



Application for Public Safety Employee Benefits Act (“PSEBA”) Benefits

The completion of this Application shall provide a fair and efficient method for determining eligibility of a full-time sworn police officer for the benefits enumerated under the Public Safety Employee Benefits Act (820 ILCS 320/1 *et seq.*) through an administrative process, including if necessary, an administrative hearing. (Ord. 3046, 3-5-2020). Application completion does not automatically qualify one for benefits. Additional information may be requested or required. Failure to complete or provide sufficient details of the circumstances of the incident may result in denial of benefits.

Employees or family member(s) of injured or deceased employees, who may qualify for PSEBA benefits must file a full and complete application in writing with the Village Manager no later than sixty (60) days from the date of issuance of a written decision by the Police Pension Fund Board granting a line of duty disability pension. Failure to timely file a full complete application shall result in a forfeiture of benefits under PSEBA.

Name of Individual Completing Application: _____

Telephone Number of person completing application: _____

If the person completing this application is not the sworn police officer, state your relationship to the injured or deceased. _____

Was the injured/deceased a full-time sworn police officer? Yes No

That person is: INJURED or DECEASED *circle one*

The undersigned states, under oath, as follows:

Name of Injured/Deceased sworn police officer: _____

Telephone Number(s): _____

Address: _____

Village/State/Zip: _____

Village of Riverside hire date as full-time sworn police officer: _____

1. Describe in detail when, where and how injury and/or death occurred; provide all additional documentation relevant to statement: (Attached additional pages if needed)

2. List any and all witnesses to the injury and/or death for which PSEBA benefits are sought, with contact information (full name, address, telephone)

3. Identify the individual to whom the injury was reported, and circumstances surrounding report. If the report was not made contemporaneous to the injury, explain why.

Name _____ Telephone _____

Address _____

Reporting Circumstances _____

Explanation _____

4. Explain your firsthand knowledge how the injury or death directly resulted from any of the following: (attach additional pages if needed).

- (a) Response to fresh pursuit;
- (b) Response to what is reasonably believed to be an emergency;
- (c) Response to an unlawful act perpetrated by another; or
- (d) Participation during the investigation of a criminal act:

5. The names, addresses, and telephone numbers of witnesses the Applicant intends to call at the PSEBA hearing, along with their anticipated testimony subjects and any opinions the witnesses are expected to give:

6. Provide Police Incident Report Number (s) _____

7. Include the police report with this application.

8. Describe the nature, extent, date, and circumstances of any previous personal injuries or illness that created any temporary, partial or permanent disability for the sworn police officer. This information should be provided without regard to the work related nature of the injury or illness. Provide the name, address and telephone number of the treating physician(s).

9. Did any of the injuries identified in the question immediately preceding affect the sworn police officer's ability to perform his/her job duties (or the essential functions of his/her job) in any manner? If yes, please explain how the officer was affected. _____

10. Aside from the accident for which the sworn police officer is seeking benefits, has any physician rendered an opinion that the public safety officer is physically unable to perform the essential functions of the job of a sworn police officer. If yes, provide physician's name, telephone number and email. _____

11. State whether the sworn police officer was employed by any other employer or was self-employed in the twelve (12) months preceding the injury. If so, identify the employer including telephone number, position held, and hours worked. _____

12. If the sworn police officer is not currently employed by the Village of Riverside, provide the name, address and telephone number of the current employer. _____

13. Did the Village's Police Pension Fund Board grant a line-of-duty disability pension?

Yes No

14. If yes, Date pension was granted _____; provide a copy of the Pension Board decision. In addition, provide copies of any materials submitted in support of such a pension and any other materials that were considered by the Pension Board:

15. If no, provide the decision date _____; provide copy of the pension application (if any) along with copies of materials submitted.

16. Provide additional facts that may qualify the injured or deceased sworn police officer for PSEBA benefits:

17. Did injured or deceased sworn police officer or a family member on his/her behalf previously make a request for benefits? If so, date request was made _____. How it was made

_____;

To whom was it made: _____.

Provide all documentation supporting the previous request for benefits.

18. Name, age, and relationship of legal dependents of the sworn police officer: (Provide a copy of marriage license and each dependent child's birth certificate with this application.) _____

19. Is the sworn police officer eligible for health insurance benefits through his/her current employer? If yes, list benefits offered. _____

IF THE APPLICANT IS DECEASED complete #20 - 24

20. If the sworn police officer's spouse is currently employed, list the name, address and telephone number of the employer. _____

21. If the sworn police officer's spouse is eligible for health insurance benefits through their current employer, provide details of benefits offered. _____

22. If the sworn police officer's child(ren) is currently employed, provide the name, address and telephone number of the employer(s). _____

23. If the sworn police officer's child(ren) is eligible for health insurance benefits through their current employer, provide details of benefits offered. _____

24. Is the child(ren) of the public safety officer eligible for health insurance benefits through any other source, such as a mother or father who is not the spouse of the applicant? If so, provide the details of the eligibility for insurance including the identity and relationship of the individual through whom the child(ren) are eligible for insurance.

