



Standard Operating Procedures: How to File a Claim Under the Line of Duty Compensation Act

Department of Administrative Services
Risk Management Division

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NOTICE

This guidance document is advisory in nature but is binding on the Nebraska Department of Administrative Services – Risk Management Division until amended. A guidance document does not include internal procedural documents that only affect the internal operations of the Department of Administrative Services – Risk Management Division and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document. See Neb. Rev. Stat. § 84-901.03

THE NEBRASKA LINE OF DUTY COMPENSATION ACT:

The beneficiary or beneficiaries of a "public safety officer" who is "killed in the line of duty" may bring a claim against the State under the Line of Duty Compensation Act. Neb. Rev. Stat. §§ 81-8,317 (1), (3); 81-8,318(1).

- A "**public safety officer**" is a "firefighter," "law enforcement officer," "a member of an emergency medical services ambulance squad operated by a political subdivision or by a private nonprofit ambulance service . . . ," or "a correctional officer employed by a jail or the Department of Correctional Services." See Neb. Rev. Stat. § 81-8,316 (3).
- The term "**killed in the line of duty**" means "losing one's life as a result of injury or illness . . . in connection with the active performance of duties as a public safety officer [(1)] if the death occurs within three years from the date the injury was received or illness was diagnosed and [(2)] if that injury or illness arose from violence or other accidental cause." Neb. Rev. Stat. § 81-8,316 (2)(a).

The burden to prove that a public safety officer was killed in the line of duty lies with the claimant under the Line of Duty Compensation Act. The Line of Duty Compensation provides no presumption that any specific illness or injury (e.g. heart attack) that was incurred within 24 hours of a public safety officer's duty shift was "in connection with the active performance of [their] duties as a public safety officer" under Neb. Rev. Stat. § 81-8,316 (2)(a).

All claims permitted under the Line of Duty Compensation Act "must be filed with the Risk Manager within **one (1) year** after the date of death of the public safety officer who was killed in the line of duty." Neb. Rev. Stat. § 81-8,318(1)(Emphasis added.).

The requirements of Nebraska's Line of Duty Compensation Act differ from those of the Federal Public Safety Officer Benefit Program (PSOB), and the State Claims Board is under no obligation to approve a claim under the Line of Duty Compensation Act merely because a claimant would be entitled to benefits under the PSOB.

The Line of Duty Compensation Act provides a legal claim against the State. Due to the burden of proof and specialized requirements for a successful claim, public safety officers **SHOULD NOT** consider the Line of Duty Compensation Act to be a form of supplemental life insurance.

CLAIMANTS UNDER THE LINE OF DUTY COMPENSATION ACT ARE STRONGLY ENCOURAGED TO SEEK REPRESENTATION BY A LICENSED ATTORNEY IN THE FILING OF THEIR LINE OF DUTY CLAIM TO ENSURE THAT ALL REQUIREMENTS ARE MET.

TO FILE A LINE OF DUTY CLAIM:

Download the Line of Duty Claim Form from the Risk Management Website.

State of Nebraska Line of Duty Compensation Act Claim Form

This form is for Line of Duty Compensation Act Claims (Nebraska Statute 81-8,315 to 81-8,319).

Only COMPLETED and SIGNED Claim Forms will be accepted by the Office of Risk Management.

FOR OFFICE USE ONLY

* Indicates a REQUIRED field. If required fields are not filled out, your Claim will not be processed.

Claimant's Name*:		Claimant's Phone Number*:	Alternate Phone Number:
Name of Decedent*:	Title of Decedent*:		Manager's Name*:
Manager's Phone Number*:	Manager's Address:		Manager's City/State:
Claimant's Mailing Address*:		Claimant's Email Address:	Is Claimant Named Beneficiary? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Did Decedent die in the Line of Duty?*		Was Decedent a Public Safety Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, who was the Employer?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Date of Occurrence*:	Place of Occurrence*:	City of Occurrence*:	

In the below space, please provide a detailed itemization of all known facts/circumstances leading to your claim. Identify all property, places, and people involved. Include names, addresses, and phone numbers of witnesses, if any. The information provided below, along with the findings of the investigating agency, will form the basis of any decision.

If additional space is needed, please use another page.

