

**FIRE & POLICE PENSION PLAN
TIER 2
(Charter Section 1400 et seq.)**

DISABILITY RETIREMENT

GENERAL INFORMATION:

Application - Processing - Options

CITY OF LOS ANGELES
Fire and Police Pension System

Department of Fire and Police Pensions
360 East Second Street, Suite 600
Los Angeles, California 90012

Revised July 1, 2000

**EVERY EFFORT HAS BEEN MADE TO PROVIDE
ACCURATE INFORMATION IN THIS BOOKLET.
IF THERE IS A DIFFERENCE BETWEEN THE
CONTENTS OF THIS BOOKLET AND ARTICLE XI
OF THE CITY CHARTER, THE PROVISIONS OF THE
CITY CHARTER SHALL APPLY.**

TABLE OF CONTENTS

| | |
|---|----|
| DISABILITY RETIREMENT | 3 |
| TYPES OF DISABILITY PENSIONS | 3 |
| ELIGIBILITY FOR DISABILITY RETIREMENT | 3 |
| SERVICE CONNECTED | 3 |
| NON-SERVICE CONNECTED | 3 |
| LENGTH OF SERVICE | 4 |
| WHEN TO APPLY | 5 |
| SERVICE PENSION CONVERSION | 5 |
| | |
| THE DISABILITY APPLICATION PROCESS | 5 |
| MEDICAL DOCUMENTATION | 5 |
| THE ADMINISTRATIVE FILE | 6 |
| MEDICAL EXAMINATIONS | 6 |
| BEFORE THE HEARING | 7 |
| | |
| THE DISABILITY HEARING | 7 |
| THE BOARD OF FIRE AND POLICE PENSION COMMISSIONERS | 7 |
| REPRESENTATION | 8 |
| ADDITIONAL DOCUMENTS & WITNESSES | 8 |
| TYPE OF HEARING | 8 |
| AT THE HEARING | 8 |
| NOTIFICATION OF DECISION | 9 |
| | |
| PENSION EFFECTIVE DATE | 9 |
| REHEARINGS | 10 |
| NEW APPLICATION OR REAPPLICATION | 10 |
| DISABILITY PENSION REVIEWS | 11 |
| WORKERS' COMPENSATION | 12 |
| AWARD REPAYMENT | 12 |
| TAXES | 12 |
| SPOUSE'S OR QUALIFIED DOMESTIC PARTNER'S ELIGIBILITY FOR SURVIVOR BENEFITS | 13 |
| DIVORCE AND YOUR PENSION | 13 |
| SURVIVOR RECORDS & DOCUMENTS | 13 |
| POST-RETIREMENT MEDICAL EXPENSES | 14 |

DISABILITY RETIREMENT

TYPES OF DISABILITY PENSIONS

Pensions are granted for disabling impairments resulting from injuries or illnesses that are

- ! WORK RELATED - Service Connected Disability Pension
- ! NOT WORK RELATED - Non-Service Connected Disability Pension

If you believe you are incapable of performing the duties of a sworn employee of the Fire or Police Department, including light and restricted duties, you may be eligible for disability pension benefits.

Members who believe they are eligible for disability retirement should file an application with the Department of Fire and Police Pensions.

ELIGIBILITY FOR DISABILITY RETIREMENT

It is important to understand that the existence of impairment or a Workers' Compensation award does not guarantee a disability pension. You may have impairment(s) but not be disabled from performing the duties of a police officer or firefighter if your department can accommodate your work restrictions.

SERVICE CONNECTED: For impairments that are determined by the Board of Fire and Police Pension Commissioners (Board) to be disabling and work related, Tier 2 members are eligible from the date they became active members of their department.

The exact amount of a service connected disability pension depends on the percentage of disability as determined by the Board. The range for service connected disability pensions in Tier 2 is 50% - 90% of your normal pension base, but never less than what you are eligible to receive if you retired on a service pension.

NON-SERVICE CONNECTED: For impairments that are determined by the Board to be disabling and non-work related, Tier 2 members are eligible following completion of five years of service.

The amount of a non-service connected disability pension for Tier 2 members is a flat 40% of the highest salary step for Police Officer III or Firefighter III as determined by your MOU.

If the Board determines that you are disabled due to non-service connected causes, and you have over 20 years of service, you have 60 calendar days from the date the Board grants the non-service connected disability pension to notify the Board of your intent to apply for and take a service retirement. If you do not notify the Board within that period, the non-service connected disability pension becomes effective.

