

2015 Pension Seminar Disability Responsibilities

Bruce Knott
Carmel Fire Dept.

Items we will cover

- Specific Indiana Codes
- How does it all start
- Member responsibility
- Local Unit responsibility
- INPRS responsibility
- End result
- Resources

The right mind set

- Why does disability exist?
- Who is eligible

Why does disability exist?

- Benefit for members to supplement them financially.
- Permanently or temporarily

Who is eligible?

- Members of INPRS (PERF)
- There are special issue for 1977-(90) members that have less than 4 years on the job.
- There are issues for members that have an exclusion related to the current issue that is the reason for the disability request.

Cont.

- There are special issues for members that have left after 20 years but have not turned 52 yet.

Items we will cover

- **Specific Indiana Codes**
- How does it all start
- Member responsibility
- Local Unit responsibility
- End result
- Resources

Indiana Code

- Title 36 Section 8 Chapter 8 article 12
- 36-8-8-12
- “Benefits for members with covered impairments: retirement benefits for disabled members under fifty two years of age.”



1977 FUND DISABILITY BENEFIT DETERMINATIONS

1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION AND DISABILITY FUND

Local Board Process

1. The member sends a written request for a hearing to the local board.
2. The board is required to hold a hearing no later than 90 days after the member has submitted the request.
3. The board allows the member to show documentation and present evidence and arguments in support of his or her case.
4. After the hearing, the board has 30 days to submit its written determination to both the member and safety board regarding whether the member has a covered impairment and whether a pre-1990 member has a line of duty or non-line of duty impairment, or a post-1990 member has a Class 1, 2 or 3 impairment.
5. Once the member and safety board have received the determinations, the following documents are sent to INPRS:
 - a. Disability application
 - b. Local board minutes
 - c. Local board determination
 - d. For pre-1990 members: Disability recommendation form
 - e. For post-1990 members: minutes from the local board hearing
 - f. A statement of whether or not light duty is available to the member
 - g. Medical records from all treating physicians presented at the hearing
 - h. An explanation of how the disability occurred. (Was it duty or non-duty related? Class 1, 2 or 3?)

INPRS's Process

1. The 1977 Fund manager reviews the submitted documents.
2. The application and supporting materials are forwarded to the INPRS Medical Authority for review.
3. Based on the documentation, the medical authority makes a recommendation and prepares a letter stating the class of impairment and the percentage of impairment and whether the disability is line of duty or non-line of duty.
4. Based on the INPRS Medical Authority, the 1977 Fund makes an initial determination regarding whether the member has a covered impairment and whether the impairment was incurred in the line of duty.
5. The initial determination will be sent by certified mail to the member, chief and pension secretary. The member and/or the board have 15 days to appeal the initial determination.
6. The appeal request must be sent to the attention of the 1977 Fund manager and will be given to the INPRS legal department to handle the appeal process.

Process for When a Member Requests to Return to Active Duty

1. The member must submit a letter of request to the local board.
2. The board holds a hearing where the member submits medical documents and presents evidence that he or she is fit to return to active duty.
3. After the hearing, the board writes a letter of determination. The board's determination letter and all medical documents are submitted to the INPRS Medical Authority for review.
4. Upon approval from the medical authority, INPRS issues an approval letter and the conditions under which the member can return to active duty, set by the medical authority.
5. If the local board determines that no position is available based on the member's restrictions, he or she must remain on disability. (The member does have the right to appeal this decision.)

Items we will cover

- Specific Indiana Codes
- **How does it all start**
- Member responsibility
- Local Unit responsibility
- INPRS responsibility
- End result
- Resources

How does it all start

- Local department can initiate the process with the member
- Member can initiate the process

**APPLICATION FOR DISABILITY BENEFITS**

State Form 10564 (RS / 12-11)

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

1. Type or print using black ink. Complete all information and place the Member's name and Social Security number at the top of each page as requested.
2. If not already submitted to INPRS, you must submit such proof of age documentation along with this application. Documents showing the date of birth may be an original or photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Include an English translation of all foreign documents.
3. All of the above items must be provided with this application. This application will not be processed without them.

