



Application Packet Cover Sheet

Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721
(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax

<i>For</i>	FPPA Active Members
<i>Who Are Applying For</i>	Disability Retirement
<i>Under The</i>	Statewide Death & Disability Plan
	<p>This Packet Applies To: Active members who are applying for disability retirement.</p> <p>Please Remember:</p> <ul style="list-style-type: none"> • read the Step By Step booklet carefully prior to completing the application, • have your signature notarized where required, and • submit the necessary documentation. <p>Questions? Contact an FPPA Death & Disability Benefit Coordinator at the phone numbers listed above.</p> <p>Send all completed forms to: FPPA Death & Disability Benefit Coordinator at the address listed above.</p> <p><i>Please make copies for your files of the forms you fill out prior to submitting them to FPPA.</i></p>

Forms & Publications		# of Pages
	In this application packet you will find the following forms and information needed to process your application. <i>Check the box to the LEFT as you complete each of the forms.</i>	
	Instructions Memo	2
	Step By Step Booklet	18
	FPPA Member Handbook	1
<input type="checkbox"/>	Disability Retirement Application Packet 1 – Applicant’s Section	6
<input type="checkbox"/>	Disability Retirement Application Packet 2 – Medical Section	6
<input type="checkbox"/>	Disability Retirement Application Packet 3 – Employer’s Section	5

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Instructions Memo

This memorandum, together with the *Step by Step Through the Disability Process* booklet, will explain the steps required to apply for disability benefits. Please read the Step by Step booklet thoroughly as it will explain the disability procedures, process and rules in detail. Please also review Part 8 of the Colorado Revised Statutes and Chapters 4 and 5 of the FPPA Rules & Regulations. Both may be found on our web site. To begin the process, you must complete the *Disability Retirement Application*.

The application consists of three parts: Packets 1, 2 and 3. Packet 1 is to be completed by you. The information requested is general in nature. With Packet 1, please submit any applicable supporting documents (see Supporting Documents list on Part 1-D). Also, please note, your signatures on pages 4, and 6 of Packet 1 must be notarized.

Packet 2 requests medical information. Parts A, B and D are to be completed by you. Part C is to be completed by your physician(s). If you have more than one physician, you may photocopy Packet 2.

Packet 3 must be completed by your employer. A copy of your job description or statement of your assigned duties must be submitted with this packet.

FPPA suggests that when you distribute Packets 2 and 3, you request that your employer and physician(s) return the packets to you. This will allow you to submit the entire application to FPPA when you are ready to start the process. Once any part of the application is received by FPPA, you have only 90 days to submit the remainder of the application. If it is not submitted within the 90-day time period, it will be considered withdrawn.

Upon receipt of the application, FPPA staff will review it. If any information is missing you will be contacted. Once complete, the application will be sent to FPPA's Medical Advisor. The Medical Advisor will review it and determine which three physicians will examine you. The Medical Advisor's secretary will contact you and schedule your three medical appointments. You will then receive an appointment confirmation letter from FPPA.

After you have attended the appointments, each physician will submit a written report stating whether he/she feels you meet the definition of temporary occupational disability, permanent occupational disability, total disability or not disabled (in accordance with the FPPA definitions of disability). By law, at least two of the three examining physicians must find you disabled in order for the FPPA Board of Directors to grant you a disability benefit. The physicians may also address the issue of whether or not your condition is the result of an on-duty injury or illness.

Once FPPA has received the physician's reports, we will schedule your disability hearing for the next available Death & Disability Review Committee Meeting (DDRC).

The DDRC will make a determination regarding your disability status. In some cases, an application may be referred for further review. You will receive written notification of the decision regarding your application. If you disagree with any aspect of the decision, you may request an evidentiary hearing.

If it is determined that you are disabled, and if you applied for on-duty disability status, FPPA will address the on-duty issue. FPPA can either grant on-duty status, or refer the matter to a hearing officer for further review. If the on-duty matter is referred you will receive additional information with regard to this process in your disability award letter. The on-duty hearing will not cause your disability benefit payment to be delayed.

The disability process itself typically takes 120 days once FPPA receives your completed application. However, it may take longer if there are complications or if an evidentiary hearing is requested. We will do everything possible to keep the process moving quickly and smoothly and we appreciate your patience and cooperation throughout the process.

We realize this may not be an easy process to go through, so please feel free to call if you have questions or concerns at (303) 770-3772 or (800) 332-3772.



FPPA

Step By Step Through The Disability Process

For disability benefits granted
on or after October 1, 2002.

Fire & Police Pension Association

5290 DTC Parkway, Suite 100
Greenwood Village, CO 80111

(303) 770-3772 in the Denver Metro area
(800) 332-3772 toll free statewide
www.FPPAco.org

Step by Step Through the Disability Process

1	<i>The Basics</i>	3
	▲ Who is eligible for disability benefits?	3
	▲ Who determines a disability?	3
	▲ What are the types of disabilities?	3
	▲ What are the disability benefits?	3
	▲ When do you begin to receive your benefits?	4
	▲ What is the taxable status of the disability benefits?	4
2	<i>How Do You Get Started?</i>	4
	A. Call FPPA for More Information and/or an Appointment .	4
	B. Gather Your Information	5
	C. Application Process	5
	D. Application Deadline	5
3	<i>What is the Application Process?</i>	5
	A. Complete the Disability Retirement Application	5
	1. Packet 1 - <i>Applicant's Section</i>	5
	2. Packet 2 - <i>Medical Section</i>	6
	3. Packet 3 - <i>Employer's Section</i>	6
	4. Deadline for Completion of Application	7
	5. How long does it take to go through the process?	7
	B. Physician Appointments	7
	C. FPPA Determination	
	1. Death & Disability Review Committee (DDRC) ..	7
	2. Referral to a Hearing Officer	8
4	<i>Understanding Your Disability Benefit</i>	8
	A. Type of Disability Awarded	8
	1. Occupational Disability	8
	a. Temporary Occupational Disability	8
	b. Permanent Occupational Disability	8
	2. Total Disability	8
	B. Reexamination Process - What is the Five-Year Rule? ..	8
	1. Reexamination	8
	2. Rehabilitation	8
	3. If Reexamination Outcome Determines Disability Ceases to Exist	9
	4. Additional Basis for Disability	9
	5. Returning to Work	9

6.	Reaching Age & Service Requirements While On Temporary Occupational Disability. . .	10
7.	Certifications to Return to Work (for police officer or EMT)	10
8.	Benefit Termination	10
C.	Appeal Process - Evidentiary Hearing	10
D.	Change in Disability Status	10
E.	Change in Status from Total Disability to Occupational Disability	11
F.	Disability Benefit Payout Options	
1.	Selecting Your Option.	11
2.	Procedures Used to Prepare Options	11
3.	Payment Options.	11
G.	Disability Benefit Offsets - Reduction of Benefits	
1.	Money Purchase	12
2.	Separate Retirement Account (SRA)	12
3.	Deferred Retirement Option Plan (DROP)	13
4.	Defined Benefit From a Local Pension Plan.	13
5.	Alternative Plan	13
H.	Total Disability Retirees	13
1.	Substantial Gainful Activity Defined	13
I.	Payroll Information	
1.	Payroll Set Up.	13
2.	Monthly Payroll	14
3.	Cost of Living Adjustments (COLA)	14
J.	After Determination of Disability - Types of Employment Not Permitted by State Statute . .	14
K.	Optional Insurance Benefit Programs	14
L.	Other Resources	
1.	Public Safety Officer's Benefit Program	14
2.	Dependents Tuition Assistance Program	15
3.	Mortgage Assistance Program	15
4.	Vocational Rehabilitation	15



Please Note:

This brochure is being provided as a summary reference source to give you some general information on disability benefits. The applicable statutes and rules will control the availability and administration of disability benefits. Changes to this information will occur from time to time. If you want specific and more complete information on any of the topics in the brochure, please refer to the *FPPA Member Handbook*. For a complete copy of the *FPPA Member Handbook*, *FPPA Rules and Regulations* and the *Colorado Revised Statutes*, visit our web address www.FPPAco.org or contact FPPA at (303) 770-3772 in the Denver Metro area or toll-free statewide at (800) 332-3772.