There may be considerable difference between your non-service connected disability monthly pension amount and your service pension monthly amount. You should seek advice from your union or other knowledgeable source in making this decision as soon as possible after the Board has acted.

Plan members who elect to receive a refund of contributions forfeit any right to future benefits provided under Tier 2, including disability benefits.

LENGTH OF SERVICE

As a Tier 2 member you have the option to purchase credit for “bad time” (time off without pay) to increase your total qualifying length of service time. This purchase may have an impact on the minimum level of disability benefits you can receive, especially for members who are eligible for retirement based on length of service that is near, equal to or in excess of 25 years. To exercise this option you must:

- ! Have received cash payment for overtime worked
- ! Have periods of absence from work without pay
- ! Apply before or at the time of filing for retirement
- ! Complete the purchase before your retirement becomes effective

You must pay the Department of Fire and Police Pensions retirement contributions calculated at 7% of your current daily base salary multiplied by the number of days of bad time to be purchased. You can only purchase time up to the total amount of overtime hours for which you were paid.

If you are interested in pursuing this option notify your Pension Claims Analyst as early in the filing process as possible and you will be referred to staff responsible for coordinating bad time buy backs.

WHEN TO APPLY

It takes 6 months or longer to process a disability application. Some applications may take longer as a result of circumstances or complications specific to your claim. The decision of when to file is yours.

Filing after using at least 6 months of your IOD time will most likely result in you spending some time on “state rate”. It is important that you plan ahead in order to avoid or prepare for the reduced level of monthly income.

SERVICE PENSION CONVERSION

Tier 2 members retired on a service pension have one year from the date a service pension becomes effective to apply for a disability pension. If you have a pending/unresolved Workers’ Compensation claim that was filed before or within one year of the effective date of your service pension, you have one year from the date the Workers’ Compensation claim is resolved to file for disability benefits.

If you file your application for disability benefits and then take a service retirement before the disability application process is completed, or, if you are on service retirement and apply for disability benefits, Tier 2 requires that you demonstrate to the Board that the disabling condition(s) were present on the day of your service retirement and have been continuous to the day of the disability pension hearing. If you cannot, your application will be denied.

Impairments occurring after service retirement cannot be used to support a claim for disability pension benefits.

THE DISABILITY APPLICATION PROCESS

MEDICAL DOCUMENTATION

You will be required to furnish the names and addresses of doctors, clinics and hospitals previously examining or treating you. Processing time sometimes depends on the accuracy and completeness of this information. Prior reports and test results may become part of your file as well as any relevant documents from your Workers’ Compensation file.

THE ADMINISTRATIVE FILE

Your claim file, known as the Administrative File, will be compiled by your Pension Claims Analyst. The Administrative File is the official record of your disability application and the Board will review its contents before making a decision on your application. The Administrative File may contain:

- ! Medical examination reports
- ! Medical test results
- ! Reports of X-rays or other diagnostic procedures
- ! Workers' Compensation records
- ! Documents from your department
- ! Other related information or documents determined to be relevant by Pension staff

The following individuals will have access to your Administrative File:

- ! The applicant
- ! Department of Fire and Police Pensions claims processing staff
- ! Your attorney or representative
- ! Your department's Medical Liaison
- ! The City Attorney
- ! The Board of Fire and Police Pension Commissioners

MEDICAL EXAMINATIONS

The City Charter requires that a disability applicant be examined by at least three doctors selected and paid for by the Department of Fire and Police Pensions. Additional specialists may be required for multiple impairment claims. The Department of Fire and Police Pensions maintains an independent list of physicians separate from the Workers' Compensation process as much as possible. The doctors are monitored and evaluated to ensure an unbiased, accurate evaluation and report. Be advised that:

- ! Pension doctor evaluations will be conducted in the Southern California region. You are responsible for all travel costs to your appointments.
- ! If you miss a scheduled appointment, processing of your application will be suspended until you pay the cost of the missed appointment and any costs related to the rescheduling of that appointment.
- ! If you refuse to be examined, processing of your application will be suspended.

- ! The Department of Fire and Police Pensions will not pay for any tests, examinations or reports that you or your representative request.
- ! Do not submit any documents to the pension doctors, or attempt to contact them (except to confirm your appointment) unless you've been specifically directed to do so by your Pension Claims Analyst.

