

Employee Emergency Notification Instructions

Updated? Yes ___ No ___

Revision Date _____

Behind the Badge Foundation provides comprehensive support to Washington State's law enforcement agencies, families and communities after an officer has died or suffered serious injury in the line of duty.

Though no one wishes to confront the inevitability of his/her death, it is vitally important to the emotional well-being of the survivors that the deceased has done just that. This is the type of valuable information you should take the time to discuss with your family. This information will be kept in a sealed envelope in a secured area accessible 24-hours a day. The employee shall update this information annually at time of Job Performance Evaluation or as needed.

This envelope will only be opened in the event of a "Line-of-Duty" death or critical injury. Not only will this assist the departmental response during such a crisis, but it will also ease the survivors in knowing that these matters have been discussed and resolved.

This questionnaire is not a legal document. The intent of this questionnaire is to provide the department with information to assist your family. Fill in ONLY that information that you wish the department to know to support your family. If you choose not to answer all questions, note where such information may be located (for your legal family representative.)



**BEHIND *the*
BADGE
FOUNDATION**

8309 165th Ave NE Suite 205, Redmond, WA 98052

Office: 425-747-7523

Fax: 425-270-3785

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This document contains important information that will assist the departmental response during a crisis. This information will be kept in a sealed envelope in a secured area and will only be opened in the event of your death or critical injury. It is recommended that this information be updated annually or as needed by the employee.

PERSONAL INFORMATION:

Name _____

Your Home Address _____

City _____ Zip _____ Phone _____

Birth Date _____ Social Security Number _____

Medical Problems _____ Blood Type _____

Religious Preference _____

Religious Leader to Contact _____ Phone _____

Health Insurance Plan _____ Phone _____

Personal Physician _____ Phone _____

Personal Attorney _____ Phone _____

Do you have a will? YES NO Where is it located? _____

Who is the executor of your estate? _____

Other Considerations – please note where these documents are located:

- Do you have an advance healthcare directive? Yes _____ No _____
- Do you have a signed durable power of attorney? Yes _____ No _____
- Do you have a signed healthcare proxy? Yes _____ No _____
- If married, do you have a signed Community Property Form? Yes _____ No _____

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FAMILY INFORMATION:

Name of Spouse or Partner _____ Phone _____

Address _____ City _____ State _____

Spouse's or Partner's Employer _____

Employer address and phone number _____

Other way for emergency contact if any (i.e., pager, cellular phone, etc.) _____

Marriage certificate is located at _____

Children's Names, DOB's and Schools they attend (if applicable):

1. Child's Name _____ DOB _____

School _____ Phone _____

2. Child's Name _____ DOB _____

School _____ Phone _____

3. Child's Name _____ DOB _____

School _____ Phone _____

4. Child's Name _____ DOB _____

School _____ Phone _____

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Children's Names NOT residing with you, DOB's and Schools they attend (if applicable):

1. Child's Name _____ DOB _____
School _____ Phone _____

2. Child's Name _____ DOB _____
School _____ Phone _____

3. Child's Name _____ DOB _____
School _____ Phone _____

4. Child's Name _____ DOB _____
School _____ Phone _____

Birth Certificates are located at _____

If you are divorced, please provide information about your ex-spouse:

Name _____

Address _____

Home Phone _____ Work Phone _____

Divorce decree(s) is located at _____

Do you want an agency representative to contact your ex-spouse? YES NO

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FINANCIAL INFORMATION

Do you have a Financial Planner/CPA who will assist your family with financial matters?

Name _____

Phone Number _____

Please list financial accounts:

Bank: _____ Account Number: _____

Password: _____ Signatories: _____

Bank: _____ Account Number: _____

Password: _____ Signatories: _____

Bank: _____ Account Number: _____

Password: _____ Signatories: _____

Bank: _____ Account Number: _____

Password: _____ Signatories: _____

Investment/Stock portfolio is located at: _____

Bonds portfolio is located at: _____

IRA certificate and file is located at: _____

Please list all life insurance policies including company name, policy number, beneficiary, and location of policy.

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PASSWORD INFORMATION

Do you have a password manager to manage your passwords (e.g.: LastPass, Dashlane)?

Password Manager Name _____

User Name: _____ Password: _____

If you do not use a password manager, please list any devices/accounts that have a secured login that requires a username and password or code to access (i.e. iPhone, cable, music, etc.) Utilize another sheet of paper, if necessary:

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

User Name: _____ Password: _____

Device/Account Name: _____

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DEATH CERTIFICATE

In grief, family members are often unsure or can't remember family information for the death certificate, which is a legal document. Please provide the following information to ease this process:

- 1) Full name of the deceased _____
- 2) Date and place of birth _____
- 3) Parent's full names, including mother's maiden name _____
- 4) Race _____
- 5) Marital status – if wife survives, provide full name including maiden name _____

- 6) Social Security number _____
- 7) Occupation (Police Officer, Sergeant, Lieutenant, Chief, etc.) _____
- 8) Address of deceased _____
- 9) Highest level of education completed _____
- 10) Did the decedent smoke in the last 15 years? _____
- 11) Veteran – if yes, be prepared to provide a copy of the discharge papers (DD214) _____
- 12) Length of residence in current County of residence _____

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FUNERAL DETAILS

Please list any preferences you may have regarding funeral and committal arrangements:

Funeral Home _____

Church or Religious Organization _____

Do you wish to be considered as an organ donor? YES NO

Burial YES NO

Cemetery _____

If burial is preferred, what clothing do you wish to be buried in? (Uniform? Civilian?) _____

Do you wish an open casket? _____

Cremation YES NO

If cremated, what do you wish done with your ashes? _____

Do you wish to have a law enforcement funeral? YES NO

Would your family wish a private, family/friends' ceremony, as well as a law enforcement funeral?
 YES NO

Do you wish a graveside service? If so, private, semi-private, or open to the public? _____

Are you a veteran of the U.S. Military? YES NO

Branch of Service _____ Dates of Service _____

DD-214 is located at _____

If you are entitled to a military funeral, as determined by the Department of Veterans Affairs, do you wish to have one? YES NO

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Suggested pallbearers

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Musical selections/artists (during service; for the memorial video)

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Speakers during service (also note who you would NOT wish as a speaker)

- 1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Obituary YES NO

Please list the following in my obituary

Do you wish flowers to be omitted in lieu of contributions to charity? Yes _____ No _____

If yes, list that charity: _____

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Please list memberships in law enforcement, military, religious, or community organizations that may provide assistance to your surviving family.

Are there any special final requests or directions you would like followed in the event of your death? It is strongly suggested that you address these issues in your will. If you choose not to, however, complete this section to alleviate your family of the decisions that might need to be made on your behalf. Use additional paper if needed.

Do you have a personal letter in a sealed envelope marked "to be opened only in the event of my death", that you request to be hand delivered to your spouse or significant other at the time of your death? YES NO

Where is it kept? _____

This space is for listing any additional information (I.E., names, addresses and phone numbers of spouses, relatives, children, or other individuals or other comments or concerns not previously addressed).

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Signature

Witness' Signature

Date

Name Printed

Witness' Name Printed

Date

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Designation of Beneficiaries Form for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. **If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.**
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

**"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it **must be retained with official department records.**

I, _____ (print full name), as a member of _____ (print agency name), hereby designate the following beneficiary(s) for an PSOB benefits that may be paid in the event of my death:

Name	Percent (must total 100)
Address	Relationship

Public Safety Officer signature: _____	Date: ____/____/____
Witness signature: _____	Date: ____/____/____

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