The Basics

Who is eligible for disability benefits?

Disability benefits are available for most paid police officers and firefighters (old and new hire) who become disabled. The Plan provides 24-hour coverage, on and off duty. NOTE: You are not eligible for a disability benefit if you have met the age and service requirement for normal retirement under your defined benefit pension plan or have reached age 55 with 25 years accumulated service under your money purchase pension plan.

Who determines a disability?

Fire and Police Pension Association (FPPA) is governed by a Board of Directors (Board) consisting of nine members appointed by the Governor and confirmed by the state senate.

FPPA has the sole power to determine eligibility for disability benefits, whether total, permanent occupational, or temporary occupational, for any police officer or firefighter in this state who seeks benefits through FPPA. The internal FPPA Death & Disability Review Committee (DDRC) established by the FPPA Board has the authority to grant benefits or deny benefits.

What are the types of disabilities?

FPPA will determine if you are disabled and, if so, the type of disability you may be granted. FPPA provides two types of disability: Occupational and Total.

Occupational Disability - A disability resulting in an incapacity to perform assigned duties. This disability is expected, with reasonable medical probability, to exist for at least one year. Assigned duties means those specific tasks or jobs that a member is required to **regularly** perform as designated by the employer for a particular position within a job classification.

Within the Occupational category, there are two sub-categories - Temporary Occupational Disability and Permanent Occupational Disability.

Temporary Occupational Disability - An occupational disability for which there is prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy, or other means.

Permanent Occupational Disability - An occupational disability caused by a condition that is permanent or degenerative, and for which there is no prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy or other means.

Total Disability - The inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that may be expected to result in death or has lasted or may be expected to last for a period of not less than 12 months.

What are the disability benefits?

1. If you are granted an **Occupational Disability**, your normal option benefit will be:
Temporary Occupational Disability - 40% of base salary per year, regardless of family status.
Permanent Occupational Disability - 50% of base salary per year, regardless of family status.

-
2. If you are granted a **Total Disability**, your normal option benefit will be: 70% of base salary per year, regardless of family status.

Disability benefits have a cost of living adjustment (COLA). If you are awarded a total disability benefit, an annual 3% COLA is guaranteed. However, if you are awarded a permanent or temporary occupational disability benefit, a maximum of 3% COLA may be granted by the Board on an ad hoc basis.

In most instances, there is a base pay established by the employer that includes vacation time and sick time for each rank. This base pay, plus longevity pay and shift differential if applicable, will usually be the member's base salary. However, if you participate in a deferred compensation plan or a cafeteria plan, you may wish to contact FPPA for further guidance.



When do you begin to receive your benefits?

Your benefits will begin to accrue on the day following your last day on the employer's payroll.

Example

Last day on payroll:	3/15/2001
Disability benefits begin:	3/16/2001

If your employer indicates that your last day is "pending FPPA determination" then your benefit will begin the first day of the month following the determination.



What is the taxable status of the disability benefits?

If you apply for an on-duty disability determination and FPPA determines that your disability is the result of an on-duty injury or occupational disease, your disability benefits will be exempt from state and federal taxes. If your disability is NOT the result of an on-duty injury or occupational disease, then your benefits would be subject to state and federal taxes.

Members of non-affiliated local money purchase plans should contact their local pension board regarding taxability of their money purchase plan assets.

If you are granted "on-duty" status and you are a member of the Statewide Defined Benefit (SWDB) Plan, Statewide money Purchase (SWMP) Plan or Statewide Hybrid (SWH) Plan, any distribution from your Money Purchase Plan, DROP account or Separate Retirement Account (SRA) will be reported as taxable by Fidelity*; however, you may take the tax exemption when you file your annual tax return.

**Fidelity is FPPA's service provider for these accounts.*

How Do You Get Started?

A. Call FPPA for More Information and/or an Appointment.

Call FPPA and ask to speak with a Death & Disability Benefit Coordinator for more information or to schedule an appointment. Phone and web information are listed on the back of this handout.

B. There is some basic information we will ask when you call:

1. Age
2. Department (Employer)
3. Date of hire/years of service
4. Date of injury
5. Status: active - on payroll - working
 inactive - on payroll - not working
 terminated - off payroll - not working

C. We will explain the application process and send you an application.

1. You need to complete the three-part application.
2. Once we receive your complete application and documentation, we will schedule three appointments for you to be examined by physicians appointed by FPPA. These physicians will submit medical reports to FPPA based on their examinations.
3. Your application will be reviewed by the DDRC which will grant or deny benefits. Details of this process are discussed in STEP 3 - WHAT IS THE APPLICATION PROCESS?

D. There is a deadline for submitting your application.

You must submit your application within 180 days of your last day on the employer's payroll.

3 What is the Application Process?

A. First, you must complete the Disability Retirement Application - As the applicant for disability retirement, you are responsible for completing and returning the entire application to FPPA.

Listed below are some important things to remember.

1. *Packet 1 - Applicant's Section*

- ▲ Provide all information requested. Write "N/A" if not applicable.
- ▲ Be sure all supporting documents are included (See Supporting Documents List on Part 1-D). Examinations will not be scheduled until all documentation is received.
- ▲ Be sure you complete the *Designated Beneficiary* section of the form. A birth certificate and, if applicable, name change documentation for the designated beneficiary are required.
- ▲ Be sure you complete the *Records and Medical Information Release*, including "*Type of Information*" and "*Release To*" areas. Also, make sure to have your signature notarized.
- ▲ Be sure you complete the Waiver for Right to Reinstatement question, if applicable. If your disability ceases to exist within five years from your retirement date and you have waived your right to reinstatement, your former employer is not required to reinstate your employment.

2. *Packet 2 - Medical Section*

- ▲ Be sure you complete **in detail** page 2, Part 2-B. This is your statement of disability and the basis of your claim. It is important that you give clear and specific information.

For Question #1 - You must list **ALL physicians** who have examined or treated you for the condition for which you are claiming disability, and you must submit supporting medical documentation for each condition listed. Include a *Statement of Disability* from each physician listed who treated you for the claimed condition. (See Packet 2)

For Question #2 - This is **your statement** of the disability that you claim affects your ability to perform your job. **Be sure to answer all five parts of this question!**

- ▲ Be sure you complete Part 2-D: *Medical Information Release*. Your signature must be notarized. The form with original notary information must be submitted with your application. **Please leave a photocopy of the release with your physician(s)**. This will allow your physician to release your records and it may be used in the future to satisfy a specific request from FPPA.
- ▲ Be sure your physician(s) completes **in detail** Part 2-C. This is **your physician's statement** of disability. This information helps determine which specialty of physicians will examine you for the FPPA process; i.e., orthopedic surgeons, cardiologists, psychiatrists, etc.
- ▲ If applicable, make sure your personal physician submits a treatment plan including treatment, counseling or therapy necessary to rehabilitate you for return to work. Upon reexamination, you will be required to submit evidence of compliance with rehabilitation efforts.
- ▲ Be sure you obtain copies of your medical records to submit to FPPA with your application.
- ▲ Be sure you obtain any recent radiographic film(s). You will need to take these films to each appointment with examining physicians. FPPA cannot accept x-ray film or CD's as part of the application. Please take them to your appointments.
- ▲ **If one of the examining physicians asks you to undergo additional tests or wants to take radiographic films, please ask the physician if FPPA approved these procedures prior to your appointment. FPPA will not pay for unauthorized tests or radiographic films.**

3. *Packet 3 - Employer's Section*

- ▲ Be sure you complete Part 3-A. Then give Packet 3 to your employer.
- ▲ Be sure you agree with all information provided by your employer, specifically:
 - a. Date of hire.
 - b. Last day on the payroll.
 - c. Base salary - this should include longevity, shift differential and mandatory overtime, if applicable.
 - d. Be sure your job description or statement of assigned duties that you regularly perform is included.
 - e. If you participate in a local money purchase pension plan, be sure to include a copy of your account balance as of your last day on the employer's payroll.