BEFORE THE HEARING

After the disability examination reports and other relevant information required to complete the Administrative File are received, your Pension Claims Analyst will formulate a recommendation regarding resolution of your application. This recommendation will be submitted to the Board along with your Administrative File. The recommendation will consist of 4 elements:

- ! Do the impairments constitute disability
- ! Is the disability service or non-service connected
- ! Pension percentage rate
- ! Scheduling of future review

You or your representative will be informed of the recommendation and requested to return a form stating agreement or disagreement with the 4 elements of the recommendation.

Your Pension Claims Analyst will schedule a date for the Board hearing with you or your attorney/representative. You will be notified of the date, time and location several weeks in advance. Your Administrative File will be available for your review during normal business hours for at least one week prior to the hearing.

THE DISABILITY HEARING

THE BOARD OF FIRE AND POLICE PENSION COMMISSIONERS

The Board is composed of nine Commissioners. Five are appointed by the Mayor, two are elected employee representatives, one each from the Fire and Police Departments, and two are elected retired members, one each having retired from the Fire and Police Departments. Five Commissioners need to be present to establish a quorum for disability hearings. A minimum of five affirmative votes is required to grant or deny an application for disability pension.

A copy of your Administrative File will be given to each Commissioner for study one week prior to your hearing.

REPRESENTATION

You may have legal counsel appear before the Board on your behalf. However, it is not necessary that you be represented by an attorney. If you choose to represent yourself or be represented by someone other than legal counsel, you may suspend the proceedings at any time during the hearing, without prejudice to your claim, OR within ninety days of the Board's decision, request a rehearing specifically to obtain legal representation.

ADDITIONAL DOCUMENTS & WITNESSES

If you have additional documents to submit for the Board to consider, or if you have witnesses you wish to appear on your behalf, the documents and/or a list of witnesses must be submitted to your Pension Claims Analyst no later than ten working days prior to the hearing. You must pay any witness fees for witnesses you have called.

TYPE OF HEARING

If you agree with the staff recommendation, the Board will conduct an abbreviated hearing which the applicant and/or the applicant's representative are not required to attend. Attendance is optional.

If the Board does not accept one or more of the previously agreed to elements of the recommendation, resolution of your application will be deferred. Your Pension Claims Analyst will reschedule your hearing so you and/or your representative may be present.

If you do not accept the recommendation, the Board will conduct a regular hearing as described below.

AT THE HEARING

- ! You will be sworn in.
- ! Your hearing will be conducted by the Commissioner who has been assigned lead responsibility for your application.

- ! You will be asked to accept the Administrative File into evidence and if you have any objections to the contents of the file.
- ! You or your representative will be invited to present your case, which usually begins in a question/answer format.
- ! Witnesses will be sworn in and given the opportunity to testify regarding your application.
- ! You and the witnesses may also be questioned by any of the Board members.
- ! The medical liaison representative from your department will be sworn in and will provide testimony concerning the availability of a job which can accommodate your impairment or restrictions as reported by the pension doctors.
- ! You will be given an opportunity to speak on your own behalf.
- ! At the conclusion of testimony, you will be thanked and excused from the hearing room unless you are unrepresented and choose to remain.
- ! The Board will deliberate and render its decision.

NOTIFICATION OF DECISION

At the conclusion of your hearing, you will be informed of the Board's decision by your attorney, representative, or Pension Claims Analyst. You will receive official written notification, via U.S. Mail, of the Board's action a few days after the hearing.

PENSION EFFECTIVE DATE

You will be provided with a form to designate your pension effective date. The effective date shall be no earlier than the latest of:

- ! The first day following the last day on payroll (i.e., salary/vacation/sick) or
- ! The first day following the last day on IOD or State Rate time, but
- ! Not later than the date of the Board hearing first granting a pension based on length of service or disability.

Reinstatement to payroll for any purpose permanently changes the earliest possible effective date of your pension. If you use your accrued/accumulated over-time/vacation/sick time because it provides more income than State Rate payments, your pension effective date shifts forward. You will not be eligible to receive retroactive pension benefits for any time prior to the new earliest date.

The designation form must be completed and returned before your hearing. Failure to do so could delay issuance of your first pension check by 1 - 2 months.