MEMBER INFORMATION

Member's name		Social Security number (last 4 digits)	Pension ID (PID) number
Marital status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single	Date of birth (mm/dd/yyyy)	Date of application (mm/dd/yyyy)	
Address		Telephone number with area code	
City	State	ZIP Code	E-mail address
Municipality where employed	Municipality account number		Date of hire (mm/dd/yyyy)
Type of disability (check one) <input type="checkbox"/> Converted member <input type="checkbox"/> 1977 Fund <input type="checkbox"/> Disabled after separation from service	Have you received or will you receive any other income while on disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Source of income		Amount of income	

SPOUSE INFORMATION

Spouse's name	Social Security number (last 4 digits)	Date of birth (mm/dd/yyyy)
---------------	--	----------------------------

MEMBER AFFIDAVIT

I hereby depose and say that I am the person who made the foregoing statements; I have carefully read the questions and the answers thereto and understand the same; the information provided is full, complete, and true, and no material fact has been concealed or omitted therefrom; and that this application is made for presentation to INPRS in making claim for the benefits according to 1977 Police Officers' and Firefighters' Pension and Disability Pension Fund statutes.

Member's signature	Date (mm/dd/yyyy)
--------------------	-------------------

State of _____ SS: _____ SEAL _____

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____, personally
Officer's county of residence Officer's state of residence

appeared _____ and he/she, being first duly sworn by me upon his/her oath, say that the
Name of person

facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20____.

Signature

My commission expires: _____
Name of officer (printed or typed)

Items we will cover

- Specific Indiana Codes
- How does it all start
- Member responsibility
- **Local Unit responsibility**
- INPRS responsibility
- End result
- Resources

Local Board Process

1. The member sends a written request for a hearing to the local board. (***show form on website***)
2. The board is required to hold a hearing no later than 90 days after the member has submitted the request.
3. The board allows the member to show documentation and present evidence and arguments in support of his or her case.
4. After the hearing, the board has 30 days to submit its written determination to both the member and safety board regarding whether the member has a **covered impairment** and whether a pre-1990 member has a line of duty or non-line of duty impairment, or a post-1990 member has a **Class 1, 2 or 3 impairment.**

cont.

(Covered Impairment)

Upon a request from a fund member or from the safety board of the appropriate police or fire department, the local board shall conduct a hearing under section 12.7 of this chapter to determine whether the fund member has a covered impairment.

A covered impairment is an impairment that permanently or temporarily makes a fund member unable to perform the essential function of the member's duties, considering reasonable accommodation to the extent required by the Americans with Disabilities Act, with the police or fire department.

Cont.

5. Once the member and safety board have received the determinations, the following documents are sent to INPRS:

- a. Disability application
- b. Local board minutes
- c. Local board determination
- d. For pre-1990 members: Disability recommendation form
- e. For post-1990 members: minutes from the local board hearing
- f. A statement of whether or not light duty is available to the member
- g. Medical records from all treating physicians presented at the hearing
- h. An explanation of how the disability occurred. (Was it duty or non-duty related? Class 1, 2 or 3?)

Items we will cover

- Specific Indiana Codes
- How does it all start
- Member responsibility
- Local Unit responsibility
- **INPRS responsibility**
- End result
- Resources

INPR'S Process

1. The 1977 Fund manager reviews the submitted documents.
2. The application and supporting materials are forwarded to the INPRS Medical Authority for review.
3. Based on the documentation, the medical authority makes a recommendation and prepares a letter stating the class of impairment and the percentage of impairment and whether the disability is line of duty or non-line of duty.
4. Based on the INPRS Medical Authority, the 1977 Fund makes an initial determination regarding whether the member has a covered impairment and whether the impairment was incurred in the line of duty.

5. The initial determination will be sent by certified mail to the member, chief and pension secretary. The member and/or the board have 15 days to appeal the initial determination.

6. The appeal request must be sent to the attention of the 1977 Fund manager and will be given to the INPRS legal department to handle the appeal process.

Items we will cover

- Specific Indiana Codes
- How does it all start
- Member responsibility
- Local Unit responsibility
- INPRS responsibility
- **End result**
- Resources

End result

- Hopefully if the member has an impairment that is keeping them from performing the duties of a police officer or firefighter, they will receive benefits, temporarily or permanently to sustain them. Time spent on disability is considered active service up to 20 years.
36-8-8-12 (e)



Request to return to active duty

1. The member must submit a letter of request to the local board.
2. The board holds a hearing where the member submits medical documents and presents evidence that he or she is fit to return to active duty.
3. If the local board determines that no position is available based on the member's restrictions, he or she must remain on disability. (The member does have the right to appeal this decision.)
4. If the local board determines the member can return, a letter must be sent to INPRS informing the member is back on active duty and no longer on disability.

Resources

- Inprs.in.gov (forms, Pension Secretaries Resource page.)
- Indiana code
<https://iga.in.gov/legislative/laws/2014/ic/>
- Wests Annotated Indiana Code Title 36-7.5-1 to 36-9-27 (make sure it includes 36-8)