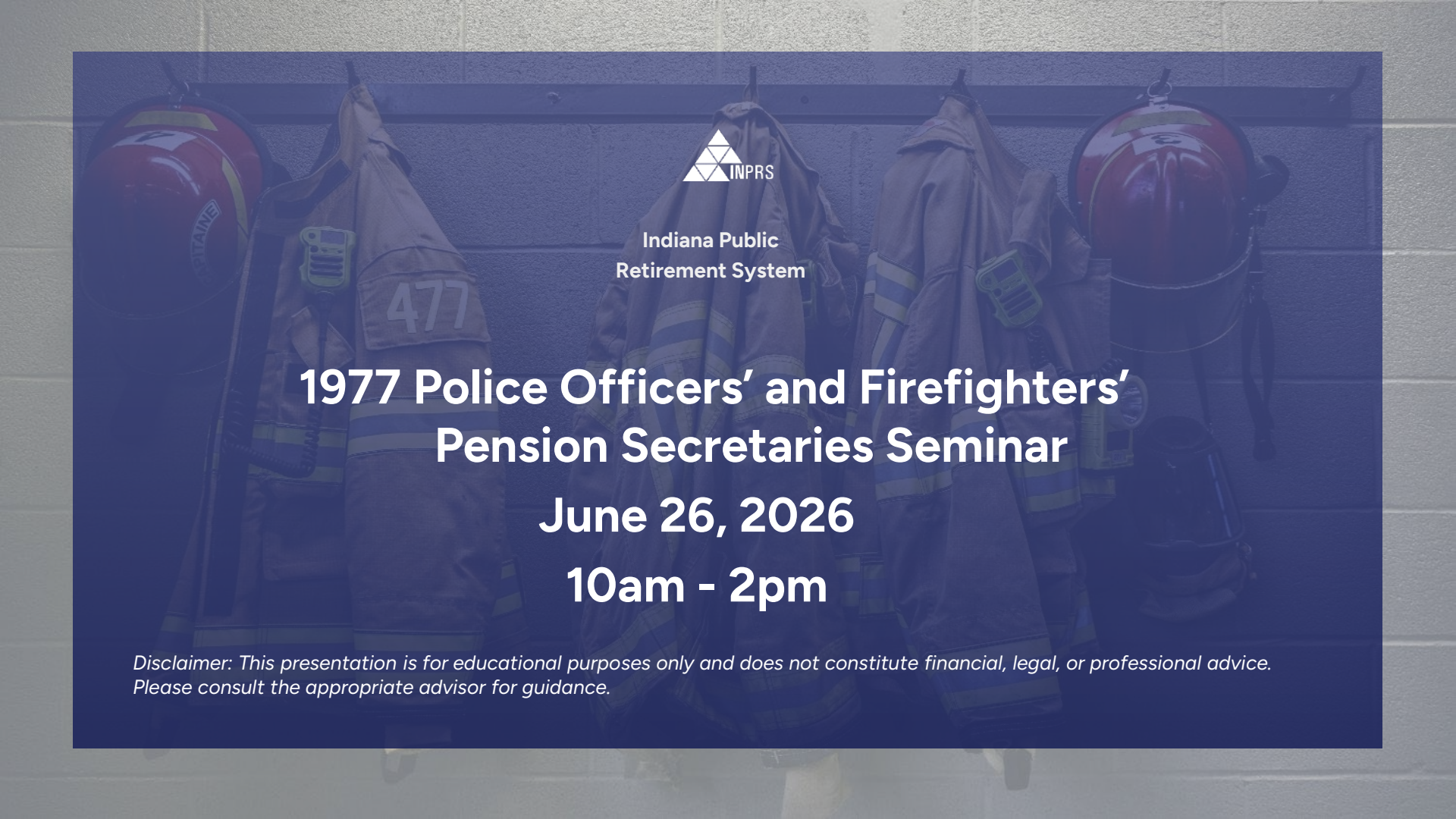


Indiana Public
Retirement System

1977 Police Officers' and Firefighters' Pension Secretaries Seminar

June 26, 2026

10am - 2pm

Disclaimer: This presentation is for educational purposes only and does not constitute financial, legal, or professional advice. Please consult the appropriate advisor for guidance.

Agenda

- Digital Disability & Baseline Application
  10am– 10:15am
- INPRS Actuary - Health of Fund -
  10:15am -11:45am
- Break – 11:45am – 12pm
- 77 Fund Disability Application
  12pm – 1pm
- Dr. Higginbotham – 1pm-2pm

INPRS

77 Fund Baseline & Disability Application Advisory Council

Digital Disability & Baseline Application

Presenter – Lindsey Napier

Center of Excellence Manager


INPRS
EASI Portal
Coming October 2026

EASI: Employer Access System Indiana

- One stop shop for communication
- Enhanced view of member and submission unit information
- Digital application submission portal
- Portal to get to ERM

EASI Impact on 1977 Fund

Digital submission of the baseline and disability applications!