Also include a statement showing the date(s) and amount(s) of any distribution, if applicable.

- f. Be sure you review the employer's statement of additional basis for disability and the relevant medical evidence, if applicable. If within five years from your retirement date your disability ceases to exist and you become eligible for reinstatement, you may be required to be examined for a continuing disability based on the employer's statement of additional basis for disability. If you refuse to be examined on the additional basis for disability, you will be ineligible for reinstatement and your benefits will be terminated.

▲ If you have terminated for reasons other than disability, you may be ineligible for reinstatement if your disability ceases to exist.

4. ***Deadline for Completion of Application***

Your application must be completed within 90 days from the date FPPA first receives any part of the application. Normally, this is plenty of time to complete all parts of the application. If it is not completed within 90 days, FPPA will treat the application as having been withdrawn. Once the application is withdrawn, you must file a completely new application in order to apply for disability benefits.

To avoid missing the 90-day deadline, we suggest that you **ask your physician(s) and your department to return their packets to you**. Upon your receipt of these packets, submit to FPPA your entire application, which includes Packets 1, 2, and 3 and required attachments. Please organize your medical records from the onset of your condition(s) to most recent treatment.

5. ***How long does it take to go through the process?***

Generally, once your completed application has been received, the process to determine your disability status takes approximately 120 days. If you are claiming an "on-duty" disability status, it is important to note that your disability claim and your "on-duty" claim are separate issues and are determined separately by FPPA. If a disability benefit is granted, FPPA will then review the "on-duty" claim. For this reason, in some circumstances, this portion of the process may extend beyond 120 days. If FPPA is experiencing a high volume of applications, an additional 30-60 days may be required for processing.

B. Physician Appointments

1. FPPA's medical secretary will contact you to arrange your appointment schedule. This will depend on your availability and each physician's schedule.
2. For each appointment, take all x-rays, test results, and any other information not already submitted to FPPA, with you to each appointment. Be sure you discuss everything you consider important to your case with each doctor. This will be your only opportunity to have contact with the examining physicians.

C. FPPA Determination

1. ***Death & Disability Review Committee (DDRC)***

The FPPA Board of Directors established a Death & Disability Review Committee (DDRC) to review the applications for disability. This committee is comprised of FPPA staff. The Medical Advisor and Benefits Counsel act as advisors to the Committee. This committee has certain authority as listed in FPPA Rule 406.01, including the granting or denying of disability benefits. Once the

physician reports are received, your case will be prepared for presentation to the DDRC. **Please note: Per statute, two of the three examining physicians must find you disabled in order for FPPA to consider granting a benefit.** If benefits are denied, you may request an evidentiary hearing according to FPPA Rule 503.02. FPPA Rules & Regulations can be found on our website www.FPPAco.org

If your case is referred, you will be notified of the date and the time of the hearing in advance.

2. *Referral to a Hearing Officer*

If your application is set for an initial hearing with a hearing officer, you are encouraged to attend your hearing. The hearing officer will provide FPPA with a recommendation to approve or deny your application for disability benefits. The referral of the "on-duty" issue should not delay the determination of your disability benefit.

4 Understanding Your Disability Benefit

A. Type of Disability Awarded

1. *Occupational Disability*

A disability resulting in an incapacity to perform assigned duties. This disability is expected, with reasonable medical probability, to exist for at least one year. Assigned duties means those specific tasks or jobs designated by the employer for a particular position within a job classification. The term does not include the duties of a member's rank or grade that the member is not actually required to **regularly** perform in the position that he/she occupies.

a. **Temporary Occupational Disability** - An occupational disability for which there is a prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy, or other means.

▲ Member receives 40% of base salary, regardless of family status.

b. **Permanent Occupational Disability** - An occupational disability caused by a condition that is permanent or degenerative, and for which there is no prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy, or other means.

▲ Member receives 50% of base salary, regardless of family status.

2. *Total Disability*

The inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that may be expected to result in death or that has lasted or may be expected to last for a period of not less than 12 months.

▲ Member receives 70% of base salary, regardless of family status.

B. Reexamination Process - What is the Five-Year Rule?

1. *Reexamination*

If FPPA determines that you are to be reexamined, we will contact you within the determined time-frame to set your reexamination appointments. You may be reexamined any time.

2. *Rehabilitation*

If you are granted a temporary occupational disability, you may be periodically reexamined and

FPPA may require treatment, counseling or therapy, at your own expense, necessary for you to rehabilitate for return to work. Your benefits may be terminated if you fail to make rehabilitation efforts or to provide sufficient evidence of compliance and continuing disability.

3. ***If Reexamination Outcome Determines Disability Ceases to Exist***

When at least two members of the three-member physician panel who reexamine you agree that a disability ceases to exist, FPPA is required to provide you and your former employer with written notice of the results of the physicians' examinations and of the opportunity for a hearing. If it is a psychiatric reexam, all three physicians must agree that you are no longer disabled.

Consequently, within 30 days from the mailing date of FPPA's notice, either you or your employer may request an evidentiary hearing concerning this matter **prior** to any determination regarding your eligibility for continued disability benefits.

If either you or your employer request a hearing, the state statute requires FPPA to provide your employer with copies of all of your medical reports prepared by the FPPA physicians, both with respect to your reexamination, as well as your initial examination. Neither the employer, the agents of the employer (including any physician retained to review your reports), nor FPPA shall release your reports to any other person(s).

4. ***Additional basis for Disability***

If FPPA determines that you are no longer disabled and you become eligible for reinstatement, you may be required to be examined for a continuing disability based on the employer's statement of additional basis for disability. If you refuse to be examined on the additional basis for disability, you will be ineligible for reinstatement and your benefits will be terminated.

5. **Returning to Work**

If FPPA determines that you are no longer disabled and you are eligible for reinstatement, we will contact your former employer to ascertain whether there is a position of employment available for you.

You will be restored to active service if a vacancy exists in the same position you held prior to retirement, if there is a position of equal base pay available, or if you agree to accept another available position that may not be the same as or of equal base pay to your former position. "Equal base pay" means base pay that is equal to the current base pay of an active member having the same rank and grade that the disabled member held at the time the disabled member was retired for disability.

You will be offered a vacant position if it occurs within **FIVE** years from your date of original disablement (NOTE: The date of original disablement is generally the day after your last day on your employer's payroll.) You have first right of refusal to fill such positions.

If, in that five-year period, there is no position of equal rank or base pay available, or if you refuse to accept a position that is of lower rank or that is not the same base pay, your disability retirement benefits will continue. However, if you refuse to accept a vacancy in the same rank you held prior to retirement, or a position of equal base pay, your benefits will be discontinued.

If you return to active service with your former employer, contributions to your retirement plan covering the time you were on disability will be transferred (16 percent per year*) from the Statewide Death and Disability Fund and your service credit will be reinstated. If you are in a local plan that contributes more than 16 percent, your employer will make the additional contributions.

