

# WPPBF BENEFIT ELIGIBILITY CRITERIA

1. Beneficiary shall be a U.S. Citizen
2. Beneficiary shall meet one of the following primary criteria:
  - a. Active employee, retired employee or disabled employee of a law enforcement related agency to include, but not limited to:
    - i. Police Department
    - ii. Sheriff's Department
    - iii. Probation or Parole Agency
    - iv. State Constable
    - v. Corrections Agency
    - vi. Other approved agency per WPPBF Executive Board
  - b. Spouse or Dependent/Child of a member meeting one of the above criteria
  - c. Immediate Family Member of the above (parent, sibling, etc.)
3. Beneficiary may request assistance under the following situations
  - a. Death of eligible party
    - i. Spouse of eligible party
    - ii. Child of eligible party
    - iii. Dependent of eligible party
  - b. Illness of eligible party (spouse, child or dependent also)
  - c. Injury – traumatic or disabling (spouse, child or dependent also)
  - d. Fire, Natural Disaster or other devastating loss suffered by eligible party
  - e. Other Traumatic event or approved condition as defined by WPPBF Board
4. Beneficiary shall not be under indictment or facing criminal charges for unlawful activity which resulted in the injury or disability for consideration
5. Beneficiary does not need to be a member of the WPPBF for consideration
6. Beneficiary or personnel requesting the assistance for the beneficiary must provide basic information per application for assistance to be submitted for review and approval by the WPPBF Executive Board (See attached)
7. The WPPBF Executive Board reserves the sole right to determine the eligibility or approval of a beneficiary per majority vote of the Executive Board members
8. The WPPBF Executive Board reserves the sole right to determine the extent or limit of benefit to be provided to the beneficiary per majority vote of the Executive Board members
9. The WPPBF Executive Board reserves the sole right to amend or alter the criteria based upon evolving situations or status as necessary



# Western Pennsylvania Police Benevolent Foundation

## Application for Benefit Consideration

Name of Submitting Party:

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Agency: \_\_\_\_\_

Party to be considered for Benefit: \_\_\_\_\_ or Self: \_\_\_\_\_

Agency of party: \_\_\_\_\_ Status: \_\_\_\_\_ Active \_\_\_\_\_ Retired \_\_\_\_\_ Other

Agency contact for verification or coordination: \_\_\_\_\_ Tel: \_\_\_\_\_

Incident or Situation Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is beneficiary or submitting party a member of the Western Pennsylvania Police Benevolent Foundation?**

*(This is for reference purposes only. Not being a member of the WPPBF does not prevent the beneficiary from consideration of benefits.):*

Submitting Party: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Other Pertinent Info: \_\_\_\_\_

\_\_\_\_\_