Claimant Signature*:	Date*:
<p style="font-size: small;">Under Penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete, and correct, and that I am duly authorized to sign this statement. This document serves as your Sworn Statement.</p> <p style="font-size: x-small; color: #800000;">Please include copies of any supporting documents that may be relevant to your claim including, but not limited to, Police or Medical Reports, Copy of Autopsy and / or Death Certificates, Beneficiary Form, Proof of Line of Duty etc.</p> <p style="font-size: x-small; color: #800000;">Make and keep copies of all documentation submitted as copies will not be provided.</p>	

Claim form and supporting documents should be emailed to: as.riskmanagement@nebraska.gov
 If you are unable to submit your claim by email, you may mail your claim to: Office of Risk Management, PO Box 94974, Lincoln, NE 68509-4974 Questions? Call the Office of Risk Management at (402) 471-2551

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 Risk Management

ORM 01/2024

CLAIM FORM INFORMATION:

The following pages explain the various sections of the Line of Duty Claim Form. The title of each section is provided, followed by a description and an explanation of the information requested. Please note that when a field contains an asterisk (*), it is a **REQUIRED FIELD** and cannot be left blank. Please fill out the fields with the asterisks completely. This will help the investigation.

Claimant's Name*:

Enter the name of the individual making the claim. If the claim were to be approved, this is also the individual who will receive payment, unless the Decedent Public Safety Officer has named a different beneficiary. This name should match the Claimant's signature.

Claimant's Phone Number*:

Enter the phone number of the Claimant where the Claimant can be reached during the day.

Alternate Phone Number:

Enter any other daytime phone number other than phone number listed above. Leave blank if there is no alternate phone number.

Name of the Decedent*:

Enter the full legal name of the Decedent.

Title of Decedent*:

Enter the job title of the Decedent at the time of death (e.g., Firefighter, Detective, etc.).

Manager's Name*:

Enter the full legal name of the person who managed the Decedent.

Manager's Phone Number*:

Enter the daytime telephone number of the Manager of the Decedent.

Manager's Address:

Enter the mailing address of the Manager of the Decedent.

Manager's City/State:

Enter the city and state of the Manager of the Decedent.

Claimant's Mailing Address*:

Enter the current mailing address of the Claimant.

Claimant's Email Address:

Enter the Claimant's email address. Leave blank if Claimant has no email address.

Is Claimant Named Beneficiary?*

If so, select YES. If not, select NO.

Did the Decedent die in the Line of Duty?*

If so, select YES. If not, select NO.

Was Decedent a public safety officer?:

If Decedent was a public safety officer, select YES.

If not, select NO.

If Yes, who was the employer?:

Enter the name of the employer for whom Decedent acted as a public safety officer.

Date of Occurrence*:

Enter the date that the incident occurred.

Place of Occurrence*:

Enter the location where the incident took place. Be as specific as possible.

City of Occurrence*:

Enter the Nebraska city/town where the incident occurred. If the incident occurred in the country enter the nearest city/town.

Itemization of All Known Facts/Circumstances Leading to Your Claim*:

In the space provided, please list a detailed summary of all known facts or circumstances leading to this claim. Identify all property, places and people involved. Include names, addresses and phone numbers of witnesses, if any. Attach additional documents, if needed, to complete this field. This is an important field that describes in detail the circumstances of the event that led to the claim. This information will help the investigation. The information provided, along with the findings of the investigation, will form the basis of any decision.

Claimant Signature*:

The Claimant or their attorney must sign the claim form. Unsigned forms will be considered incomplete.

Date*:

Enter the date the Claimant is signing the form. Claims cannot be processed without a date.

ONLY COMPLETED AND SIGNED CLAIM FORMS WILL BE ACCEPTED. PLEASE RETAIN COPIES OF ALL ENCLOSED DOCUMENTS, INCLUDING THIS CLAIM FORM.

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STATUTORILY REQUIRED ATTACHMENTS:

In addition to the Risk Manager's requirements listed above, Neb. Rev. Stat. § 81-8,318 requires all claims filed under the Line of Duty Compensation Act to include:

- A sworn statement (i.e., an affidavit, deposition, or transcript of testimony given under oath) providing a full factual account of the circumstances resulting in or the course of events causing the death of the public safety officer. Neb. Rev. Stat. § 81-8,318 (1)(c); and
- A copy of the form filed in accordance with Neb. Rev. Stat. § 81-8,317(4), if any.* Neb. Rev. Stat. § 81-8,318 (1)(b).

*If a public safety officer who was killed in the line of duty did not file a beneficiary form in accordance with Neb. Rev. Stat. § 81-8,317(4), any Line of Duty claim related to that public safety officer's death must be paid to their heirs "under the law of intestate succession of this State." Neb. Rev. Stat. § 81-8,317(3)(b). Thus, for such a claim to be complete under the Line of Duty Compensation Act, the claimant must provide evidence of all persons entitled to inherit from the public safety officer under the law of intestate succession, including their names and addresses. *Id.* The affidavit of an attorney who made a diligent search of the public safety officer's heirs listing the names and addresses of the public safety officer's heirs at law would meet this requirement.