Application submission

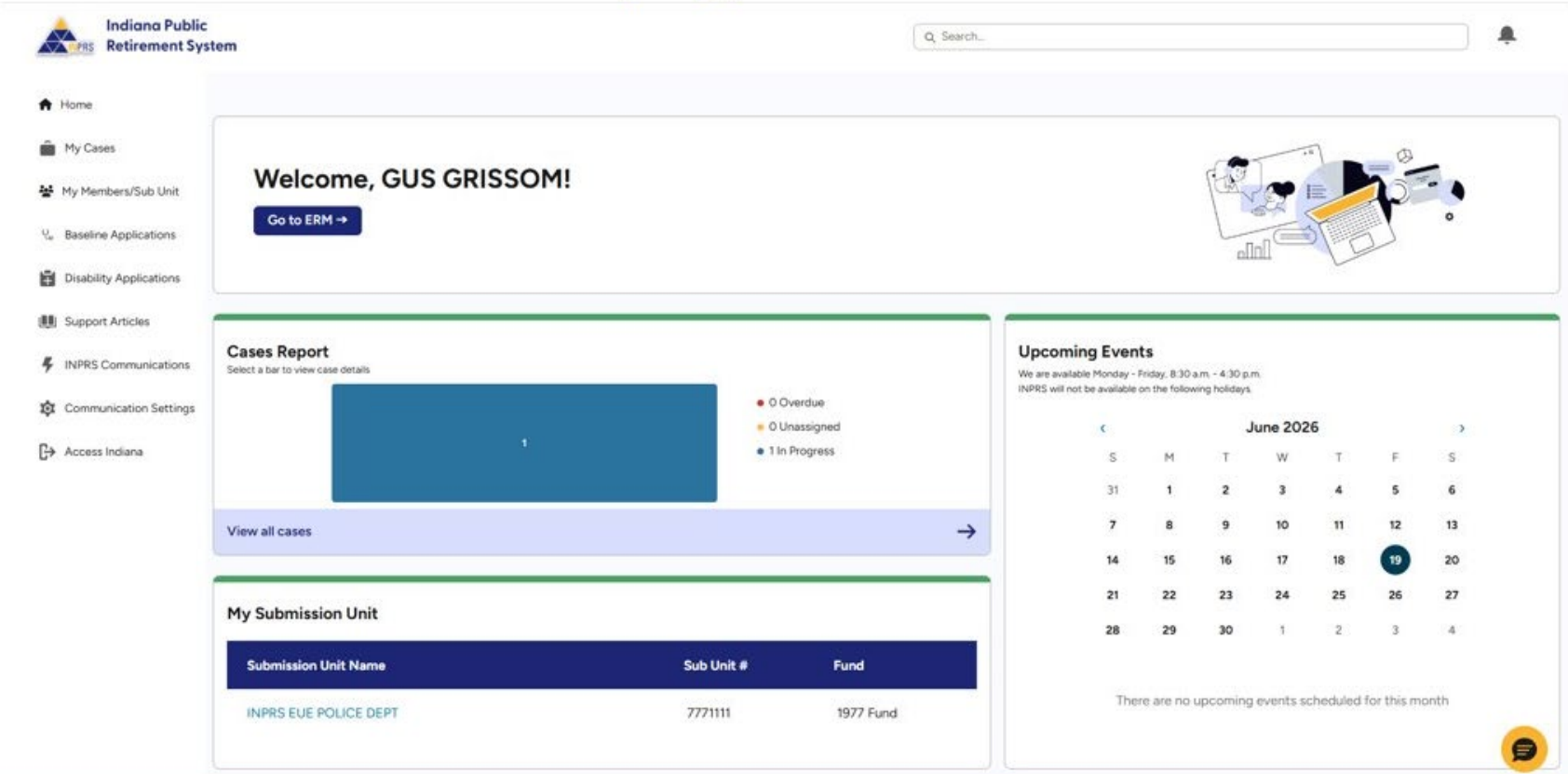
Application progression and status visibility

Case Management

Monitor baseline and disability applications directly in the portal rather than relying on informal follow-up

Respond to requests for information

Portal Preview - Homepage



Baseline Application Submission Process

Search for the applicant

Enter member details

Upload member application & medical documents

Baseline Application Preview

Document Name	Status
Physician Medical Testing Documents	Submitted
Baseline Application Packet	Submitted

