	STANDARD OPERATING PROCEDURE State Form 39870(R/S-06)	Reference Number HMR-021
	Subject Line of Duty Illness or Injury by Employees in ISP Pension and Benefit Fund	
	Special Instructions Replaces HMR-021 dated November 5, 2012	Effective Date **January 15, 2015**

I. **PURPOSE**

Establish guidelines for reporting alleged line-of-duty illness or injury by Department employees in the pension and benefit program.

II. **POLICY**

Employees who suffer an alleged line-of-duty illness or injury, even though the illness or injury does not result in an absence from duty, shall prepare and submit the claim as outlined in this procedure.

An alleged line-of-duty illness or injury must have been sustained while performing a police function as determined by Human Resources and the Pension Advisory Board.

The Indiana State Police Health Care Plan shall not be utilized to pay for claims resulting from any alleged line-of-duty illness or injury.

III. **AFFECTED REPORTS**

The following documents are required (as explained in the following procedure) for every alleged line-of-duty injury or illness claims (initial and subsequent):

1. Injury and Illness Report, located on the employee's Shield calendar, and submitted electronically;

2. "Report of Personal Injury or Illness" form (State Form #35108R / ISP Stock #618);

3. "Authorization for Disbursement" form (State Form #36144 / ISP Stock #701);

4. "Report of Claim" form (State Form #25516 / Stock #700);

5. Indiana Worker's Compensation First Report of Employee Injury/Illness report (State Form #34401);

6. All medical bills; and/or

7. The Anthem form.

IV. **PROCEDURE**

A. For all initial reports of injury or illness claims alleged to be in-line-of-duty, employees enrolled in the pension and benefit program shall forward the following to the Benefits Section of the Human Resources Division:

1. One (1) original (completed front and back) of "Report of Personal Injury or Illness" form;

a. The back of the form, the "Physician's Report" section, shall be completed by the attending physician and shall contain information about the injury or illness and what treatment was administered;

b. The attending physician shall also include a medical opinion as to the cause or origin of the injury or illness;

c. All forms being submitted shall be reviewed by the employee's commanding officer for completeness; and

(1) When said employee alleges line-of-duty injury or illness, the commanding officer shall complete the "Commanding Officer's Report" section on the back of the "Report of Personal Injury or Illness" report. The commanding officer shall include all pertinent and relevant information that substantiates or denies the line-of- duty claim concerning the injury or illness, and

(2) Such statement by the commanding officer shall include an opinion as to whether or not the reported injury or illness is service connected and whether or not there is evidence indicating liability from an individual (Department employee or non-Department person) for the injury or illness.

d. If the employee submitting the report was not on duty at the time of the injury or illness, the Commander shall indicate whether the employee was performing a function that was police or job related in nature; and

e. If the "Report of Personal Injury or Illness" form is submitted late, an explanation as to why it is late shall be attached.

2. One (1) notarized original "Authorization for Disbursement" form;

3. One (1) original copy of "Report of Claim" form (completion of the front side of the form only is required);

a. The "Report of Claim" form has a "subrogation clause" that means if the claim is paid and the employee has a settlement with whomever caused the injury or illness, the employee agrees to reimburse the Benefit Fund for the amount expended.

b. The “subrogation clause” on the “Report of Claim” form shall be signed by the employee submitting the form.

4. All medical bills (at least one (1) is required);

5. One (1) completed Indiana Worker’s Compensation First Report of Employee Injury/Illness Report (State Form #34401); and

6. One (1) Anthem form.

B. Upon receipt of the initial “Report of Personal Injury or Illness” form, the Pension Advisory Board will determine if the injury or illness is a line-of-duty claim.

C. For all subsequent line-of-duty-injury or illness claims, employees shall forward the following to the Human Resources Division:

1. One (1) original “Report of Claim” form (completion of the front side of the form only is required). The “Information” section on the form shall reference the date of the original claim. The “subrogation clause” on the “Report of Claim” form shall be signed by the employee submitting the form; and

2. All medical bills (at least one (1) is required).

D. A copy of all completed “Report of Personal Injury or Illness” forms, determined to be in-line-of-duty injuries or illness, shall be sent monthly to the Department OSHA Safety Coordinator by the Benefits Section of the Human Resources Division.

E. All reports, medical expense information and other attachments relative to an initial or subsequent-line-of-duty-injury or illness claim shall be received by the Benefits Section of the Human Resources Division within 30 days (if possible) after treatment/expense has occurred.

F. This procedure is to be used in conjunction with all relevant Department regulations, rules, policies, and procedures.