

**FIRE & POLICE PENSION PLAN  
TIER 3  
(Charter Section 1500 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.**

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## **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 or 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 3 members are eligible from the date they graduate from basic training. For an impairment to be considered work related, there must be clear and convincing evidence that the discharge of duties is the predominant cause.

The exact amount of a service connected disability pension depends on the percentage of disability determined by a rating schedule adopted and used by the Board. The range for service connected disability pensions in Tier 3 is 30% - 90% of your final average salary, but never less than 2% for each year of service.

In order for injuries received during basic training to be eligible for consideration as work related, you must purchase your recruit training time. See LENGTH OF SERVICE on the following page.

NON-SERVICE CONNECTED: For impairments that are determined by the Board to be disabling and non-work related, Tier 3 members are eligible following completion of five years of service. The amount of a non-service connected disability pension is 30% - 50% of your final average salary, based on a rating schedule adopted and used by the Board.

Tier 3 plan members who elect to receive a refund of contributions forfeit any right to future benefits including disability benefits.

### **LENGTH OF SERVICE**

Length of service credit for service connected disability pensions is calculated differently than length of service credit for service pensions. Credit for service retirement is calculated at 2% per year up to 20 years of service and 3% per year for each additional year after 20 years up to a maximum of 70%. Credit for disability retirement is calculated at 2% per year with no additional percentage credit for service beyond 20 years up to a maximum of 60%.

As a Tier 3 member you have the option to increase your total qualifying service time by purchasing service credit for the time spent in recruit training, prior sworn City service, time off on non-service connected disability pension, time off on Workers' Compensation state rate and training time prior to paramedic certification. This purchase may have an impact on the minimum level of disability benefits you can receive, especially for members who have service credit that is near, equal to or in excess of 15 years. To exercise this option you must:

- ! 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 an amount equivalent to your retirement contributions calculated at 8% of your base salary multiplied by the number of days to be purchased. In addition, you must pay any interest which would have been credited to your account had you made the contributions during the time you are purchasing.

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

## **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 3 members applying for a disability pension must sign a service retirement waiver prior to the disability hearing because once a disability pension is awarded it cannot be converted to a service retirement at a later date.

Tier 3 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 3 requires that you demonstrate to the Board that the disabling condition(s) were present on the day of your service retirement and has 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.

## **RESIGNED MEMBER ELIGIBILITY**

Under Tier 3, a resigned member is a former plan member who terminates employment for any reason except for death or disability, having completed 10 or more years of service and elects to leave their contributions in the fund in order to receive a service retirement upon reaching 50 years of age.

Resigned members have one year from the effective date of resignation 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 resignation, 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 resign before the disability application process is completed, or if you resign and then apply for disability benefits, Tier 3 requires that you demonstrate to the Board that the disabling condition(s) were present on the date of your resignation and has been continuous to the day of the disability pension hearing. If you cannot, your application will be denied.

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

A resigned member applying for a disability pension must sign an Acknowledgment and Waiver form prior to the disability hearing because once a disability pension is awarded it cannot be converted to a service retirement at a later date.

## **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 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 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 the 12 month period to establish your Final Average Salary and 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 overtime/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 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 -  
On disability pension for less than 5 years - If there is a job available for you in your original department, your disability pension will be terminated effective the date of your restoration to active duty or, if you fail to report, the date you were ordered to return to duty.

On disability pension for 5 or more years - Your disability pension will be reduced to 30 %. This will occur even if you are entitled to more than 30 % based on your length of service (equal to or greater than 15 years of service at 2 % per year).

If your active status was terminated by reason of resignation or discharge, regardless of your length of service or time on a disability pension, your disability pension will be terminated.

- ! 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.

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

A disability pensioner returned to work may receive credit toward service retirement for the time spent on a disability pension. After remaining on the job continuously for one year, a returned disability pensioner restores disability time at a day for day conversion rate.

After three years of continuous duty, the entire disability pension time will be restored for purposes of calculating length of service. Pensioners who return from non-service connected disability pension are required to pay pension contributions to purchase time spent on disability pension if that time is to be credited toward length of service.

If you return to duty from a disability pension you cannot receive a refund of contributions at a later date for service prior to receiving the disability pension.

## **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, or if the Board finds you disabled, to a service connected disability pension.

## **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 not taxed up to the percentage the Board establishes, using the rating schedule, as your disability. If you are granted an additional percentage based upon years of service, this amount is taxable.

**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, or 22 if the child is still in college, (the ages at which minor's benefits are terminated) or dependent children. A medical report documenting a dependent child's medical condition (i.e., disabled from earning a livelihood) 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 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@FPPEN.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
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CHILDREN	DATE – PLACE OF BIRTH	SSN
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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.).