REHEARINGS

If your application is denied, or if you disagree with the percentage you were awarded:

WITHIN NINETY (90) DAYS FROM THE DATE OF YOUR HEARING (Adoption of Findings of Fact)

IF YOU WERE NOT REPRESENTED BY LEGAL COUNSEL: (does not include Union representation)

- ! You may request a rehearing on the basis of having retained legal representation. You will be required to submit a completed ATTORNEY AUTHORIZATION form to support your request.
- ! If you represented yourself and choose to represent yourself again at the rehearing, your rehearing can only be requested based on and supported by new or different evidence which, in the exercise of due diligence, could not have been made available by the applicant to the Board at the time of the original hearing. This new or different evidence, submitted with your request, will be reviewed by your Pension Claims Analyst and the City Attorney before it is forwarded with a staff recommendation to the Board for decision. The actual rehearing to consider the new or different evidence may take place immediately or be scheduled on a future agenda.

IF YOU WERE REPRESENTED BY LEGAL COUNSEL

- ! You can only request a rehearing based on and supported by the new or different evidence requirement stated above.

NEW APPLICATION OR REAPPLICATION

You may file a new application after ninety (90) days from the date of your hearing only if you are reinjured or a previously denied condition becomes worse or you sustain a new injury. You must submit medical proof of the above along with your new application.

DISABILITY PENSION REVIEWS

A disability pension is granted based on the existence of a physical or psychological impairment. Disability pensions are not “life-time” pensions. Under the Charter, the Board retains the right to review your disability pension at any time.

You also retain the right to request a review of your disability pension at any time if you believe that the medical condition for which you were originally granted a disability pension has deteriorated.

Only claimed impairments that were found to be disabling by the Board at your original hearing will be considered in the review process. Therefore, any adjustment to your percentage amount will be based only on improvement or deterioration of the original impairments.

There are four possible outcomes of a review:

- ! If the disability is found to no longer exist and your old department determines that there is a job available for you, your disability pension could be terminated and you will be returned to active duty.
- ! If the disability is still present, but to a lesser degree, the pension percentage could be lowered.
- ! If the disability is still present and has not changed, the pension percentage could remain the same.
- ! If the disability has worsened, the pension percentage could be increased.

According to the provisions of Tier 2, there is no time limit beyond which a person cannot be returned to work.

A disability pensioner returned to active duty may receive credit toward service retirement for the entire time spent on a disability pension. You must work the equivalent of one full year without taking sick or IOD time related to your original impairments to recover this time.

Failure to cooperate with the review process may be cause for disability pension benefits to be withheld or terminated.

WORKERS' COMPENSATION

The Board renders disability retirement decisions independently of Workers' Compensation. Even though you may have a Workers' Compensation award, it does not automatically entitle you to a disability pension. However, the existence of a Workers' Compensation award for the same injury that you are claiming as a disabling condition does require the Board to consider that injury work related.

AWARD REPAYMENT

If you receive a disability pension, Workers' Compensation awards you received must be paid back to the City. This includes all injuries for which you filed a Workers' Compensation claim and received benefits, not just the one(s) for which you also received your disability pension. Offset against your pension will be cash awards (which includes the amount the Workers' Compensation Appeals Board took out of your award to pay your attorney for representing you), state rate disability payments and costs associated with vocational rehabilitation maintenance allowances.

Such awards shall be paid back either as a lump sum or in the form of a minimum 25 % deduction of and from your total monthly gross disability benefit until the entire amount is repaid.

TAXES

SERVICE-CONNECTED DISABILITY PENSIONS - Service connected disability pensions are presently not subject to state or federal taxation. This is based on an IRS determination which can be reversed by the IRS at any time without notice.

NON-SERVICE CONNECTED DISABILITY PENSIONS - Non-service connected disability pensions are fully taxable.

SPOUSE’S OR QUALIFIED DOMESTIC PARTNER’S ELIGIBILITY FOR SURVIVOR BENEFITS

If you are granted a service connected disability pension you are required to be married to your spouse, or have declared a qualified domestic partner, on the effective date of disability retirement in order for the spouse or domestic partner to be eligible for survivor benefits.

If you are granted a non-service connected disability pension, the date of your marriage, or declaration of domestic partnership, must be at least one year prior to the pension effective date in order for the spouse or qualified domestic partner to be eligible for survivor benefits.

If your eligible spouse or qualified domestic partner dies and you remarry while receiving a pension, your new spouse or domestic partner is not eligible for any survivor benefits.

DIVORCE AND YOUR PENSION

Disability retirements are considered community property by California courts. If you are or were divorced, a photocopy of your property settlement and final decree should be filed with your pension records.