Files

Medical Documents
pdf
06/12, 2:57 PM

1977 Police Officers' & Firefighters' Fund Application for Membership (State Form 04 928) (6)
pdf
06/12, 2:57 PM

Cases

Application Details | Medical Authority Details

Application Details

Applicant First Name
Lola

Applicant Last Name
Peter

Application Name
018373

Application Submitted Date

Applicant Email
LP@gmail.com

Applicant Phone Number
1231231234

Applicant Address
1234 Indy

DOB
06/14/1944

SSN
123412343

Planned Hire Date

Hire Date

Processing Deadline

Hold

Disability Application Submission Process

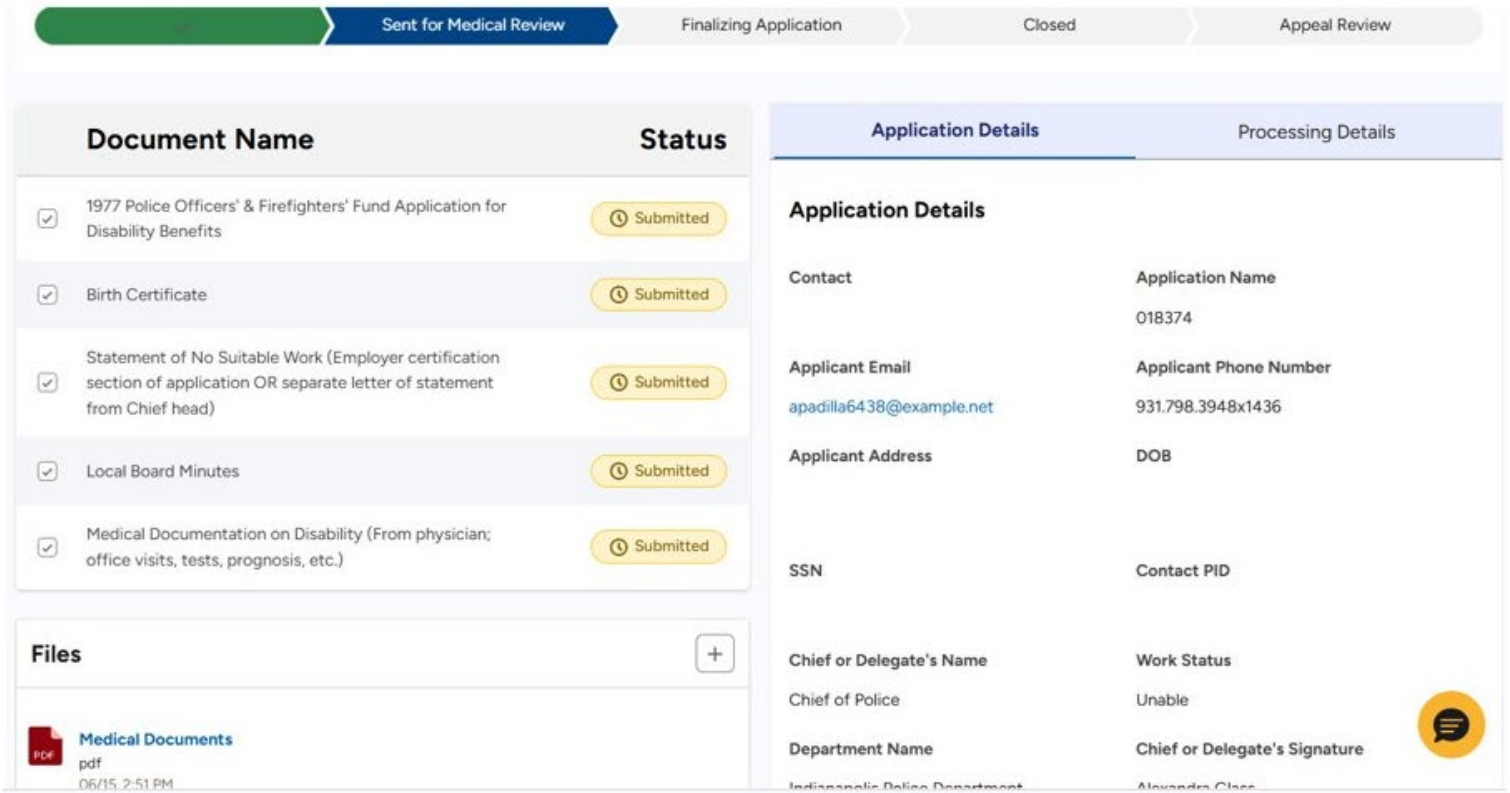
Search for the member

Select the member

Confirm the member is unable to work

Upload member application, local board minutes, & relevant medical documents

Disability Application Preview



Training

Realistic application scenarios

Common exceptions and follow-up requests

Guided practice rather than static documentation

Group-based learning with reinforcement tools for reference

More training details will be shared closer to launch

What's Next

Before the Portal's launch this fall, employers can expect...

EASI

Regular updates
via newsletters & email

Training communication

User Acceptance Testing (UAT) by peers!

INPRS
INDIANA PUBLIC RETIREMENT SYSTEM

Questions?

Health of the 77 Fund

Presenter – Andy Blough

Chief Actuary

A place where they bury dead actors

A human risk detector

The reason insurance companies sleep soundly at night

What is an actuary?

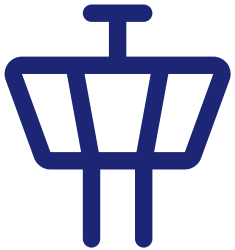
(Incorrect answers shown)

A professional guesser who uses spreadsheets to peer into the future

Someone who looks at a mountain of data and says, “Hmm, need more mountain.”

Someone who predicts when you’ll finally get to stop attending meetings

Andy's role at INPRS



Coordination

Actuarial air traffic control

Working with the board-retained actuarial firm, CavMac

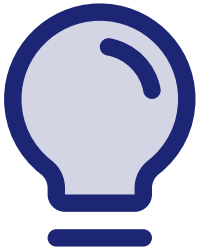
- Gathering information
- Communicating special requests
- Sending finished work to stakeholders
- Meeting reporting deadlines

Explanation

Actuarial translator

Moving actuarial results into relevant information

- Discussions
- Summaries
- Choices
- Presentations



Consultation

Actuarial resource

Subject matter expert

- INPRS Staff
- Legislators
- Other state agencies
- CavMac

This presentation is for **educational purposes only** and should not be interpreted as a Statement of Actuarial Opinion. Microsoft Copilot was used to assist with portions of wording and content development.

Goals for today

Demographic Overview

Overview of 1977 Fund data and trends over time

Funded Status

Where does the 1977 Fund stand today, and what does that even mean?

Contribution Requirements

Overview of how and why contribution requirements are set

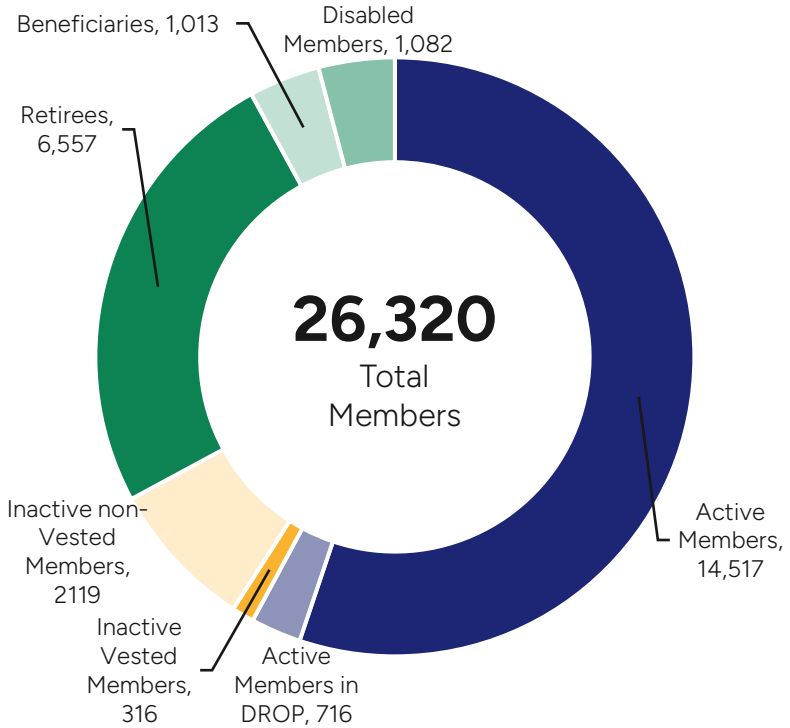
Long-Term Sustainability

How does INPRS ensure the 1977 Fund will be able to pay benefits decades from now?