6. ***Reaching Age & Service Requirements While On Temporary Occupational Disability***

If you reach age and service requirements, including the time on disability, under a defined benefit plan while on temporary occupational disability, FPPA will transfer (16 percent* per year maximum) from the Statewide Death and Disability Fund the final contributions necessary for you to earn full

service credit and you will be granted a normal retirement in lieu of continued disability benefits. If you are in a local plan that contributes more than 16 percent, your employer will make the additional contributions. A member may elect temporary occupational disability in lieu of permanent occupational disability if the criteria for normal retirement will be met during the 5-year period from date of disablement.

**Or 20% for FPPA Defined Benefit System re-entry members with a higher required contribution rate.*

7. *Certifications to Return to Work*

If the position to which you will be restored requires that you maintain any type of state certification (i.e. police officer or EMT), the employer must give you an opportunity to attain certification, recertification or reactivation of an existing certification and must hold open any position which you have agreed to accept for a period not to exceed one year. The one-year period may extend beyond the five-year limitation as long as the opening occurs within the five-year period.

Even if there is no opening in the position to which you will be restored, FPPA may order you to proceed with any necessary training in order to attain the certification required for the position from which you retired. Disability benefits shall be continued during the training period up to a maximum of one year.

If you refuse to take the steps necessary to attain required certification, or if at the end of the one-year limitation you have not attained the necessary certification, benefits shall be discontinued and the employer shall be relieved of further obligations.

8. *Benefit Termination*

If at the end of the five-year period you have not returned to work or upgraded to permanent or total disability status, your benefit is terminated.

C. Appeal Process - Evidentiary Hearing

1. You have the right to appeal FPPA's decisions regarding your eligibility for benefits. You must make this request in writing within 30 days of the mailing of FPPA's decision or a Hearing Officer's recommendation.
2. If you wish to appeal a decision, an evidentiary hearing is held before a final determination is made.

D. Change in Disability Status

1. If you are retired for a temporary occupational disability, you may apply to FPPA to have your status changed to permanent occupational or total disability no later than 180 days prior to five years from the date of your original disablement. Your original disablement date is usually the day after your last day on the payroll, NOT the date of the initial determination.
2. If you are retired for a permanent occupational disability, you may apply to FPPA to have your status changed to total disability any time within five years from your original disablement date. The status change must be approved by FPPA before the end of the five-year period. As the application process can take upwards of 180 days, if appeals are filed, make sure you submit your application in plenty of time.
3. If you are interested in seeking a change in disability status, please call FPPA.

E. Change in Status from Total Disability to Occupational Disability

1. If a total disability retiree is able to engage in substantial gainful activity, it is possible that FPPA would change the retiree's status to a permanent occupational disability. This would occur only after a hearing after giving the retiree notice of the hearing and an opportunity to participate in the hearing.

F. Disability Benefit Payment Options

1. *Selecting Your Option*

Once a permanent occupational or total disability benefit has been awarded, you must decide whether you wish to receive the unreduced Normal Option or one of the three following reduced benefit payment options. Benefit payment options apply to Permanent Occupational and Total Disability only. If you die while receiving Temporary Occupational Disability benefits, your spouse and dependent children will be eligible to apply for survivor benefits under the Statewide Death and Disability Plan.

2. *Procedures Used to Prepare Options*

With each of the payment options, benefits are calculated according to the current actuarial assumptions that take into account your life expectancy and the life expectancy of your designated beneficiary.

3. *Payment Options (for permanent occupational and total disability only)*

The disability benefit is a percentage of base salary at the time of disability retirement. This amount is used to calculate your payment options. The plan provides four choices of how you may receive your benefit payment.

▲ *Normal Option*

If a disabled retiree chooses the normal option, the disabled retiree receives an unreduced benefit amount for life. Upon the death of the retiree, the benefit is **discontinued**.

▲ *Option 1*

The disabled retiree's benefit amount is reduced. Upon the death of the retiree, the designated beneficiary receives 100% of the retiree's reduced benefit for life.

▲ *Option 2*

The disabled retiree's benefit amount is reduced. Upon the death of the retiree, the designated beneficiary receives 50% of the retiree's reduced benefit for life.

▲ *Option 3*

The disabled retiree's benefit amount is reduced. Upon the death of the retiree, the reduced benefit amount is paid to the surviving spouse and dependent children, if any, until the death of the surviving spouse, the death of any incapacitated child, or until the youngest child reaches age 23, whichever is later.

It is important to select the option that best fits your needs. Some considerations are whether or not your beneficiary has a pension, whether or not you have additional life insurance policies, whether or not you have a personal pension plan available for your beneficiary, and whether or not you have other investments and assets.

Your payment option cannot be changed after the first payment has been deposited or otherwise negotiated. However, if you are single at the time you elect a Normal option and you later marry, you will be eligible, within 180 days of your marriage, to change your payment option selection to provide survivor benefits for a designated beneficiary.

Beneficiaries can be changed in certain cases. You can change a beneficiary due to a change in your marital status (single to married, divorce) or death of the beneficiary by filing a form with FPPA. (Your benefit under the option originally selected will be recalculated using the age of your newly designated beneficiary.)

The change of beneficiary that will affect the benefit amount will become effective only upon FPPA's receipt of the signed Benefit Option Selection form.

G. Disability Benefit Offsets - Reduction Of Benefits

Offsets to the Statewide Death and Disability Plan are intended to equalize the disability benefit between members who participate in different pension plans. Your disability retirement benefits may be reduced if you are eligible to receive income from any of the following sources:

1. **Money Purchase** (*applies to permanent occupational and total disability only*)

FPPA benefits will be reduced by the actuarial equivalent of your total vested money purchase account balance. This excludes any voluntary contributions and any mandatory contributions above 16 percent. This offset is based on the member's age, disability type, and account balance at the time of retirement. There is no money purchase offset or distribution for temporary occupational disability.

Example	Money Purchase	Defined Benefit
Account balance available	\$123,035.00	\$ 0.00
Monthly annuity that could be purchased	569.47	0.00
Monthly disability income award	3,125.00	3,125.00
Amount not covered by annuity	2,555.53	3,125.00
Disability benefit paid by FPPA	2,555.53	3,125.00
Monthly disability income to member		
FPPA payment	2,555.53	3,125.00
Assumed annuity	569.47	0.00
Total income	\$ 3,125.00	\$ 3,125.00

Note: this is provided for illustrative purposes only. Any change to the variables used would impact the results. For an estimate calculation, you may contact FPPA.

2. **Separate Retirement Account (SRA)**

(applies to permanent occupational and total disability only)

If you are a member of a defined benefit plan with an SRA, you will have access to the funds in your Separate Retirement Account upon being granted disability benefits from FPPA. However, your disability benefit will be reduced by the actuarial equivalent of your total SRA balance. There is no SRA offset or distribution for temporary occupational disability.

3. ***Deferred Retirement Option Plan (DROP)***

(applies to permanent occupational and total disability only)

If you are participating in the DROP, your FPPA benefits will be reduced by the actuarial equivalent of your total account balance.

4. ***Defined Benefit from a Local Pension Plan***

(applies to permanent occupational and total disability only)

If you are now or in the future eligible for a defined benefit from a local Colorado pension plan, the disability benefit will be reduced by the amount of the defined benefit.

5. ***Alternative Plan***

If you elected an alternative retirement or savings plan through the department Chief Election process a similar offset will apply.

H. Total Disability Retirees

Total disability means inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that may be expected to result in death or that has lasted or may be expected to last for a period of not less than 12 months.

1. ***Substantial Gainful Activity Defined***

Substantial gainful activity means work that involves doing significant physical or mental activities for pay or profit.

