line of Duty?

Name of Deceased: _____

Title / Position: _____ Date of Birth: _____

Was Deceased Individual a Full-Time Paid Employee? Yes/No

Was Individual Sworn, Certified, and/or Active at time of death?

Years of Service: _____

Describe Incident and Events of Death:

**Please submit copy of Department Incident Report or Industrial Claim with request if applicable and add additional pages as needed:*

BENEFICIARY INFORMATION

Beneficiary Name (Spouse / Parent): _____

Home Phone: _____ Mobile: _____

Home Address: _____ City/St/Zip: _____

Email Address: _____

How Many Dependents (Other Than Spouse): _____

Name, Sex, and Date of Birth of Dependents:

**This information is used internally to provide opportunities to dependents (biological, adopted, guardianship) such as: summer camp, holiday gift giving, scholarship opportunities, etc.*

- 1. Name: _____ Sex: _____ DOB: _____
- 2. Name: _____ Sex: _____ DOB: _____
- 3. Name: _____ Sex: _____ DOB: _____
- 4. Name: _____ Sex: _____ DOB: _____
- 5. Name: _____ Sex: _____ DOB: _____

VERIFICATION OF INFORMATION BY BENEFICIARY

Please check all that apply and sign where indicated.

Relationship to Deceased: _____

I hereby certify the following:

- 1. Grant funds from Borderland 100 Club will be used for the following (check all that apply):
 - _____ Assistance to allow me to remain at home with minor children to maintain the psychological well-being of the deceased’s immediate family
 - _____ Assistance with elementary and secondary school tuition and higher education costs to permit my children to attend school.
 - _____ Assistance with rent, mortgage payments, or car loans to prevent loss of a primary home or transportation that would cause additional trauma to me and/or my immediate family members
 - _____ Travel costs for family members to attend the deceased’s funeral and to provide comfort to me and/or my immediate family members
 - _____ Other (describe): _____
- 2. I am not being reimbursed through the deceased’s employer or insurance for the costs checked above or the portion of those costs that is being paid for with these grant funds.
- 3. The costs checked above would be a financial hardship for me if I did not receive assistance from Borderland 100 Club.

I declare under penalty of perjury that the foregoing is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ **Date:** _____

(If unable to sign, signature of recipient or oldest dependent is required for legal purposes.)

Make Benefit Check To: _____

Other Person/Designee authorized to pick up payments: _____

INFORMATION PROVIDED BY SUPERVISOR

**Must be submitted by a first level supervisor or an H/R Supervisor.*

Your Name: _____ **Title:** _____

Department/Agency: _____

Agency Address: _____ **City/St/Zip:** _____

Office Phone: _____ **Mobile:** _____

Email: _____

Your Signature: _____ **Date:** _____

Second Level Supervisor Name: _____ **Title:** _____

Office Phone: _____ **Mobile:** _____

Email: _____

Signature: _____ **Date:** _____

Department Head/Chief Name: _____ **Email:** _____

Submit form by email, send to contact@borderland100club.com

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TO BE COMPLETED BY AUTHORIZED 100 CLUB PERSONNEL

Verified/Approved: _____ **Date:** _____ **Data ID:** _____ **Payment ID:** _____

Posted: _____ **Date:** _____ **Check #:** _____ **Amount:** _____

Denied: _____ **Date:** _____