Demographic Observations

Overview of some demographic features of the 1977 Fund

Overview of 1977 Fund as of June 30, 2025

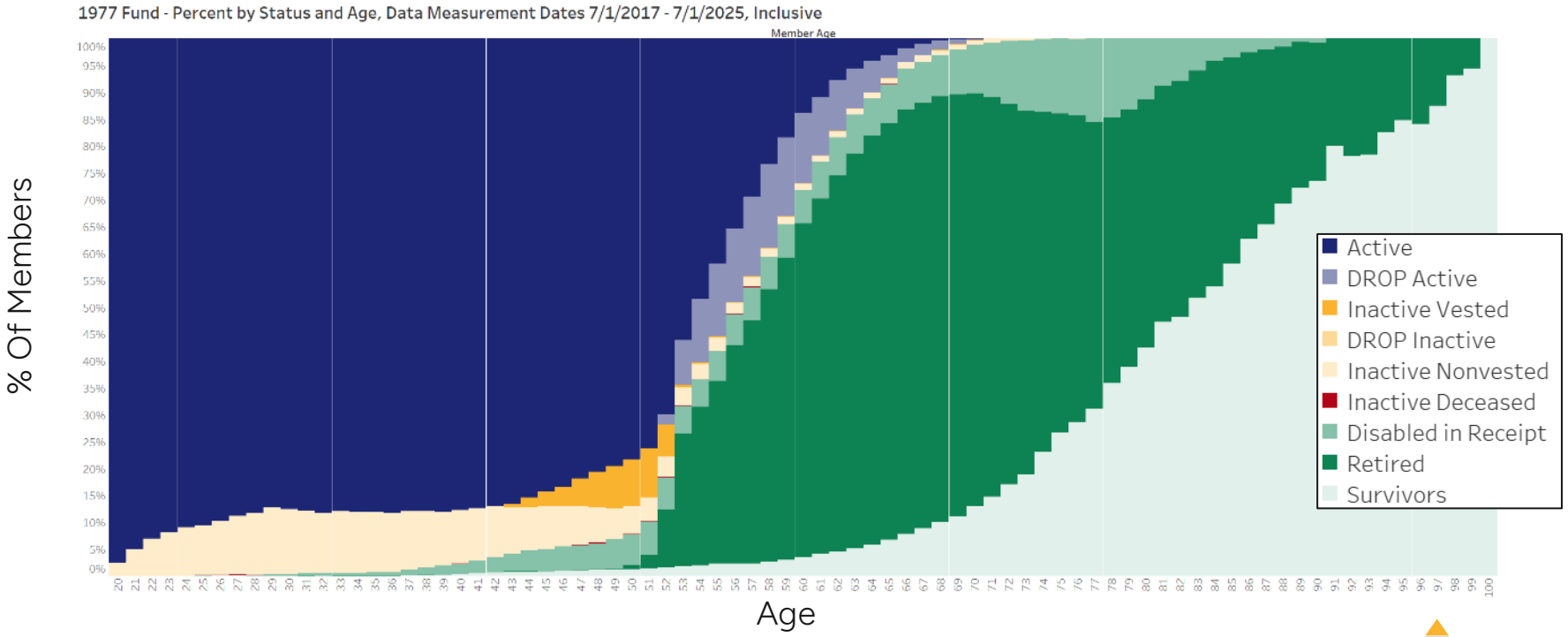


	Average
Active Age	39.6
Active Service	12.1
Active FCO Salary	$85,477
Inactive Age	49.5
Retiree Annual Benefit	$42,879
Beneficiary Annual Benefit	$23,150
Disabled Annual Benefit	$38,530

Based on preliminary data exhibits from CavMac. FCO = First-Class Officer.

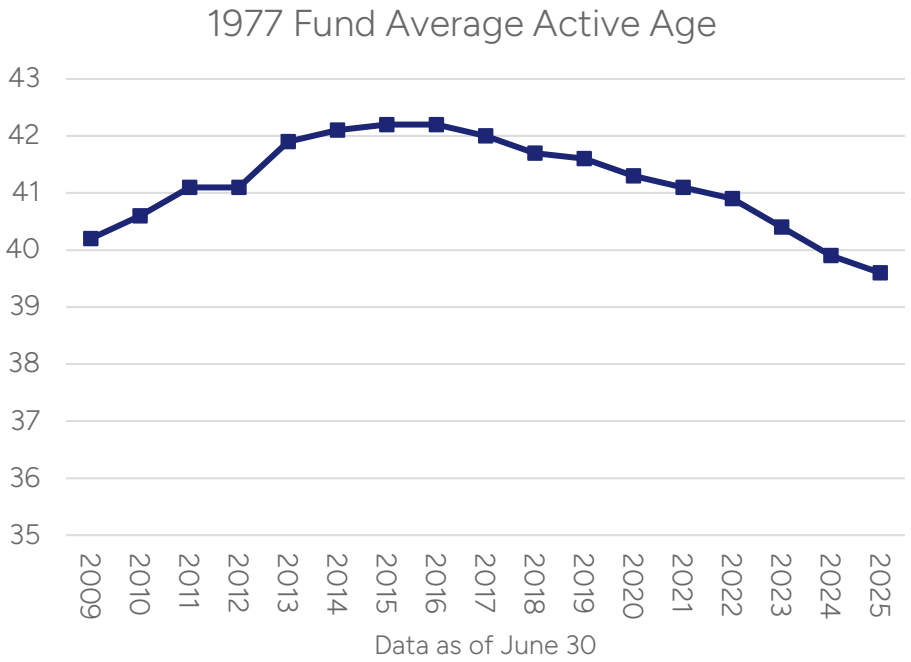
How Status Changes Over Ages 20-100

This graph shows the distribution of statuses by age for every age from 20-100 for 9 years of data. You can see how membership progresses as the ages advance.



Status contained within the actuarial data as of each July 1 from 2017-2025, inclusive. 2025 data is preliminary. Some status with very low counts excluded.