If you are an FPPA retiree receiving total disability benefits and are earning in excess of 20% of the highest paid chief in Colorado, you will be asked to submit to FPPA additional information concerning the type of work being performed, the conditions under which the job is being performed and the amount of time spent at work. You will also be asked to provide information pertaining to expenses specifically related to your medical condition that may be used to reduce the amount of income for purposes of reviewing your retirement status. If FPPA concludes that the information provided indicates that you are no longer totally disabled, you will have an opportunity for a hearing to consider a change to occupational disability status prior to any change in status.

After this process occurs and if it is determined that you are engaged in substantial gainful activity, your retirement benefit will be downgraded from a total disability to a permanent occupational disability. If this situation does occur, it is important to know that you can apply for an upgrade to a total disability if your medical condition becomes worse. However, FPPA may not grant the upgrade to total disability after the years from the change to permanent occupational disability.

If you are currently working or plan to work in the future, we suggest that you keep all documents concerning expenses related to your disability. You may contact FPPA each year to find out the earnings information that will be used when reviewing your annual statement of income to maintain your total disability.

I. Payroll Information

1. ***Payroll Set Up***

Once your permanent occupational or total disability benefit is granted, you will be asked to choose a payment option. See F.3 above. Then, your information will be entered into the payroll system.

2. *Monthly Payroll*

Pension benefit payments are directly deposited into your account on the 21st of each month, unless the 21st falls on a weekend or holiday, in which case deposits are made on the prior business day. You will receive a "deposit advice" statement listing the amount credited to your account.

- ▲ Electronic funds transfer/direct deposit assures that your benefit payment will be transferred to your account(s) on the 21st of each month. Currently, you can split your benefit payment among as many as five separate accounts.
- ▲ *Federal/State Withholding Certificate for Pension or Annuity Payments (W4P)* must be completed. You will be asked to select an option for tax withholding purposes. This can be changed at any time during the year.

3. *Cost of Living Adjustments (COLA)*

Disability benefits may have a cost of living adjustment (COLA). If you are awarded a total disability benefit, an annual 3% COLA is guaranteed. However, if you are awarded a permanent or temporary occupational disability benefit, a maximum of 3% COLA may be granted by the Board on an ad hoc basis. This is effective October 1 of each year. You must be on the payroll for 12 consecutive months prior to October 1 before you will receive your first COLA.

J. **After Determination of Disability - Types of Employment Not Permitted by State Statute**

If you are disabled, and you are employed in this state or any other jurisdiction in a paid position, and the duties of the position are directly involved with the provision of police or fire protection as determined by FPPA, your benefits will be discontinued.

Before accepting a position that you are uncertain of, please call FPPA for clarification.

K. **Optional Insurance Benefit Programs**

State law authorizes FPPA to enter into contracts with carriers to provide group plans for its retirees. All premiums and other costs associated with any of the plans are paid by the individual participants. FPPA currently offers a Medicare eligible insurance group plan for individuals over age 65, a dental benefits program for all retirees, a vision service plan for all retirees, and various other programs including access to a long term care plan and a discount prescription drug card. Please go to the FPPA website for more information.

While FPPA does not offer a group health insurance plan for individuals under age 65, we do offer an insurance shopping service through *Hub International* to help retirees find individual plans to meet their needs.

L. **Other Resources**

When FPPA's staff has information on programs that could be helpful to you as a retiree, we like to share that information with you. Listed below are some programs that might provide assistance to you and your family.

1. *Public Safety Officer's Benefit Program*

This program is offered by the federal government. It is a lump sum benefit paid to the families of police officers or firefighters who die or become permanently and totally disabled in the line

of duty. The benefit level may increase annually by the consumer price index (CPI). It is a tax-free benefit, and it is applied for by the employer. For information on eligibility or the amount of the benefit, contact the Payments and Benefits Division, Bureau of Justice Assistance, at (202) 307-0635 (or on the web at www.ojp.usdoj.gov/BJA/grant/psob/psob_main.html).

2. ***Dependents' Tuition Assistance Program***

This program is offered by the Colorado Commission on Higher Education (CCHE). It provides tuition and room and board assistance for dependents to attend eligible Colorado institutions. The benefit applies only to dependents of police officers or firefighters who died or who were permanently disabled in the line of duty. For additional information on this program and eligibility, contact the CCHE at (303) 866-2723 (or on the web at www.state.co.us/cche/ or via email at CCHE@state.co.us).

3. ***Mortgage Assistance Program***

The U.S. Department of Housing and Urban Development has a program that might provide assistance for you if you become delinquent in making your mortgage payments.

If you have an FHA mortgage, the HUD assignment program is designed to assist you in keeping your home. Before your loan becomes three months in arrears, call the assignment program at (303) 672-5258 or on the web at www.hud.gov.

4. ***Vocational Rehabilitation***

The Colorado Division of Vocational Rehabilitation assists individuals whose disabilities result in barriers to employment. Some of the services provided are: vocational counseling and guidance, training in job-seeking skills, and job placement assistance. Call (303) 866-4150 for the number of the office in your area or on the web at www.cdhs.state.co.us/ods/dvr.

Fire & Police Pension Association

5290 DTC Parkway, Suite 100
Greenwood Village, CO 80111

(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax
www.FPPAco.org



Application Packet

Fire & Police Pension Association of Colorado

FPPAco.org • 5290 DTC Parkway, Suite 100 • Greenwood Village, Colorado 80111-2721
(303) 770-3772 in the Denver Metro area • (800) 332-3772 toll free nationwide • (303) 771-7622 fax

FPPA Member Handbook

The FPPA Member Handbook is a useful resource to find answers to most disability retirement questions.

You may view and/or download a copy of the Handbook via our web site at www.FPPAco.org and clicking the button marked Benefits or Publications.

Or you may request a copy of the handbook by:

- stopping by our offices at 5290 DTC Parkway in Greenwood Village
- or by calling FPPA at (303) 770-3772 in Metro Denver or (800) 332-3772 toll free for a copy to be mailed to you.

Colorado Revised Statutes and FPPA Rules & Regulations

The FPPA Member Handbook is intended to be a plain language overview of the statewide plans available to members and should be used in conjunction with the:

- Colorado Revised Statutes and
- FPPA Rules and Regulations.

Alone, this handbook can only be considered a summary and not a comprehensive reference to retirement and survivor benefits provided by FPPA. More specific information may be found in Colorado Revised Statutes Title 31, Articles 30, 30.5, and 31 and the official FPPA Rules and Regulations adopted by the FPPA Board. Both the Statutes and the Rules and Regulations may be found on our web site at www.FPPACO.org and by clicking the Rules and Statutes button.

You may also request a copy of the Colorado Revised Statutes as well as the Rules and Regulations by:

- stopping by our offices at 5290 DTC Parkway in Greenwood Village
- or by calling FPPA at (303) 770-3772 in Metro Denver or (800) 332-3772 toll free for copies to be mailed to you.

DISABILITY RETIREMENT APPLICATION

Packet 1 - Applicant's Section

Dear Applicant:

This packet and the two others attached are your complete application for FPPA disability retirement. FPPA offers two types of disability retirement:

- **Occupational Disability**, which means a disability resulting in an incapacity to perform assigned duties and expected, with reasonable medical probability, to exist for at least one year.

Within the Occupational category, there are two sub-categories - Temporary Occupational Disability and Permanent Occupational Disability.

- ▶ **Temporary Occupational Disability** - an occupational disability for which there is a prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy, or other means.

The Temporary Occupational Disability benefit is payable for a maximum of five years. If at that time you have not returned to the police or fire department or upgraded to a Permanent or Total Disability, your benefit is terminated. Please refer to FPPA Rule 506.011 as application deadlines apply.

- ▶ **Permanent Occupational Disability** - an occupational disability caused by a condition that is permanent or degenerative, and for which there is no prognosis for improvement or recovery through surgical treatment, counseling, medication, therapy or other means.

