



# 1977 FUND DISABILITY BENEFIT DETERMINATIONS

1977 POLICE OFFICERS' & FIREFIGHTERS'  
PENSION AND DISABILITY FUND

## Local Board Process

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

## INPRS's Process


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

## Process for When a Member Requests to Return to Active Duty

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



# Common Mistakes Made on Submitted Disability Applications



**INDIANA PUBLIC RETIREMENT SYSTEM**

**APPLICATION FOR DISABILITY BENEFITS**  
**1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND**

State Form 10564 (R3 / 7-09)

**1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND**  
 143 West Market Street  
 Indianapolis, Indiana 46204-2899  
 Toll Free: 1-888-526-1687

\* This agency is requesting disclosure of Social Security Numbers in accordance with IRS code; disclosure is mandatory and this form will not be processed without it.

**INSTRUCTIONS:**

1. Please type or print.
2. Please submit a copy of the birth certificate. Documents showing the date of birth may be a photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Attach an English translation to any foreign document.
3. Please have this application notarized.
4. All of the above items must be provided; this application will not be processed without them.

TO BE COMPLETED BY APPLICANT

Full name (first, middle, last)		Date of application (month, day, year)
Address (number and street, city, state, and ZIP code)		
Telephone number ( )	Social Security Number *	Date of birth (month, day, year)
Marital status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single	If married, name of spouse (first, middle, last)	
Social Security Number of spouse *	Date of birth of spouse (month, day, year)	
Municipality where employed	Municipality account number	<b>1.</b> Date of hire (month, day, year)
Type of disability <input type="checkbox"/> Converted member <input type="checkbox"/> '77 Fund <input type="checkbox"/> Disabled after left force	Have you received or will you receive any other income while on disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of income	Amount of income	

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

Signature of applicant	Printed name	Date (month, day, year)
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CERTIFICATION OF NOTARY PUBLIC

STATE OF \_\_\_\_\_

SS:

COUNTY OF \_\_\_\_\_

The above information was subscribed and sworn to before me, a notary public, in and for the state and county above named, by the applicant, who is to me personally known, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)

TO BE COMPLETED BY LOCAL PENSION BOARD

Disability period	Last day of full pay from the Department (month, day, year)	Class of disability
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## 1. Date of hire

The date entered must be member's actual date of hire. Some members who have converted from the pre-1990 plan to the 1977 Fund will fill in this section with the date they converted to the 1977 Fund, rather than their hire date.

## 2. To be completed by local pension board

### Last day of full pay from the Department:

The date entered must be the last day that the member is on payroll for the department.

### Class of Disability:

This section only applies to post-1990 members. Pre-1990 members don't have a class of disability.



### 3. Last day in pay status

This section must be completed in order for INPRS to start processing the member's benefit. The member cannot start receiving benefits if they are still being paid by the local unit, **including paid leave and severance pay.**

CERTIFICATION OF EMPLOYER		
I hereby certify that the individual named below is a member of the city and department listed below and is covered by the 1977 Pension Fund. I further certify that there is no suitable and available work, considering reasonable accommodations pursuant to the Americans with Disabilities Act (where applicable), for which he/she is or may be capable of becoming qualified. Should this individual return to work, I will notify the 1977 Police Officers' and Firefighters' Pension and Disability Fund in writing.		
Name of member (first, middle, last)	City	Work status <input type="checkbox"/> Able <input type="checkbox"/> Unable
Department	Telephone number ( )	
Signature of chief		Date (month, day, year)

LAST DAY IN PAY STATUS		
Federal law prohibits the Public Employees' Retirement Fund (PERF) from making distributions from the Fund prior to "separation from employment." Uninterrupted service in any capacity or re-employment that is a continuation of employment will prevent PERF from making distributions to the employee from the Fund.		
It is against Federal and State law for an employee to have an agreement with a covered employer to become re-employed in a covered position after retirement.		
Last day in pay status is the last day for which this employee was entitled to receive his or her regular wages. It will typically not be the last check date. Regular wages paid may include pay for a day worked, a sick day, vacation day or another paid leave permitted under your personnel policy. The last day in pay status is needed to process this member's benefit.		
Last day in pay status (month, day, year)	Date of last check, if known (month, day, year)	Did the employer-employee relationship extend beyond the last day in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.		
Signature of city controller / clerk treasurer / trustee	Title	Date (month, day, year)

*Every attempt has been made to verify that the information in this publication is correct and up-to-date. Published content does not constitute legal advice. If a conflict arises between information contained in this publication and the law, the applicable law shall apply.*