

APPLICANTS' STATEMENT OF DISABILITY AND SERVICE-CONNECTION

DEPARTMENT OF FIRE AND POLICE PENSIONS

360 East Second Street
 Suite 400
 Los Angeles, CA 90012
 (213) 978-4500

1. NAME	2. RANK	3. DEPARTMENT
4. WHERE ASSIGNED: Area, Division, Battalion	5. SOCIAL SECURITY #	6. SERIAL #

7. **DISABILITY** (State the nature of the illness or injury that keeps you from performing your duties):

A. Illness or Injury	Date(s)

B. Doctors or Hospitals where Treated	Date(s)
Name	
Address	
Name	
Address	
Name	
Address	

8. **SERVICE CONNECTION** (If your illness or injury was caused by the performance of your duties as a firefighter, paramedic, or police officer please briefly describe):

9. Doctors or hospitals where treatment has been rendered for other than those illnesses or injuries claimed (e.g., family physician, medical clinic, or Health Maintenance Organization such as CIGNA, Kaiser, Maxicare, etc.).

NAME Address

NAME Address

NAME Address

NAME Address

PLEASE READ THE FOLLOWING CLOSELY BEFORE SIGNING

I understand that:

1. In order to receive disability pension benefits under the provisions of the City Charter, the Board of Fire and Police Pension Commissioners must have sufficient evidence to find that I am incapable of performing duties that may be assigned and that my incapacity is the result of work related injuries if I am claiming service-connection. The Administrative File, created in the course of the disability application process, may also be supplemented by other evidence pertinent and relevant to the issues of disability and service connection.

2. The medical and personnel information contained in my Administrative File will be available to individuals involved in the processing of my claim, including but not limited to, the Board of Fire and Police Pension Commissioners, City Attorney staff, physicians performing disability evaluations for the Board, Personnel Department and the contract Workers' Compensation staff, and my Department's Medical Liaison.

3. I have, at my own expense, the option to be represented by legal counsel in the proceedings before the Board of Fire and Police Pension Commissioners or I may request the assistance of an employee organization. Should I choose to secure representation, I shall notify the Department of Fire and Police Pensions in writing within ten days of obtaining representation.

4. If I am granted a disability pension and also receive a Workers= Compensation award, or have already received a Workers= Compensation award, the amount of the award will be fully recovered by the City of Los Angeles as provided in the City Charter. The Manager-Secretary is authorized to reduce the monthly pension amount payable to me on an installment basis until the total amount of compensation has been offset. This installment reduction shall be at the discretion of the Manager-Secretary but shall not be less than twenty-five percent (25%) of the gross monthly pension amount which would be payable but for the offset.

5. If I am granted a disability pension, my medical and pension status are subject to review by the Board of Fire and Police Pension Commissioners at its discretion and upon its order. I also have the right to request a review of my medical status at any time I believe the medical condition(s) upon which my disability pension is based has deteriorated.

Date

Signature