Active 1977 Fund member age through time



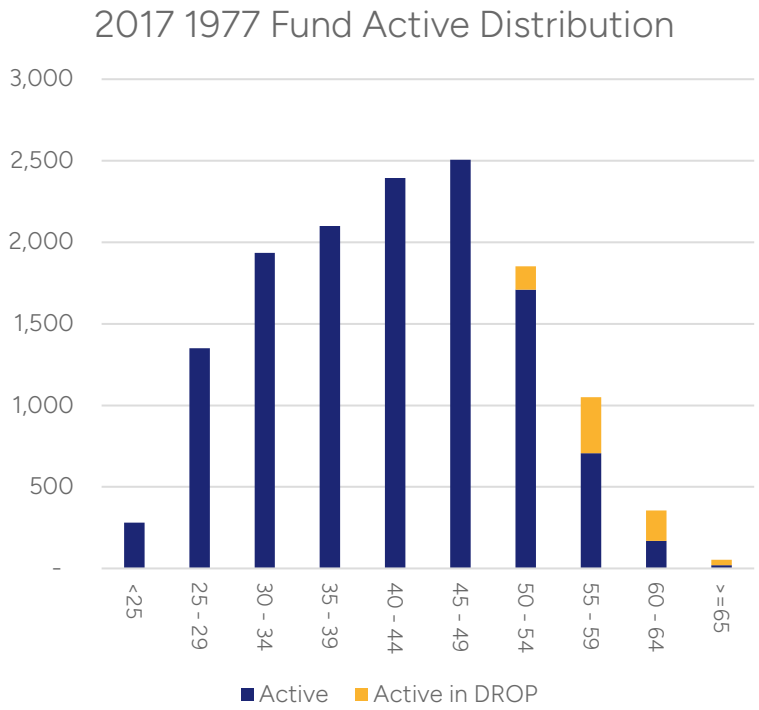
Average Age Has Fallen

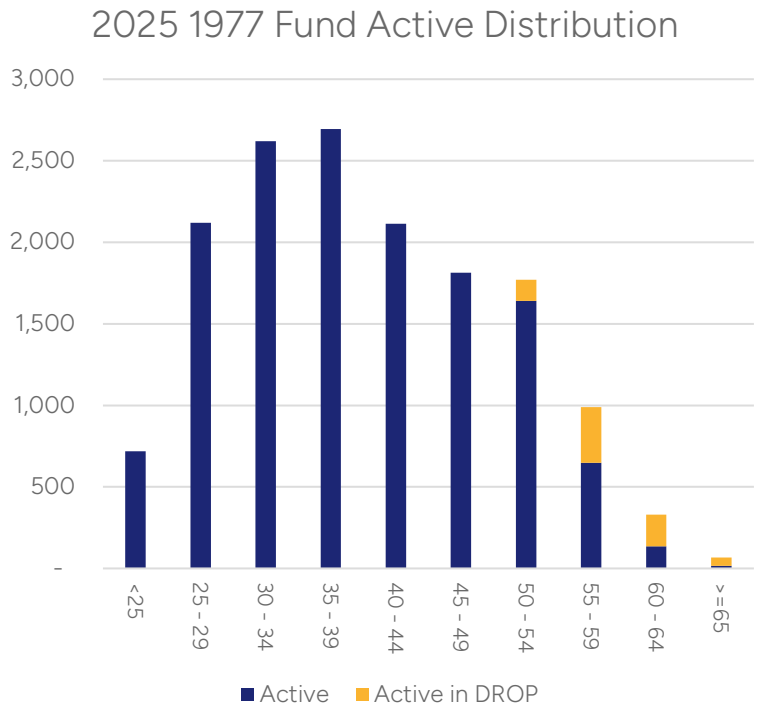
Since reaching a peak in 2016, average active member age has fallen from 42.2 years to 39.6 years in the 1977 Fund

51.7%

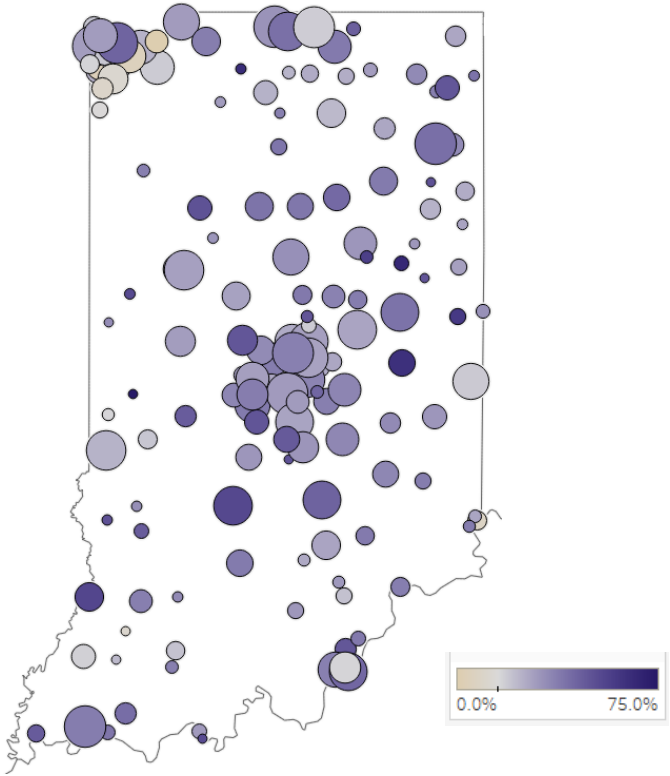
Of 1977 Fund members have less than 10 years of service as of June 30, 2025

Active 1977 Fund member age bands through time





First-Class Officer salary increases FY 2020-2025



Salary Growth

Since COVID, the 1977 Fund has seen larger than expected first-class officer salary growth

31.8%

Increase in total payroll FY 2020-2025

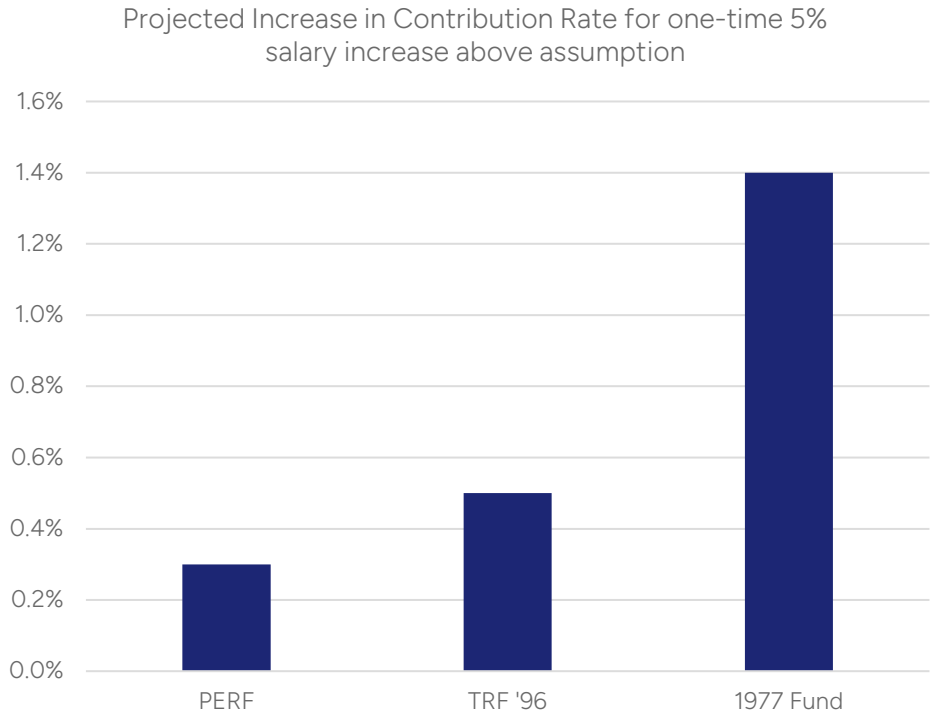
1977 Fund sensitivity compared to other INPRS Funds

Salary "surprise"

Different INPRS funds have different levels and sources of sensitivity.