- **Total Disability**, which means an inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that may be expected to result in death or that has lasted or may be expected to last for a period of not less than 12 months.

FPPA disability retirement, including eligibility, benefit levels and options, is explained in the *FPPA Member Handbook*; Part 8, Article 31, Title 31 of the *Colorado Revised Statutes*, as amended; and *FPPA Rules and Regulations*, all of which can be found on the web site at www.fppaco.org or obtained from FPPA's offices. You are urged to consult these sources for detailed information. The following is simply an explanation of how to file an application.

INSTRUCTIONS

As the applicant for disability retirement, you are responsible for ensuring that this packet and Packets 2 and 3 are completed properly and returned to FPPA. (If, because of medical reasons, you are unable to complete your application, you may execute a power of attorney, appointing someone to act on your behalf. Please contact your attorney to do so, and send a copy of the power of attorney to FPPA.)

If you believe you are disabled, you are encouraged to apply for disability retirement before terminating your employment. By statute, FPPA cannot process an application more than 180 days after your last day on payroll. Your employer must certify your last day on payroll to FPPA.

Each of the three packets contained in this application carries its own instructions; please read them carefully. You are entirely responsible for completing Packet 1. Part 1-E must be completed and signed in the presence of a notary. When completed, photocopy Packet 1 for your files and return the original to FPPA.

All three packets, completed, must be received by FPPA before you will be scheduled for medical examinations by its panel of physicians.

As soon as all packets are received, FPPA will process your application as quickly as possible. The determination of disability retirement, however, is a lengthy process taking a minimum of 90 days to complete.

You will receive additional information as your application moves through the disability process. Meanwhile, if you have questions, please contact an FPPA Death & Disability Coordinator.

IMPORTANT NOTE: If at any time you are not eligible for benefits and FPPA has inadvertently made an overpayment, you will be required to return the overpaid amount to FPPA. If you are granted a temporary occupational disability, you will be periodically reexamined and FPPA may require treatment, counseling or therapy at your own expense, necessary for you to rehabilitate for return to work.

Part 1 - A General Applicant Information

Last Name	First	Initial
Street	Apt. #	
City	State	Zip
Social Security Number	Email Address	
(____)____-____ Home Phone Number	(____)____-____ Cell Phone Number	(____)____-____ Work Phone Number

Part 1 - B Disability Application

► APPLICANT

I, (insert name) _____, hereby apply for disability retirement under the provisions of Part 8, Article 31, Title 31 of the *Colorado Revised Statutes*, as amended. The following information is provided to support my application for disability retirement.

Employer's Name <i>(name of city, town or special district)</i>	<input type="checkbox"/> Police	<input type="checkbox"/> Fire
_____/_____/_____	_____/_____/_____	
Starting Date	Birth Date	
Base Salary* \$ _____	Rank _____	
	<i>(gross annual salary)</i>	

Marital Status Single Married Common-Law Married

Divorced Separated Widowed

Is any domestic relations order (DRO) attached to your retirement plan? Yes No

If "yes", and you are in a money purchase plan, please provide a copy of the statement(s) showing the amount and date of the distribution(s).

Is any (DRO) attached to any FPPA disability retirement? Yes No

*See the FPPA Rule regarding definition of base salary for your plan on the FPPA website at www.FPPAco.org.

► APPLICANT BACKGROUND

- Have you ever, in this state or any other state, applied for disability benefits? . . . Yes No

If YES, who was your employer? _____

If YES, were you found disabled? Yes No

If YES, were disability benefits awarded? Yes No

Are you currently receiving a disability benefit? . . . Yes No

- Have you ever been assigned a Disability Impairment Rating from a workers' compensation provider?
 Yes No **If YES**, please provide a copy of the Final Admission of Liability (all pages).

- Please indicate below how many days you have used in the last 12 months due to the condition for which you are claiming disability.

_____ Sick Days Used _____ Vacation Days Used _____ Unpaid Days Taken

_____ Other, please specify _____

- If you do not have specific records on the number of work days missed in the past 12 months due to this particular condition, please indicate the total number of days used in the last 12 months.

_____ Sick Days Used _____ Vacation Days Used _____ Unpaid Days Taken

_____ Other, please specify _____

- Are you currently working elsewhere in any capacity? _____

If within a five-year period from the date of your disability retirement you are found no longer disabled, you may become eligible for reinstatement with your former employer. At this time, you may irrevocably elect not to be considered for reinstatement. Waiving your right to reinstatement shall terminate any obligation for reinstatement by your employer. If you are found no longer disabled and you have waived your right to reinstatement, your disability benefits shall terminate. You are advised to consult an attorney regarding your legal rights.

- Do you wish to waive this right to reinstatement? Yes No

- Are you eligible to receive a defined benefit from a local Colorado defined benefit pension plan? Yes No

► SPOUSE OF APPLICANT

_____-_____-_____/_____/_____
Spouse's Name Spouse's SS Number Spouse's Birth Date

► DEPENDENTS OF APPLICANT

Please list below the names and birth dates of ALL your unmarried children under age 23. If necessary, attach a separate sheet listing additional children. Please refer to the FPPA Member Handbook or to the web site at www.FPPAco.org for the definition of dependent children.

Is the member's household the permanent address of this child?
Yes / No

Child's Name	Social Security Number	Birth Date (month, day, year)		
_____	_____-_____-_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____-_____-_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

Please list below the names and birth dates of any of your children of any age or marital status who are so mentally or physically incapacitated that they cannot provide for themselves.

Child's Name	Social Security Number	Birth Date (month, day, year)		
_____	_____-_____-_____	____/____/____		

Part 1 - C Designated Beneficiary

My designated beneficiary is: (**NOTE:** Only one person can be named as your beneficiary.)

Beneficiary's Full Legal Name Female Male Beneficiary's Social Security Number

Beneficiary's Birth Date (mo, day, year) () - Beneficiary's Home Phone Number

() - Beneficiary's Alternate Phone Number

Is the above named person your spouse? Yes No **If NO**, what is the relationship? _____

Beneficiary's Address Apt. No.

City State Zip Code

NOTE: If your beneficiary does not reside with you, it is your responsibility to notify FPPA in the event your beneficiary changes his or her address.

Required Signature

✓ Applicant's signature is required below.

I certify that the information stated herein is correct to the best of my knowledge.

Please sign and date below:

Applicant's Full Legal Signature _____ / _____ / _____

Required Notarization

✓ Applicant's signature is required to be notarized below.

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____ .

Notary Public Signature
SEAL

Part 1 - D Supporting Documents

To support your application, certain legal documents are required by FPPA. Please compile all the supporting documents listed below which are applicable to you. Legible photocopies are acceptable.

Return your supporting documents to FPPA with your application. Please check the applicable documents below.

If you have questions on which supporting documents you should supply to FPPA, please contact an FPPA Death & Disability Coordinator at the address or telephone number listed on the front of this application.

- Your birth certificate.
- If female and married, a copy of a current marriage certificate and driver's license to verify any name change.
- If common-law married, documentation proving this relationship. (**Note:** Such proof may include, but shall not be limited to: evidence that you claim married status for tax purposes, evidence that you represent that you are married, evidence of cohabitation, joint credit, joint checking and/or savings accounts, and/or joint purchase of a house.)
- Your spouse's birth certificate.
- Your beneficiary's birth certificate (if your beneficiary is someone other than your spouse).
- Current marriage certificate, and spouse's driver's license to verify any name change.
- Current marriage certificate, and beneficiary's driver's license to verify any name change (if your beneficiary is someone other than your spouse).
- The birth certificate(s) of your unmarried children under age 23, including natural children, adopted children, and step-children.
- A physician's statement certifying that a child has been conceived but not yet born. (**Note:** After birth, send FPPA a copy of the child's birth certificate.)
- A physician's statement, certifying that a child(ren) is so physically or mentally incapacitated that he/she cannot provide for him/herself. (And, if such child is over the age of 23, the birth certificate of the child(ren).)
- If you participate in a money purchase plan, a copy of an account statement closest to your last day on the employer's payroll and a copy of the statement(s) showing the date(s) and amount(s) of any distribution(s).
- If applicable, documentation supporting your claim for an on-duty disability determination (as discussed in Packet 2, page 3).
- Copy of any Domestic Relations Order.