A “Notice of Termination of Domestic Partnership” form must be filed with the Department of Fire and Police Pensions once a partnership has ended.

SURVIVOR RECORDS & DOCUMENTS

To facilitate the granting of survivor benefits, you are strongly advised to provide the Department of Fire and Police Pensions with copies of your current marriage certificate, Declaration of Domestic Partnership, divorce documents from prior marriages, termination(s) of prior domestic partnership(s), copies of birth certificates of children under age 18, (the age at which minor’s benefits are terminated) or dependent children. A medical report documenting a dependent child’s medical condition and the onset of that condition is also critical. Photocopies of these documents are sufficient. Send documents to:

DEPARTMENT OF FIRE AND POLICE PENSIONS
360 East Second Street, Suite 600
Los Angeles, California 90012
ATTN: Disability Pension Section
(Name of Your Pension Analyst)

POST-RETIREMENT MEDICAL EXPENSES

The Department of Fire and Police Pensions does not pay medical expenses for any purpose other than Board mandated review examinations after you retire. Contact your Union for information concerning any health insurance subsidy you may be entitled to receive, and Workers' Compensation for ongoing treatment of IOD injuries.

CITY OF LOS ANGELES

CALIFORNIA



RICHARD J. RIORDAN
MAYOR

GARY MATTINGLY
GENERAL MANAGER

EDWARD GRIFFITHS
ASSISTANT GENERAL MANAGER-BENEFITS

TOM LOPEZ
CHIEF INVESTMENT OFFICER

DEPARTMENT OF
FIRE AND POLICE PENSIONS

360 EAST SECOND STREET, SUITE 600
LOS ANGELES, CA 90012-4203
(213) 485-2833
FAX (213) 617-0553
TDD (213) 473-4581

PENSIONS@FPEN.LACITY.ORG

INITIATION OF APPLICATION

Attached please find the forms necessary to apply for a disability pension. Complete them as legibly as possible, and return them to the above address. If you have any questions, please call (213) 485-2748. Thank you.

Christopher J. Annala
Pension Claims Officer

Attachments

DF204 (7/98)

BOARD OF FIRE AND POLICE PENSION COMMISSIONERS
CITY OF LOS ANGELES

APPLICATION FOR PENSION BENEFITS

Applicant Name: _____

Other Names Used: _____

SSN: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____ Telephone: (____) _____

Department: _____ Present Rank: _____

Date of Hire: _____ Pension Plan: Tier 1____ Tier 2____ Tier 3____ Tier 4____

Type of Pension Requested: Service ____ Disability ____

Effective Date of Service Pension: _____

Dependent Information

| SPOUSE/DOMESTIC PARTNER | DATE OF MARRIAGE OR FILING OF DOMESTIC PARTNER AFFIDAVIT | DATE OF BIRTH | SSN |
|-------------------------|---|---------------|-----|
|-------------------------|---|---------------|-----|

| CHILDREN | DATE – PLACE OF BIRTH | SSN |
|----------|-----------------------|-----|
|----------|-----------------------|-----|

Unmarried – Under 18/22* Years

*Tier 3 and Tier 4 Minor Children remain eligible for pension benefits up to age 22 if full time students.
Disabled children may be eligible for continued benefit.

I declare under penalty of perjury that all of the foregoing is true and correct.

Signature _____ Date Signed: _____

| |
|---|
| Department of Fire and Police Pensions Use Only: Application Filed: _____ |
| Original Date of Appointment/Plan Membership: _____ |
| Aggregate Years of Service: _____ |

APPLICANT'S STATEMENT OF DISABILITY AND SERVICE-CONNECTION

DEPARTMENT OF FIRE & POLICE PENSIONS

360 East Second Street

Suite 600

Los Angeles, CA 90012

(213) 485-2748

| | | |
|--|----------------------|---------------|
| 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 & 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 & 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 & 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 & 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

AUTHORITY TO RELEASE MEDICAL AND PSYCHIATRIC RECORDS OF

(Name)

(Social Security #)

(Birthdate)

Date:

Send Records To:

To:

**THE CITY OF LOS ANGELES
DEPT. OF FIRE AND POLICE PENSIONS
Disability Pensions Section
360 E. Second Street, Ste. 600
Los Angeles, CA 90012**

This will be your authority to release to the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners of the City of Los Angeles any information requested in connection with the medical history of the above named individual, including all records relating to any Workers' Compensation claims. This information is to be used only in the processing or review of an application for disability pension benefits. I further authorize the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners to release such information to pension doctors on behalf of said Board. This authorization shall be considered valid for five (5) years from the date signed. (Copies of this authorization will be considered as valid as the original.)