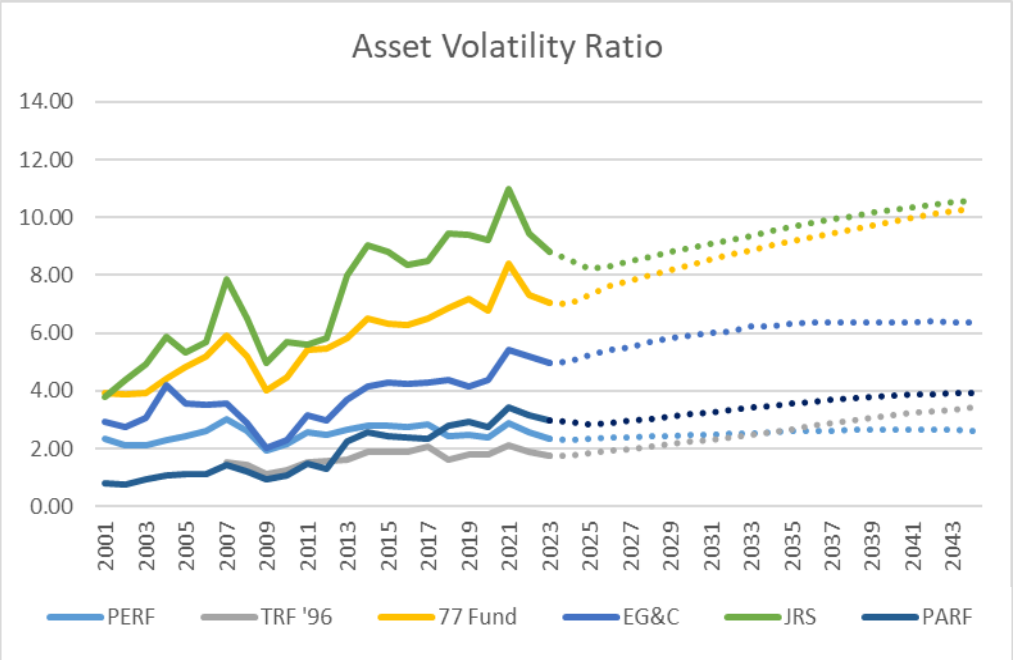
Because the 1977 Fund benefit is based on the First-Class Officer salary at the point of termination, the liabilities and contribution rates are sensitive to salary changes.

In the 2024 Actuarial Risk Analysis Report, INPRS shows the likely effects of a one-time, 5% salary increase above the regular assumption. The effect on the contribution rate is shown here.



For additional information, see the 2024 Actuarial Risk Analysis Report

Asset Volatility Ratio



Assets / Payroll

Asset volatility ratio is the ratio of assets over payroll. It can be used as a metric for how sensitive contribution rates are to asset returns.

Higher values indicate more sensitivity to asset return variation. Neither high nor low is "good" or "bad" – it is simply a feature of the fund.

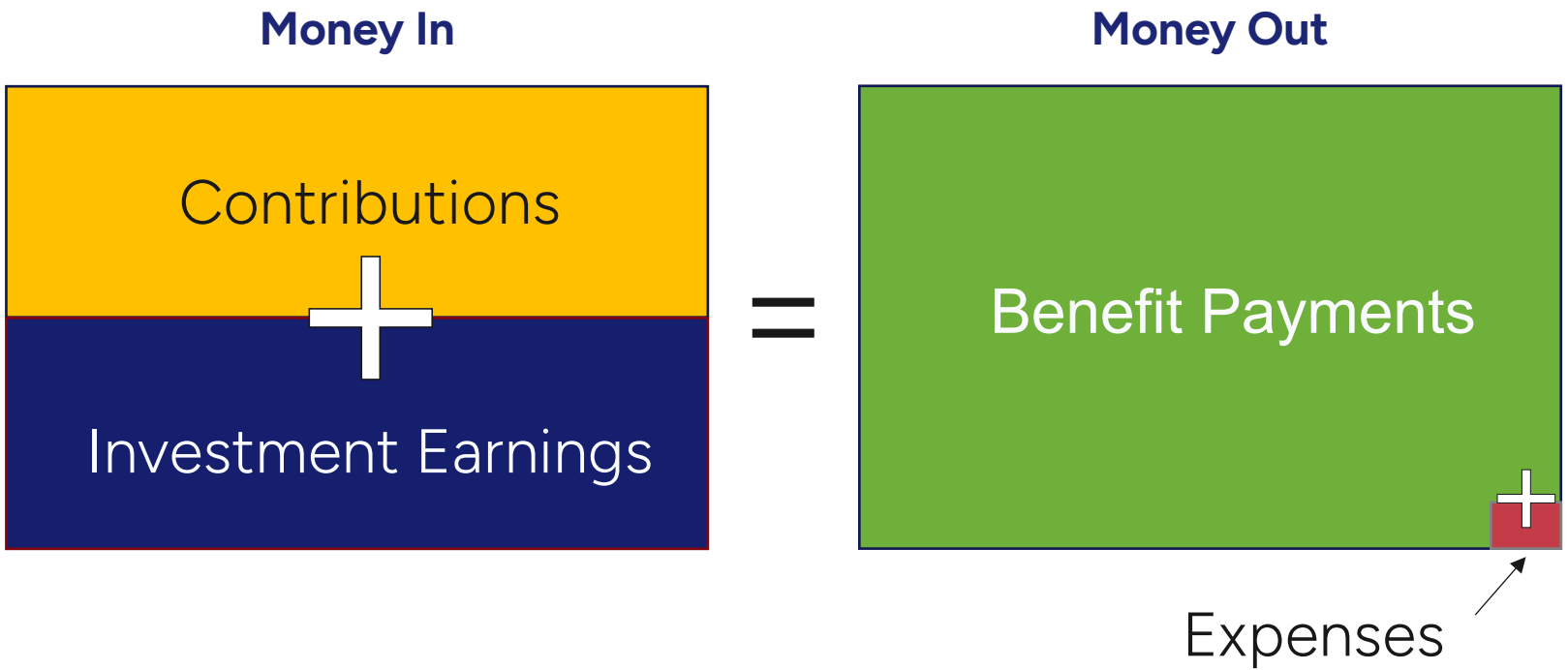
In the 2024 Actuarial Risk Analysis Report, INPRS compared asset volatility ratios of its funds both historically and projected forward.