EVIDENCE TO BE SUBMITTED TO THE STATE CLAIMS BOARD:

Claimants must include with their claim all evidence required to meet their burden of proof, including any testimony the claimant intends to offer at the hearing before the State Claims Board. Examples of typical evidence include:

- The transcript of the deposition of an expert physician demonstrating that the illness or injury that led to a public safety officer's death resulted from violence or other accidental cause in connection with the active performance of the public safety officer's duties;
- The affidavit of a fellow law enforcement officer describing the events that led to a public safety officer's death;
- The affidavit of a deceased public safety officer's manager describing that officer's typical duties;
- The names, addresses, email, and telephone of any witness a claimant intends to testify before the State Claims Board;
- A police report concerning the events that lead to a public safety officer's death;
- A newspaper clipping describing the events that lead to a public safety officer's death;
- Etc.

Do not send originals. **Send copies only.** This information will help the State Claims Board's investigation of the claim.

SUBMISSION OF THE CLAIM AND DOCUMENTS:

Please submit to the Department of Administrative Services - Risk Management Division. It is recommended that the form be submitted electronically.

To submit your claim **electronically**, please email the completed, signed and dated form as well as any supporting documents to the following email address:

as.riskmanagement@nebraska.gov

To submit your claim by **mail**, please mail the completed, signed and dated form with any supporting documents to the following address:

**Nebraska Department of Administrative Services -
Risk Management Division
PO Box 94974
Lincoln, NE 68509-4974**

WHAT HAPPENS NEXT?

Within two weeks of the submission of the claim form and supporting documentation, the Risk Manager will send written notice indicating whether the claim is complete. Neb. Rev. Stat. § 81-8,318 (2). If the claim is incomplete, the Risk Manager will include a list of the documents or information that must be submitted to complete the claim. *Id.* The Risk Manager cannot act as a claimant's legal counsel, and he or she cannot pass on the sufficiency of a particular document before a claimant submits it. Claimants who need help collecting documents or assessing their sufficiency for the submission of a complete claim should contact a private attorney. Only complete claims will be brought before the State Claims Board for investigation. *Id.*

The State Claims Board will meet to approve or deny the claim within forty-five (45) days after receipt of a complete claim. *Id.* If necessary, the Claimant or their attorney may adduce evidence or present argument in favor of approving the claim at a hearing before the State Claims Board. If the State Claims Board approves the claim, the claim must be submitted to the Nebraska Legislature for payment. *Id.* The Legislature meets once per year, beginning in January. If approved by the Legislature, the signature of the Governor of Nebraska is required to process the claim for payment. This entire process could take a year or longer.

STATE CLAIMS BOARD HEARINGS:

The Director of Insurance, Commissioner of Labor, and Director of Administrative Services are the members of the State Claims Board under [Neb. Rev. Stat. § 81-8,239.01](#). The Attorney General is the State Claims Board's legal advisor. See [Neb. Rev. Stat. § 81-8,220](#). Claimants may represent themselves or be represented by an attorney. **PERSONS NOT AUTHORIZED TO PRACTICE LAW IN THE STATE OF NEBRASKA WILL NOT BE PERMITTED TO REPRESENT CLAIMANTS BEFORE THE STATE CLAIMS BOARD.** See 13 Neb. Admin. Code ch. 1, § 009.02 (rev. March 21, 2022).

The State Claims Board meets as necessary to process claims in a timely manner. The dates of the hearings are posted under the [State Claims Board](#) tab at the [DAS - Risk Management](#) website. The hearings are informal under the [Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414](#). The Claimant does not need to be present for the claim to be heard.

FURTHER RESOURCES:

For questions related to the claims filing process, please contact the Nebraska Department of Administrative Services - Risk Management Division.

Mailing Address:

Nebraska Department of Administrative Services
Risk Management Division
PO Box 94974
Lincoln, NE 68509-4974

Telephone: (402) 471-2551 (Monday – Friday, 8 AM to 5 PM)

Email: as.riskmanagement@nebraska.gov

Risk Management cannot offer legal advice related to any claim. **Prospective claimants need to contact a private attorney** for assistance determining whether they have a cognizable claim under the Line of Duty Compensation Act, collecting documentation to submit with a claim, advocating for the State Claims Board to approve a complete claim that has been submitted to the Risk Manager, and performing other legal tasks.