(Date)

(Authorized Signature)

Please release the following records:

- | | |
|-------------------------------|---------------------------------|
| ~ Emergency Room Reports | ~ Workers' Compensation Records |
| ~ All Hospitalization Records | ~ Doctor's Reports |
| ~ Admission Reports | ~ Treatment Records |
| ~ Physical Exam/History | ~ Imaging Reports |
| ~ Operation Reports | ~ Test Results |
| ~ Discharge Summary | ~ Psychiatric Records |
| | ~ Other: _____ |

Your prompt attention to this matter will be appreciated. If you have any questions, feel free to call Pension Claims Analyst _____ at the Department of Fire and Police Pensions, Disability Section: (213) 485-2748.

**AUTHORITY TO RELEASE EMPLOYMENT RECORDS
OF**

(Name)

(Social Security #)

(Birthdate)

Date:

Send Records To:

To:

**THE CITY OF LOS ANGELES
DEPT. OF FIRE AND POLICE PENSIONS
Disability Pensions Section
360 E. Second Street, Ste. 600
Los Angeles, CA 90012**

This will be your authority to release to the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners of the City of Los Angeles the following information requested in connection with the employment history of the above named individual.

Please provide the below-named Pension Claims Analyst at the Department of Fire and Police Pensions with copies of any and all personnel records including job description, position title, performance evaluations, payroll records, length of employment, hours worked, sick or injury reports, pre-employment physical examination records, and date and time of absences from work.

This information is to be used only in the processing or review of an application for disability pension benefits. I further authorize the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners to release such information to pension doctors on behalf of said Board. This authorization shall be considered valid for five (5) years from the date signed. (Copies of this authorization will be considered as valid as the original.)

(Date)

(Signature)

Your prompt attention to this matter will be appreciated. For clarification or further information, please feel free to contact Pension Claims Analyst _____ at (213) 485-2748.

[The person releasing the above-described records, as well as the patient to whom it pertains, are entitled to receive a copy of this authorization upon demand. (California Civil Code, Part 2.6 Section 56 et. seq. added by Stats 1981A "Confidentiality of Medical Information Act").]

**AUTHORITY TO RELEASE SUBSTANCE ABUSE PATIENT RECORDS
OF**

(Name)

(Social Security #)

(Birthdate)

Date:

Send Records To:

To:

**THE CITY OF LOS ANGELES
DEPT. OF FIRE AND POLICE PENSIONS
Disability Pensions Section
360 E. Second Street, Ste. 600
Los Angeles, CA 90012**

I, _____, hereby authorize _____
(Name) (Name of Organization)

This will be your authority to release information and records pertaining to the treatment and/or hospitalization of the above named individual for substance abuse or chemical dependency to the City of Los Angeles Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners.

Disclosure of requested records shall be limited to the following specific types of information: admission summaries; history and physical examination reports; laboratory data including blood chemistries and urinalyses; treatment reports; pharmacy and prescription orders; physicians', therapists', and nurses' notes/orders; and discharge summaries.

The purpose of this request for records is to assist the Department of Fire and Police Pensions in the processing or review of an application for disability pension benefits. This authorization shall be considered valid for five (5) years from the date signed.

I certify that I have read, understand, and agree with the above provisions of this consent.

(Date)

(Signature)

Your prompt attention to this matter will be appreciated. If you have any questions, feel free to call Pension Claims Analyst _____ at the Department of Fire and Police Pensions, Disability Section: (213) 485-2748.

[The person releasing the above-described records, as well as the patient to whom it pertains, are entitled to receive a copy of this authorization upon demand. (California Civil Code, Part 2.6 Section 56 et. seq. added by Stats 1981A "Confidentiality of Medical Information Act").]

PAYROLL STATUS INFORMATION

Please be advised that, according to City Administrative Code Section 4.126 an employee is not allowed to use sick or vacation time when off duty due to an IOD injury. Because this action constitutes a return to payroll status for pension purposes, it is important that you understand such action will impact the effective date of your disability pension.