✓ **Reminder:** Please submit supporting documents to FPPA along with the completed application.

Part 1 - E FPPA Records and Medical Information Release

Dear Applicant,

It is FPPA's policy on confidentiality of information not to release any information contained in your FPPA file without your consent. If you wish to have such information released to someone other than yourself, please complete this *Records and Medical Information Release* form indicating what type of information may be released and to whom. Otherwise, insert your own name. This release must be completed and signed in the presence of a notary public.

FPPA RECORDS RELEASE

I, the undersigned member of the Fire and Police Pension Association, hereby authorize FPPA to release the following information contained in my membership file:

TYPE OF INFORMATION _____

RELEASE TO the following person(s) requesting information

I, *(insert name)* _____, have applied to FPPA for disability retirement. I hereby authorize any medical doctor or specialist who has examined or treated me to release and transmit to FPPA all my medical, substance abuse or mental health records, including but not limited to, narrative reports, statements of opinion, office charts, x-rays, correspondence or reports from my employer or other test data and results. I further authorize said doctor or specialist to confer with the FPPA Medical Advisor.

I further authorize any hospital, infirmary, clinic or other institution of a similar nature to which I have been admitted, either on an in-patient or out-patient basis, to release and transmit to FPPA all of my medical records and other pertinent information.

*Applicant's Full Legal Signature**

Date

Please Note

This authorization expires six months from date signed or until revoked, if earlier.

Required Signature Notarization

✓ Applicant's signature is required to be notarized below.

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____ .

Notary Public Signature
SEAL

DISABILITY RETIREMENT APPLICATION

Packet 2 - Medical Section

INSTRUCTIONS

► **To the applicant:**

Please complete Part 2-A and Part 2-B. You must also complete and sign Part 2-D in the presence of a notary public.

Retain a copy of this packet for your files and forward the original to your personal physician. (If you are being treated by more than one physician, please photocopy this packet and submit one copy to each physician. See special instructions on the medical release contained herein.)

► **To the applicant's physician:**

The applicant named in Part 2-A below has applied to FPPA for disability retirement. Because you are the applicant's personal physician, FPPA requires your statement regarding the applicant's medical condition.

After reviewing FPPA's definitions of disability and the applicant's statement concerning his/her condition on Part 2-B of this packet, please give your statement on Part 2-C. **If applicable, please also provide a treatment plan, including treatment, counseling or therapy necessary to rehabilitate the applicant for return to work.** (Additional information is provided on page 4.)

The enclosed Medical Information Release (Part 2-D) is for your files and for possible future use if FPPA requires further information. At your earliest convenience, please return to the applicant Packet 2, medical records relevant to the claimed condition, and treatment plan, if applicable.

Each applicant for FPPA disability status may be examined by a panel of up to three physicians appointed by FPPA. Your detailed diagnosis will be helpful in determining which type of FPPA physicians will examine the applicant.

Your cooperation in this matter is greatly appreciated.

Part 2 - A General Applicant Information

Last Name

First

Initial

Street

Apt. #

City

State

Zip

3. If you have had any of the following diagnostic tests in the past two years, please check all that apply. **Be sure to include reports on these diagnostic tests with your application and take the films or CD's to all of the appointments with the FPPA examining physicians.**

- X-ray MRI Radiologic scan CT scan Ultra Sound EKG

4. To your knowledge, was the claimed disabling condition caused by:

- addiction to a controlled substance? Yes No
- engaging in any act for which you have been convicted of a felony?..... Yes No
- an intentionally self-inflicted injury? Yes No

5. Do you contend that your disability is the result of an injury received while performing official duties for your employer or an occupational disease arising out of or in the course of your employment with your employer?

- Yes No

If yes, please set forth the basis of your claim, including, if applicable, the date(s), time(s) and place(s) of your injury(ies).

What supporting documentation for your on-duty claim is included with this application?

- Records establishing that the injury or occupational disease was compensable under the Workers' Compensation Act of Colorado as having occurred in the course of employment. (See C.R.S. 8-40-201 (17).) Including but not limited to copies of any Admissions of Liability that you have received.
- Employer records as of the date of the injury that support the proposition that the disability resulted from an injury received while performing official duties or an occupational disease arising out of and in the course of your employment.
- Other records or documents that support the proposition that the disability resulted from an injury received while performing official duties or an occupational disease arising out of and in the course of your employment.

Please list documents below.

6. Please describe, in your own words, your assigned duties: *(Please do not write "see job description.")*

Required Signature

Applicant's Full Legal Signature

Date

Diagnosis _____

Recommended Treatment Plan, including treatment, counseling, or therapy necessary to rehabilitate the applicant for return to work.

If additional space is needed, please attach a separate sheet.

Check here if an additional sheet is attached.

Based on the disability definitions given on page 4, the applicant identified in Part 2-A, in your opinion, meets the definition of:

- Check one:
- Temporary Occupational Disability
 - Permanent Occupational Disability
 - Total Disability
 - Not Disabled

Can it now be determined when the applicant identified in Part 2-A will be able to resume his/her assigned job duties as defined in the official job description provided by the employer? Yes No

If yes, when will the applicant be able to resume his/her assigned job duties? _____

_____/_____/_____
 Physician's Signature Date

 Mailing Address

_____/_____/_____
 City State Zip Code

(_____)_____-_____
 Telephone Name of Applicant

DISABILITY RETIREMENT APPLICATION Part 2 - D Medical Information Release

► **To the Physician:**

This medical release is for your files and applies only to the application for disability retirement by the below-named police officer or firefighter. Please do not forward information about the applicant to FPPA unless specifically requested to do so in the future. If you have questions, please contact an FPPA Death & Disability Coordinator at the address or phone number listed above.

► **To the Applicant:**

Please make a copy for each of your doctors for whom you submit a report and leave a copy with each doctor. The original copy with original notary information should be submitted to FPPA with your disability application.

To be completed by the applicant and signed in the presence of a notary public:

I, *(insert name)* _____, have applied to FPPA for disability retirement. Upon specific future request, I hereby authorize any medical doctor or specialist who has examined or treated me to release and transmit to FPPA specified medical, substance abuse or mental health records, including, but not limited to, narrative reports, statements of opinion, office charts, x-rays, and other test data and results. I further authorize said doctor or specialist to confer with the FPPA Medical Advisor.

I further authorize any hospital, infirmary, clinic or other institution of a similar nature to which I have been admitted, either on an in-patient or out-patient basis, upon specific future request, to release and transmit to FPPA specified medical records and other pertinent information.

I further authorize FPPA to release to me, upon my request, a copy of any and all medical records submitted by my personal physician to FPPA in Packet 2 of the official disability retirement application.

I understand that FPPA will retain, but protect the confidentiality of, such records and information but that its Board of Directors, employees, agents and panel of physicians must examine such records and information to evaluate my application for disability retirement.

Applicant's Full Legal Signature

_____/_____/_____
Date

Please Note

This authorization expires six months from date signed or until revoked, if earlier.

Required Notarization

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____.