For additional information, see the 2024 Actuarial Risk Analysis Report

Overview of Actuarial Valuations

Annual measurements of the 1977 Fund

The Pension Funding Equation



For illustrative purposes only

Why do contribution rates change at all?

It's difficult to predict the population

Membership changes, which usually happen slowly, change the cost of benefits over time.

It's impossible to predict the markets

Every dollar that doesn't come from investment returns has to come from contributions

Benefits change from time to time

Even if we could predict the markets or the members, we can only fund the benefits we know of today. We can't know how they might change in the future.

1. Define funding policy components

Requires annual valuations, in line with statute

2. Ensure assets, contributions, and earnings are sufficient for benefits

Sufficient assets for benefits is a cornerstone of any funding policy

3. Seek a reasonable allocation of costs

Each generation of taxpayers should incur the cost of their benefits, and the cost should be comparable to prior generations

4. Seek to manage contribution volatility

Since assets are volatile, how can we stabilize the contribution rate?

5. Transparency and accountability

Openness about the policy, both as to intent and effect

6. Recognition of public sector influences

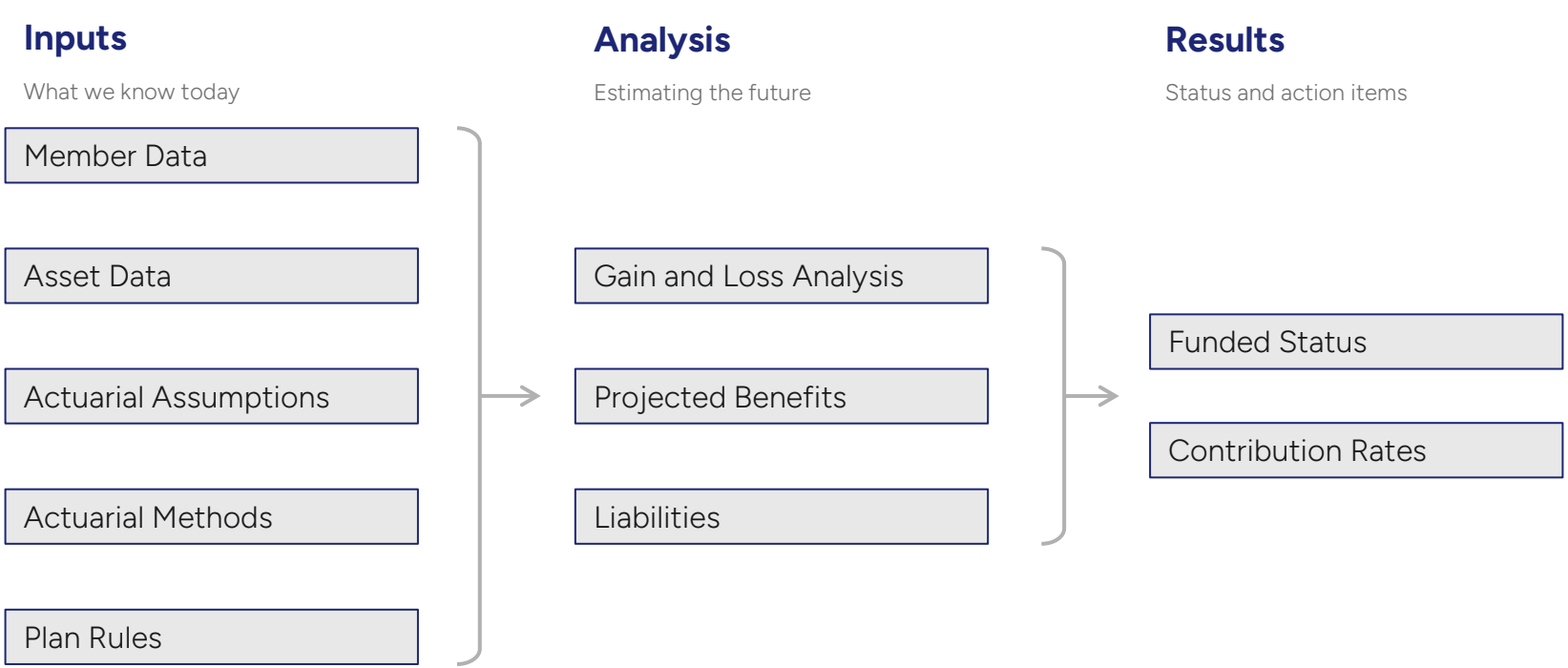
Recognize that outside influences will try to change contributions

INPRS's Funding Policy sets out goals for funding

What is a Funding Actuarial Valuation?

Actuarial valuations typically only cover the current plan population, not future new entrants.

Annual report as of a date (e.g., June 30, 2026):



Actuarial valuations also include required disclosures and supporting exhibits for the inputs. Accounting actuarial valuations focus on GASB-required calculations needed for plan and/or employer accounting and are often in the same report as funding results.

Valuations begin with a snapshot of current member data

All members require basic common elements, such as an identifier (Pension ID, or PID), date of birth, sex, etc.

Active Members

Earning benefits

Source: Employer Reports

- Service
- Status
- Employment dates (hire, termination, etc.)
- FCO Salary Wages

Inactive Members

Due benefits

Source: History

- Service
- Wage history

Retirees & Survivors

Receiving benefits

Source: Member and Financial Institutions

- Benefit amount
- Spousal information
- Payment history

This data is needed for the actuarial valuation. Other data may be needed for administration, such as the member's name and address.