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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").]

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@FPPEN.LACITY.ORG

TO: Tier 3 Disability Pension Applicant

Please read the attached ACKNOWLEDGEMENT AND WAIVER--TIER 3 and sign below indicating that you have received a copy for your information. Retain the waiver form for further reference.

The conditions described affect only Fire and Police Pension Plan members of Tier 3 that have more than 15 years of service. If these provisions apply to you, the Pension Claims Analyst assigned to process your application will answer any questions you may have and will provide you with tentative pension rates soon after your application has been received.

Calculation of your tentative pension rates will be based on your original appointment date through the date you file your application for disability retirement. Final pension rates, based on your total years of service, will be provided to you at the time your application is scheduled for hearing before the Pension Board.

Christopher J. Annala  
Pension Claims Officer

\* \* \* \*

TO: Board of Fire and Police Pension Commissioners

I have received the ACKNOWLEDGEMENT AND WAIVER---FIRE AND POLICE PENSION PLAN TIER 3 statement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT AND WAIVER**  
**Fire and Police Pension Plan**  
**Tier 3**

I, \_\_\_\_\_, am a plan member under the provisions of Fire and Police Pension Plan Tier 3 of the City Charter. On \_\_\_\_\_ I applied for the benefit of a disability pension pursuant to Section 1506 of the City Charter. Said section, in part, provides that:

A Plan Member retired under the provisions of this subsection shall be paid thereafter a monthly service-connected disability pension in an amount which shall be equal to the same percentage of the Plan Member's Final Average Salary as the Board shall determine, from time to time, to be the percentage of his or her disability. Such pension shall be in an amount of not less than 30% and not more than 90% of the Retired Plan Member's Final Average Salary, but in no case shall the pension be less than the equivalent of 2% of Final Average Salary for each Year of Service of the Retired Plan Member. (Section 1506(a))

After a Retired Plan Member whose active status as a Department Member has been terminated by reason of his or her retirement has been retired on a service-connected disability pension or on a nonservice-connected disability pension for five (5) years, and has been found to be no longer disabled, the Board shall adjust such Retired Plan Member's pension to 30% of his or her Final Average Salary. However, the pension of any Retired Plan Member, terminated by reason of his or her resignation or discharge as a Department Member, shall cease when the incapacity or disability for which he or she received a disability pension shall cease. (Section 1506(d))

All Retired Plan Members on a disability pension shall undergo medical examinations at periodic intervals, as determined by the Board, for the first five (5) years of their disability retirement, except in those instances in which the Board has determined that, due to the nature of the disability, no purpose would be served. Retired Plan Members who receive service-connected disability pensions exceeding 30% of Final Average Salary and Plan Members who terminated City employment by reason of resignation or discharge prior to being granted a disability retirement, shall thereafter undergo medical examinations as determined by the Board. (Section 1506(e))

I acknowledge that I understand these provisions to mean that the maximum available disability pension legally authorized by the above provisions is 90% but initially could also be as low as \_\_\_\_% of my final average salary. I furthermore acknowledge that I know and have been advised that, as of the date of the Board's consideration of my claim, if I were to retire pursuant to Section 1504 of the City Charter, having attained 50 years of age and a minimum 10 years of service, or 20 years of service, respectively, I would be entitled to a service pension equivalent to an amount representing \_\_\_\_\_% of my final average salary.



## **INFORMATION SHEET**

### **FINAL AVERAGE SALARY DESIGNATION**

As a member of the Fire and Police Pension Plan (Tier 3 of the City Charter) you have the right under Charter Section 1502(o) to designate the twelve (12) consecutive months of service as a Plan Member upon which your "Final Average Salary" is to be based, in the event you are granted a pension by the Board of Fire and Police Pension Commissioners. The section further allows that designation to be determined by the surviving spouse if the Plan Member should die prior to making the election. An excerpt of Charter Sections 1502(o) is attached for your information.

Designation forms are attached. Please return the appropriate completed form to your 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.

If you have any questions, please contact your Pension Claims Analyst at (213) 485-2748.

Disability Pension Section  
Department of Fire and Police Pensions

Attachments

## E X C E R P T

### Fire and Police Pension Plan, 1500 Tier 3

#### Charter Section 1502(o)

(o) "Final Average Salary" means an amount equivalent to a monthly average of salary actually received during any twelve (12) consecutive months of service as a Plan Member as designated by the Plan Member. In the absence of such designation, the last twelve (12) consecutive months preceding the date upon which retirement would become effective shall be used as the basis for the calculation of Final Average Salary.