25. The Act states that benefits shall be provided to the injured sworn police officer, the sworn police officer's spouse and each dependent child of the sworn police officer. List other current sources of health insurance benefits payable to the injured or deceased sworn police officer through other employment, other entity or spouse; include company name, benefit plan, description of benefits AND costs to you and/or spouse for single and/or family coverage.

26. Essential Functions of the Position of Sworn police officer

From the position description provided by the Village, list the essential functions that you or the injured sworn police officer are unable to perform. Also list any reasonable accommodations that you feel could be made to allow you or the injured sworn police officer to perform functions as a sworn police officer.

It will be assumed that you or the injured sworn police officer is able to perform those duties not listed without accommodation.

Duty Unable to Perform	Reasonable Accommodation Suggested to Perform Duty

The PSEBA application must be submitted to the Village Manager in its entirety.

A review of the application shall not occur until the application is complete. On the date that the PSEBA application is deemed complete by the Village, the completed application shall then be submitted to the Village Manager as the Preliminary Record, and a copy of the same shall be date stamped and provided to the Applicant.

Upon receipt of a complete application for PSEBA benefits, the Village Manager shall set the matter for an administrative hearing before a hearing officer to make a determination on whether to grant the Applicant PSEBA benefits based on the result of the administrative hearing.

The Applicant will be given written notice of the date, time and location for the scheduled administrative hearing to be served not less than ten (10) days prior to the commencement of the hearing. If the Applicant, upon receiving written notice of the administrative hearing, cannot attend said date, the Applicant must contact the hearing officer in writing within seven (7) days after being served. The hearing officer shall establish an alternative hearing date which is within thirty (30) days of the original hearing date. Failure to appear at the administrative hearing shall result in denial of PSEBA benefits. (Ord. 3046, 3-5-2020)

Medical Information

To determine eligibility for PSEBA benefits, the Village of Riverside will review relevant medical records concerning the injured sworn police officer. Please have the waiver form (attached as Appendix 1) completed to authorize the Village of Riverside to review these medical records.

VERIFICATION OF INFORMATION PROVIDED BY APPLICANT

This statement is made for the sole purpose of receiving benefits under the Public Safety Employee Benefits Act from the Village of Riverside. The information contained in this application is true to the best of my knowledge and belief. I understand that it is unlawful for a person to *willfully and knowingly make*, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided by the Public Safety Employee Benefits Act. 820 ILCS 320/10(a)(3). Such actions constitute a Class A Misdemeanor and can serve as the basis for denial or forfeiture of any benefits paid out under the Public Safety Employee Benefits Act.

I agree to abide by the requirements set forth above for retention of any benefits provided by the Village of Riverside.

I, _____, being duly sworn, and state that I have reviewed the information provided in this application FOR BENEFITS UNDER THE PUBLIC SAFETY EMPLOYEE BENEFITS ACT, and declare, under the penalties provided by law pursuant to section 1-109 of the Code of Civil Procedure, that the statements set forth herein are true and correct, except as to matters therein stated to be on information and belief and as to such matters, I certify that I believe them to be true.

Signature of Applicant

Date

State of Illinois _____)
County of _____)
Subscribed and sworn to
Before me this _____ day of

_____, 20____

Notary Public

MEDICAL INFORMATION RELEASE
(Required for **each** health care provider)

To: _____ (fill in any health care provider’s name and address)

and _____ (fill in any hospital(s) or practice(s) name and address)

I hereby authorize my physician, physical therapist, and any other health care providers, as well as the institution(s) with which they are affiliated, to release to the Village of Riverside and/or its representatives any medical records or other medical information (including but not limited to medical or mental health records, reports, x-rays, photographs, notes, bills, payment schedules, prescriptions, insurance records or claim forms) which relate in any way to my ability to perform the essential duties of a Public Safety Officer with the Village as well as my eligibility for benefits under the Public Safety Employee Benefits Act. This includes, but is not limited to, disability pension proceedings, worker's compensation records, and medical records and specifies the name and address for pertinent health care provider(s). The above described medical records and information should be released to Ashely Monroe of the Village of Riverside or any other authorized Village representative.

This request specifically includes the release of any records relating to my current or past mental health status as deemed relevant by the Village, so that the Village may assess my qualification for benefits under the Public Safety Employee Benefits Act. I understand that by releasing these records, I am waiving any rights I might have under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, which governs disclosure of certain confidential mental health information. I understand that if I refuse to consent to disclose these records, the Village may proceed with determining my eligibility for benefits under the Public Safety Employee Benefits Act based on only what information it has currently. This consent will expire one year from the date next to my signature, unless I revoke it earlier, in writing, signed by a witness. I understand any such revocation will not be effective until delivered to the health care providers listed above and will not affect any prior release of information. I understand I may ask to inspect and/or copy the records which are being released.

Name

Date

Witness