A Disability Pension Effective Date Designation form is included in the disability pension application package. The designation form details the window period available for a one time selection of a pension effective date. The window period is defined as follows:

The effective date of your disability pension can be **no earlier than the latest of:**

- The first day following the last day on payroll (i.e., salary/vacation/sick), or;
- The first day following the expiration of IOD or State Rate time, but;
- **Not later than** the date of the Board hearing first granting a pension based either on length of service or disability.

Reinstatement to payroll for any purpose permanently changes the earliest possible effective date of your pension. If you start using your accrued/accumulated time because it provides more income than state rate payments, your pension effective date window shifts forward. Your new earliest date becomes the new first day following the last day on payroll (i.e., stopped receiving sick, vacation or overtime compensation). You will not be eligible to receive retroactive pension benefits for any time prior to the new earliest date.

If you have any questions regarding the effect your current payroll status will have on your pension effective date options, please contact your Claims Analyst at your earliest convenience.

DISABILITY PENSION EFFECTIVE DATE DESIGNATION

It is Department policy that disability pension effective dates must occur on either the first day subsequent to the expiration of IOD time (or other pay status) or the Board hearing date. System/Plan members are entitled to a **one-time** designation of the specific disability pension effective date.

When selecting the pension effective date, members are advised to consider the following information:

1. Pursuant to Charter Sections *1406(m) [Tier 2 members], 1502(m) [Tier 3 members], and 1602(m) [Tier 4 members]*, "Years of Service" includes those periods of time during which a Department member did or shall receive Workers' Compensation benefits for temporary disability due to injury or illness arising out of the course of employment (state rate).
2. Charter Section *1406(m)(4) [Tier 2]* does not require payment of pension contributions for periods of temporary disability (City Attorney Opinion No. 81-40; Memorandum from City Attorney Ferrell dated 3/30/92).
3. Charter Section *1502(m) [Tier 3] and 1602(m) [Tier 4]* requires payment of pension contributions for inclusion of periods of temporary disability in years of service.

ELECTION

If I am granted a disability pension, I hereby elect the following disability pension effective date:

_____ First day after expiration of IOD time (or other pay status) but no later than Board Hearing Date

_____ First day after expiration of State Rate but no later than Board Hearing Date

_____ _____ but no later than Board Hearing Date
Month/day/year

_____ Board Hearing Date

I understand that this is a **one-time** election and that no changes to my effective date will be permitted after the Board's final action on my claim.

Member's Name: _____
(Printed)

Member's Signature: _____

Social Security Number: _____ Date: _____

NOTE: This document is to be completed and returned to the Pension Claims Analyst as soon as possible. Your claim will not be scheduled for consideration by the Board of Fire and Police Pension Commissioners until this form is received.

ATTORNEY AUTHORIZATION

Board of Fire and Police Pension Commissioners
Fire and Police Pension System
360 East Second Street
Suite 600
Los Angeles, CA 90012

Gentlemen:

I hereby authorize _____
(Name)

(Address) (Telephone #)

as the attorney of record, to act as my representative in all matters relating to the processing or review of my application for disability pension benefits and for the purpose of representing my claim before the Board of Fire and Police Pension Commissioners. This will be your authority to release to my attorney any information from my Administrative File.

I understand that I shall be held to all scheduled dates and times agreed to by my representative and a change in representation status will not automatically be sufficient cause to delay the processing of my claim.

| | |
|---------------------|--------------------|
| _____ PRINT NAME | _____ SIGNATURE |
| | _____ DATE |

The above named attorney or law firm accepts the responsibility as the attorney of record for representing this applicant in all matters relating to the processing or review of the application for disability pension benefits and before the Board of Fire and Police Pension Commissioners.

SIGNATURE OF ATTORNEY OR
AUTHORIZED LAW OFFICE STAFF

DATE

REPORT OF EMPLOYMENT

I have had the following outside employment since the date I was hired by the City of Los Angeles to the present:

| DATES OF EMPLOYMENT | | NAME, ADDRESS & PHONE NO. OF EMPLOYER | JOB DESCRIPTION | NO. HOURS WORKED PER WEEK |
|---------------------|----|---------------------------------------|-----------------|---------------------------|
| FROM | TO | | | |
| | | | | |

I declare under penalty of perjury that all of the foregoing is true and correct. Executed this ____ day of _____, 20__ at _____, California.

SIGNATURE

THIS DOCUMENT WILL BE INCLUDED IN THE ADMINISTRATIVE FILE