For the purposes of determining Final Average Salary, periods during which the Plan Member receives less than full salary on account of injury or illness, pursuant to any applicable ordinance of the City, shall be included in the calculation of Final Average Salary based upon the salary, including any length of service pay, special pay, assignment pay or hazard pay, the Plan Member would have received but for the injury or illness.

Included in the calculation of Final Average Salary shall be Length of Service Pay, Special Pay, Assignment Pay and Hazard Pay actually received during the twelve (12) consecutive months used to determine Final Average Salary. To the extent that Hazard Pay was not received during all or any part of the twelve (12) consecutive months used to determine Final Average Salary, then it shall be included in the calculation of Final Average Salary only if the Plan Member retires at the same rank as that occupied by him or her at a time when Hazard Pay was received during a period or periods other than the twelve (12) months used to determine Final Average Salary, and for each such completed twelve (12) month period during which the Plan Member served at the rank and received Hazard Pay, he or she shall be entitled to have included in the Final Average Salary ten (10%) percent of the Hazard Pay which would have been payable had the hazardous duty been performed during the period for which the Final Average Salary is calculated; provided, however, that the total amount includable in the Final Average Salary for Hazard Pay may not exceed 100 percent of the amount the Plan Member would have received had he or she been entitled to Hazard Pay during the entire twelve (12) month period utilized in the calculation of Final Average Salary.

Overtime compensation or payments of money to the member not designated as salary by an ordinance of the City shall not be considered for purposes of calculating Final Average Salary.

Notwithstanding any of the foregoing, if a Retired Plan Member were to be restored to active duty as a Department Member and thereby again were to become a Plan Member and if he or she again were to retire or to be retired without having performed his or her duties for at least one (1) year subsequent to such restoration, which year shall not include any time off from work by reason of any injury or illness which had been caused by or contributed to by any injury or illness which had been sustained or suffered by him or her prior to such restoration, the Final Average Salary which shall be applicable to his or her later retirement shall be the Final Average Salary which had been applicable to his or her previous retirement.

Should a Plan Member not have completed twelve (12) consecutive months of service as a Plan Member, then and in that event only shall the Final Average Salary be calculated as a monthly average of all consecutive calendar months completed, and, if the Plan Member has completed less than one (1) month of total service as a Plan Member, the salary actually received shall be used to calculate its monthly equivalent.

**FINAL AVERAGE SALARY DESIGNATION**

Pursuant to City Charter Section 1502(o), Tier 3 members have the option of designating the twelve (12) consecutive months of service as a Plan Member for determining the "Final Average Salary" used to compute the monthly pension entitlement. The section further allows that designation to be determined by the surviving spouse if the Plan Member should die prior to making the election.

I acknowledge that it is my responsibility to obtain my "bad time" history from my Department's Accounting/Payroll Section. I have reviewed my "bad time" history report and have been informed that the inclusion of any "bad time" during the twelve (12) month period I have selected will result in a reduction of my Final Average Salary.

**I further understand that this is a one-time, irrevocable election.**

**ELECTION #1**

I elect to have my pension entitlement calculations based on the last twelve (12) consecutive months of my employment.

Member's Name: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_



## 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.**

## INFORMATION SHEET

### Optional Pensions for Qualified Spouse and Qualified Domestic Partner

City Charter Section 1508(b) [Tier 3] provides for "Optional Pensions for Qualified Surviving Spouse." This provision enables you to elect to provide for more than the standard 60% survivor's pension for your spouse or qualified domestic partner in case you die first. The larger pension for your spouse is contingent on your agreeing to receive a lower pension amount during your lifetime.

Following is an example:

Shortly after you apply for a service pension, you are advised that your monthly pension amount will be \$1,000. Under the standard Charter provisions, if you die before your spouse/domestic partner, your surviving spouse/domestic partner would receive 60 percent of your pension or \$600 per month for the rest of her/his life.

You decide that you want your spouse/domestic partner to receive 75 percent of your pension after your death to meet expected living expenses.

Assuming you are 55 and your spouse/domestic partner is 51, using actuarial tables, it is determined that the 75 percent continuance to your spouse/domestic partner after your death can be provided if you agree to accept a monthly pension of \$973 per month, or \$27 less than what you would receive if you did not elect a higher than standard continuance to your spouse/domestic partner.

You may elect a higher continuance to your spouse/domestic partner in 5 percent increments anywhere between 60 percent and 100 percent. The higher the continuance you elect, the lower your monthly pension amount will be during your lifetime. As another example, if you elect a 100 percent continuance and you are 55 and your spouse/domestic partner 51, your monthly pension would be \$931 per month. Then, if you die before your spouse/domestic partner, he/she would continue to receive the same \$931 per month for the rest of her/his life, plus any cost of living adjustments that may be provided in future years.

