

# 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 Person Who Died in Line of Duty*:		Title of person who died*:		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 type="checkbox"/> YES <input type="checkbox"/> NO	
Did the First Responder die in the Line of Duty?*		Is Claimant a State Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, What State Agency?	
<input 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*:	
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.			
Please include copies of any supporting documents that may be relevant to your claim including, but not limited to, Police Reports, Estimates, Copy of Autopsy and / or Death Certificates, etc.			
Make and keep copies of all documentation submitted as copies will not be provided.			

Claim form and supporting documents should be emailed to: [as.riskmanagement@nebraska.gov](mailto: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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