Police Officer Assistance Trust
1030 NW 111th Avenue, Suite 232
Miami, FL 33172
Phone: (305) 594-6662 Fax: (786)-336-1017
www.poat.org - email: poatoffice@msn.com

APPLICATION FOR FUNERAL BENEFITS

OFFICER INFORMATION

Officer Name: _____ _____ _____
Last Name *First Name* *MI*

Date of Birth: _____ Martial Status: Married _____ Badge #: _____

Home Address: _____ City: _____ Zip Code: _____

Phone #: _____ Cell #: _____

OFFICER EMPLOYMENT

Agency: _____ Assignment: _____ Employment Date: _____

Address: _____ City: _____ Zip Code: _____

FUNERAL INFORMATION

Deceased Name: _____ _____ _____
Last Name *First Name* *MI*

Relationship: _____ Cause of Death: _____ Date of Death: _____

Amount Requested: _____ **$2,500.00 Limit** Funeral Home: _____

Address: # _____ City: _____ State: _____ Zip Code: _____

Following documents must be attached to application		
Funeral Invoice/Contract attached?	○ Yes	○ No
Last 2 paycheck stubs attached?	○ Yes	○ No

Union Information

○ PBA ○ FOP Lodge ○ Other

Lodge #: _____ Other: _____

If request for assistance is due to the death of an officer, please indicate the names and dates of birth for any of his/her children below:

Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*
Last Name	*First Name*	*Date of Birth*

To the best of my knowledge, all of the information supplied in this application is true and correct.

Applicant Signature **Date**

Print Applicant Name

Reviewed by

Signed and sworn to (or affirmed) before me on _____ **by** _____

_____ **(name of affiant). He/she is personally known to me or has produced**

_____ **type of identification as identification.**

Signature **Print Name of Acknowledger**

Notary Seal Number

AUTHORIZATION TO RELEASE MEDICAL & FINANCIAL RECORDS

Police Officer Assistance Trust

I hereby authorize any authorized representative of the Police Officer Assistance Trust bearing this release, or copy thereof, to obtain any information in your files pertaining to my medical records, including history, diagnosis, treatment, and prognosis. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Police Officer Assistance Trust. I hereby release you, as the custodian of such records, and any physician, hospital, or other repository related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I hereby authorize any authorized representative of the Police Officer Assistance Trust bearing this release, or copy thereof, to obtain any information in your files pertaining to my financial records, to include all bank records, federal and state income tax returns and records, credit or credit union records, or records of any other financial transactions. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Police Officer Assistance Trust. I hereby release you, as the custodian or repository of financial records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Home Address: _____ City: _____ Zip code: _____

Phone #: _____ Cell #: _____ Email: _____

_____ _____

Applicant Signature **Date**

_____

Print Applicant Name