Once you have determined either not to elect a higher than standard continuance to your spouse/domestic partner or to elect a higher continuance, your decision at a later date cannot be cancelled or changed, even if your spouse/domestic partner dies or your marriage/domestic partnership is dissolved. However, should your pension amount be reduced upon review of your disability pension, you have the right to cancel the higher continuance at that time.

If you have any questions, please call the Service Pensions Section, Department of Fire and Police Pensions at (213) 485-2836.

## **EXCERPT**

### **CITY CHARTER ARTICLE XI**

#### **Sections 1508(b), 1214**

(b) Optional Pension for Qualified Surviving Spouse or *Domestic Partner*.

At any time before the first payment of a service pension, a service-connected disability pension or a nonservice-connected disability pension, the Plan Member may elect to receive, in lieu of his or her pension as provided in Section 1504 or Section 1506, the actuarial equivalent at that time of such pension and of the pension for the Qualified Surviving Spouse or *Domestic Partner* as provided in subsection (a) of this section, by electing an optional pension payable throughout the balance of his or her life, with the provisions that upon his or her death such optional pension shall be continued to the Plan Member's Qualified Surviving Spouse or *Domestic Partner* in the proportional amount designated by the Plan Member at the time of election of the option provided by this section.

The amount of such optional pension shall be so calculated that the liability of the Fire and Police Pension Plan-Tier 3 at the date of retirement under the optional pension shall be equal to the liability of the Fire and Police Pension Plan-Tier 3 at the same date under the pension awarded in accordance with the provisions of Section 1504 and Section 1506 and of the survivorship pension provided by subsection (a) of this section. For the purpose of this section, the liability of the Fire and Police Pension Plan-Tier 3 is defined as the present value, in accordance with tables adopted by the Board, of pensions or optional pensions calculated by approved actuarial methods, and recommended by the Board's actuary. In determining the actuarial equivalent of the pension for a Qualified Surviving Spouse or *Domestic Partner* as provided pursuant to paragraphs (3), (4), and (5) of subsection (a) of this section, the equivalent of a 60% survivorship pension shall be used in all cases.

Provided further, that the optional amounts, calculated in accordance with the foregoing paragraph, shall provide a range of optional values such that the amount to be paid to the Qualified Surviving Spouse or *Domestic Partner* of the Plan Member shall range from 60% to 100% of the pension payable to the Plan Member, varying by increments of 5%.

If a Retired Plan Member, previously retired on a disability pension pursuant to the provisions of Section 1506, should be reinstated to active duty upon termination of his or her disability, the election to receive the optional pension herein provided, shall be deemed cancelled as of the effective date of such reinstatement.

A Retired Plan Member, previously retired on a disability pension pursuant to the provisions of Section 1506 and whose pension has subsequently been adjusted as provided for in Section 1506, shall have the right to cancel any option previously elected by him or her pursuant to the provisions of this subsection.

The Board shall by rule provide for a method in which the election to receive an optional pension shall be exercised.

**ELECTION**

**Optional Pensions for Qualified Surviving Spouse or Qualified Domestic Partner**

I have been provided with explanatory written material, including the text of Charter Section 1508(b) Tier 3, and I fully understand the provisions for optional pensions for a qualified surviving spouse or domestic partner.

I elect to provide no increased pension continuance to my spouse or domestic partner in the event I predecease her/him.

Member's Name: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Signature of Member's  
Spouse or Domestic  
Partner: \_\_\_\_\_

Date: \_\_\_\_\_

**ELECTION**

Optional Pensions for Qualified Surviving Spouse or Qualified Domestic Partner

I have been provided with explanatory written material, including the text of Charter Section 1508(b) Tier 3 and I fully understand the provisions for optional pensions for a qualified surviving spouse or domestic partner.

Pursuant to the provisions of Charter Section 1508(b) Tier 3, I elect to provide for a \_\_\_\_\_ percent survivorship pension for my spouse or domestic partner in the event I predecease her/him.

I understand that this election will result in my initial monthly pension amount being \$\_\_\_\_\_ instead of the \$\_\_\_\_\_ I would receive if I did not elect the higher than standard survivorship pension for my spouse or domestic partner.

I further understand that except as otherwise provided in the Charter Section, this election is **irrevocable** once executed.

Member's Name: \_\_\_\_\_

(Please Print)

Social Security Number: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Signature of Member's  
Spouse or Domestic  
Partner: \_\_\_\_\_

Date: \_\_\_\_\_

Fire and Police Pension Plan Tier 3 - Disability Pension

**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*