Notary Public Signature
SEAL

PART 3 - B EMPLOYER'S STATEMENT OF APPLICANT'S DISABILITY

1. Please indicate the applicant's current employment/payroll status. special injury terminated
 disability light or modified duty full duty Workers' Compensation sick/vacation pay

a. **If applicable**, please give the date on which this applicant was placed on special injury, disability, light or modified duty, Workers' Compensation or sick/vacation pay status. _____ / _____ / _____

Yes | **No**

2. Is the applicant receiving any type of special compensation while on special injury or disability status?.....

a. **If yes**, list the type(s) of compensation being paid to the applicant, including sick leave and other types of compensation. (Do not include vacation pay.)

3. Is the applicant receiving full pay?

4. Was this injury/illness documented with the department?.....

5. Please indicate below how many days the applicant has used in the last 12 months due to the condition for which he/she is claiming disability.

_____ Sick Days Used _____ Vacation Days Used _____ Unpaid Days Taken

a. If you do not have specific records on the number of work days missed in the past 12 months due to this particular condition, please indicate the total number of days the applicant has used in the last 12 months.

_____ Sick Days Used _____ Vacation Days Used _____ Unpaid Days Taken

6. Was a Workers' Compensation claim filed in relation to this injury?.....

7. Who is your Workers' Compensation carrier (i.e. self-insured or separate carrier)?

Carrier _____ (_____) _____ - _____
Telephone Number

Mailing Address _____ Claim Number _____

City _____ State _____ Zip Code _____

8. Has Workers' Compensation accepted liability? Yes No Pending N/A

9. Was a Statewide Standard Health History Form filed on this applicant with FPPA?
(This was required for members hired on or after 9/1/89.)

10. To your knowledge, was the condition caused by:

- addiction to a controlled substance?.....
- engaging in any act for which the applicant has been convicted of a felony?
- an intentionally self-inflicted injury?.....

11. Was the member's condition the result of an injury received while performing official duties or an occupational disease arising out of and in the course of the member's employment?

The Criteria

In making its decision whether a disability was the result of an injury received while performing official duties or an occupational disease arising in the course of the member's employment, FPPA will consider the following standards:

An "injury received while performing official duties" means an injury occurring:

- 1) during a scheduled shift of the member; or
- 2) while the member is otherwise performing official duties for the employer; or
- 3) while the member is performing official duties in the employ of a third party and the employment is authorized by the member's employer.

A member's official duties are those set forth in the written job description for the member's position. The term does not include the duties of a member's rank or grade that the member is not actually required to **regularly** perform.

An "occupational disease" will be determined to have resulted directly from the employment of the member, or the conditions under which work was performed, if it follows as a natural incident of the work and as a result of the exposure occasioned by the nature of the employment as a proximate cause and does not come from a hazard to which the member would have been equally exposed outside of the member's employment.

Yes | **No**

12. Does the employer believe there is an additional basis/condition to be assessed for disability?

If YES, please specifically state the condition. _____

If you have answered Yes to the above question, the employer is required to include relevant evidence with this application. If the applicant's disability ceases to exist and he/she becomes eligible for reinstatement, he/she may be required to be examined for a continuing disability based on the employer's statement of additional basis for disability. If the applicant refuses to be examined on the additional basis for disability, he/she will be ineligible for reinstatement and benefits will be terminated.

13. _____ / _____ / _____
 Applicant's date of hire Current rank held or final rank held if terminated.

14. What coverage does the applicant have for normal retirement? Statewide Defined Benefit Plan
 local defined benefit plan Statewide Money Purchase Plan Statewide Hybrid Plan
 local money purchase plan Colorado Springs New Hire Plan Other _____
Please indicate.

15. If the applicant was hired after January 1, 1997 please answer the following.
 Who is paying the Death & Disability Contribution?
 Employee _____% Pre-tax Post-tax
 Employer _____%

16. If the applicant is a member of your **local defined benefit plan**,
 what are the age and service requirements for normal retirement under that plan?
 Years of service requirement _____ Age requirement (if none, please use N/A) _____

17. If the applicant is a member of a **money purchase plan**,
 is he/she considered 100% vested upon approval of a long-term disability benefit?
 If NO, what is the member's vested percentage in each account?

Employer _____% Employee _____%

a. If you maintain a **local money purchase pension plan**, *please attach a copy of the applicant's latest account statement and provide the mandatory contribution rates. If applicant has terminated employment, attach an account statement as of the applicants last day on payroll.*

18. Has the member taken a distribution from his/her **money purchase plan**?
 a. If YES, please provide a copy of the statements showing the distributions.
 b. If YES, was any part of the distributions made pursuant to a Domestic Relations Order (DRO)?

PART 3 - C PAYROLL DATE & SALARY CERTIFICATION

FPPA will accept an application for disability retirement within 180 days after the applicant's last day on the payroll. The last day on the payroll for the purpose of filing the application may or may not include any or all accrued leave or vacation.

Last day on job & payroll - FPPA uses these dates to determine benefit commencement date.

1. The applicant's last day (full duty, light duty or modified duty).

Check one of the following.

- Date is pending FPPA determination
- Specific date (please list) _____ / _____ / _____

2. The applicant's **last day on the payroll**, i.e. the last day the member was credited with earnings. This includes, but is not limited to, pay for full duty, light or modified duty; or pay for accumulated leave time that is being used; or pay due to donated time from co-workers. **Check one of the following.**

- Date is pending FPPA determination
- Specific date (please list) _____ / _____ / _____

If you mark "Date is pending FPPA determination," FPPA will notify the Member and Employer of the effective date of any award of benefits. The effective date will be the 1st day of the month following the decision. Please see FPPA Rule 404.141. (FPPA Rules & Regulations may be found on FPPA's website at www.FPPAco.org.)

3. If the applicant has already terminated employment, state the reason for termination and attach a copy of the termination letter or other documentation of the reason for termination. _____

4. Enter the applicant's annual base salary, including longevity pay or shift differential pay, if applicable.
\$ _____

See the FPPA Rule regarding definition of base salary for your plan on the FPPA website at www.FPPAco.org.

PART 3 - D ASSIGNED DUTIES

Please attach to this Packet 3 a statement of assigned duties for the applicant identified in Part 3-A of this packet. The statement of assigned duties should pertain to the applicant's current position (or final full-duty position, if terminated).

Assigned duties means those specific tasks or jobs designated by the employer for a particular position within a job classification. The term does not include the duties of a member's rank or grade which the member is not actually required to **regularly** perform in the position which the member occupies.

- Please do not send applicant's official description for his/her rank or grade unless the applicant is currently required to **regularly** perform all duties outlined in the job description.
- Also, do not send a job description for temporary, light or modified duty assignments.

1. Is the applicant required to **regularly** perform all of the job duties stated on the enclosed job description? Yes No

Pursuant to Section 31-31-803(4)(c), *Colorado Revised Statutes*, if the Board determines that an applicant for retirement for disability is not disabled, and the applicant is on sick leave, disability leave, or other type of leave of absence, is serving in a temporary position pending the determination of an application, or has been terminated from employment by the employer on the basis of an alleged disability, the employer shall reinstate the applicant to active service in the same position or a position of equal base pay the applicant held prior to commencement of such leave, assignment to a temporary or modified position, or termination.

If the employer refuses to reinstate the applicant to his prior position, the employer shall thereafter pay benefits to the applicant as if the applicant had been determined occupationally disabled by the Board. The employer shall continue to pay such benefits until the applicant is reinstated to the applicant's prior position or declines an offer of reinstatement.

PART 3 - E EMPLOYER'S RESPONSIBILITY FOR REINSTATEMENT

Signature of Authorized Personnel

Title

Print Name

City/Town or F.P.D.

Mailing Address

City, State, Zip

(_____) _____ - _____
Phone

Email

Date