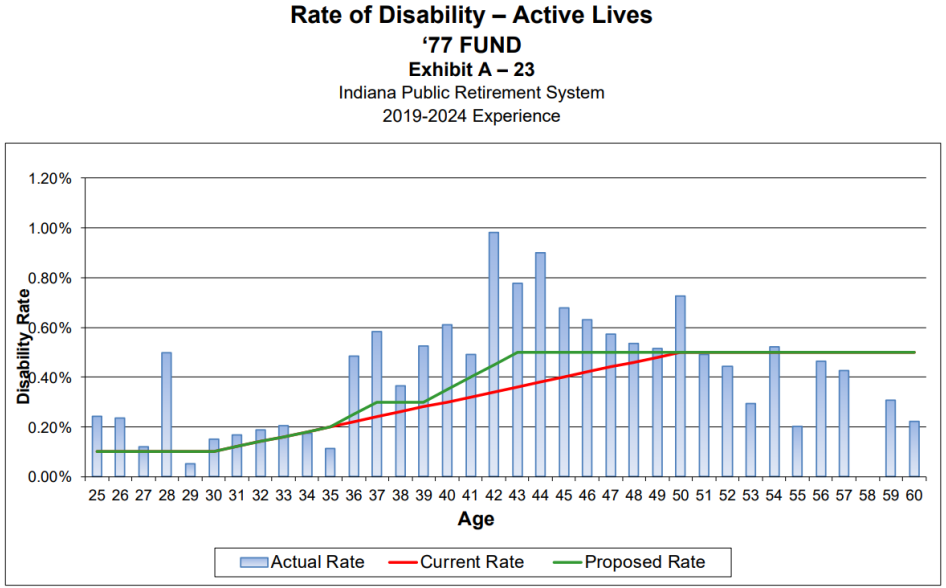
Actuarial Assumptions

Actuarial assumptions are forward-looking estimates of future experience

- **Demographic assumptions** describe how the plan population is expected to change
- **Economic assumptions** describe how economic factors are expected to change

INPRS's board sets valuation assumptions each year, but takes a deeper dive once every five years

The chart to the right is from the 2019-2024 actuarial experience study. It compares actual vs. assumed disability rates and shows a recommended change to that assumption.



Actuarial Methods - Assets

Asset Method

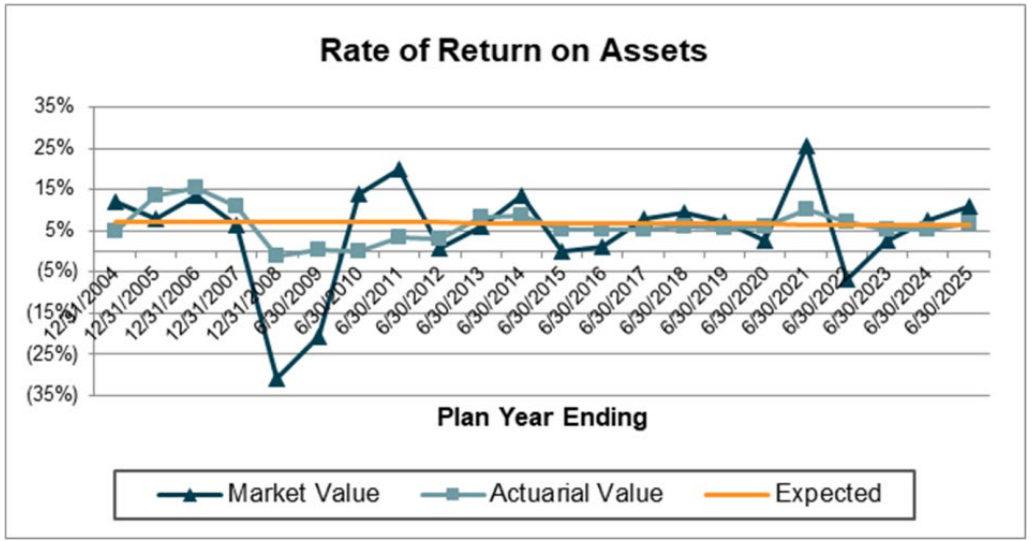
- Market movements are volatile
- Defers recognizing gains and losses so they may cancel out
- Does not change the cost, only when it is paid

Liability Method

- Way of breaking out benefit growth
- Divides the liability into three parts: past, current, and future
- Past liability is known as the “Actuarial Accrued Liability”

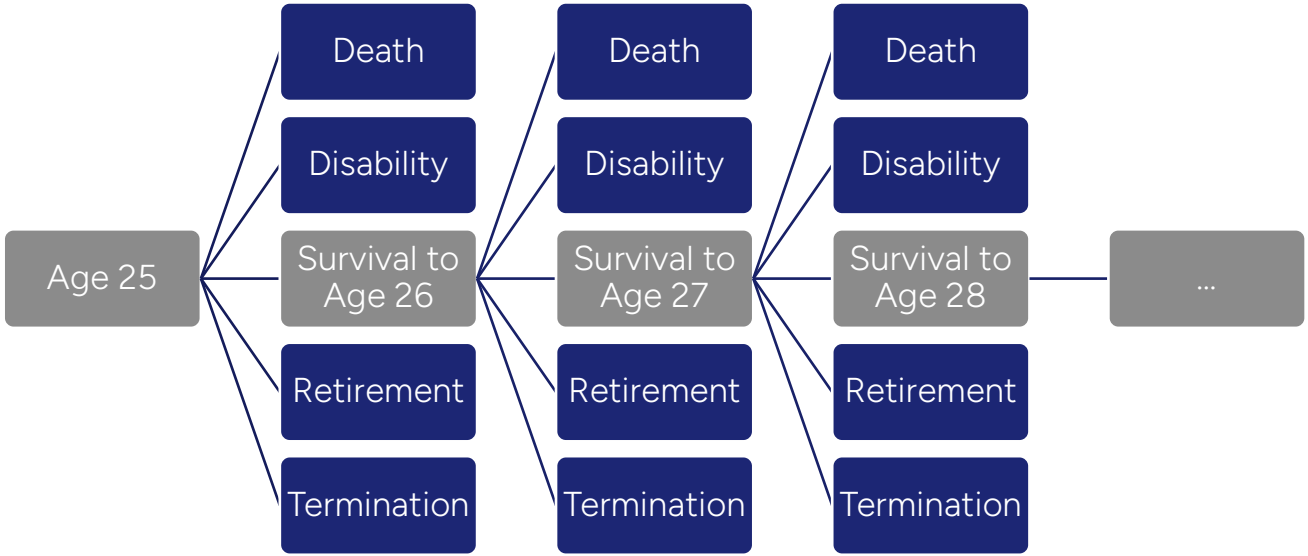
Contribution Method

- How much to contribute to stay on track
- Creating a smoother contribution pattern



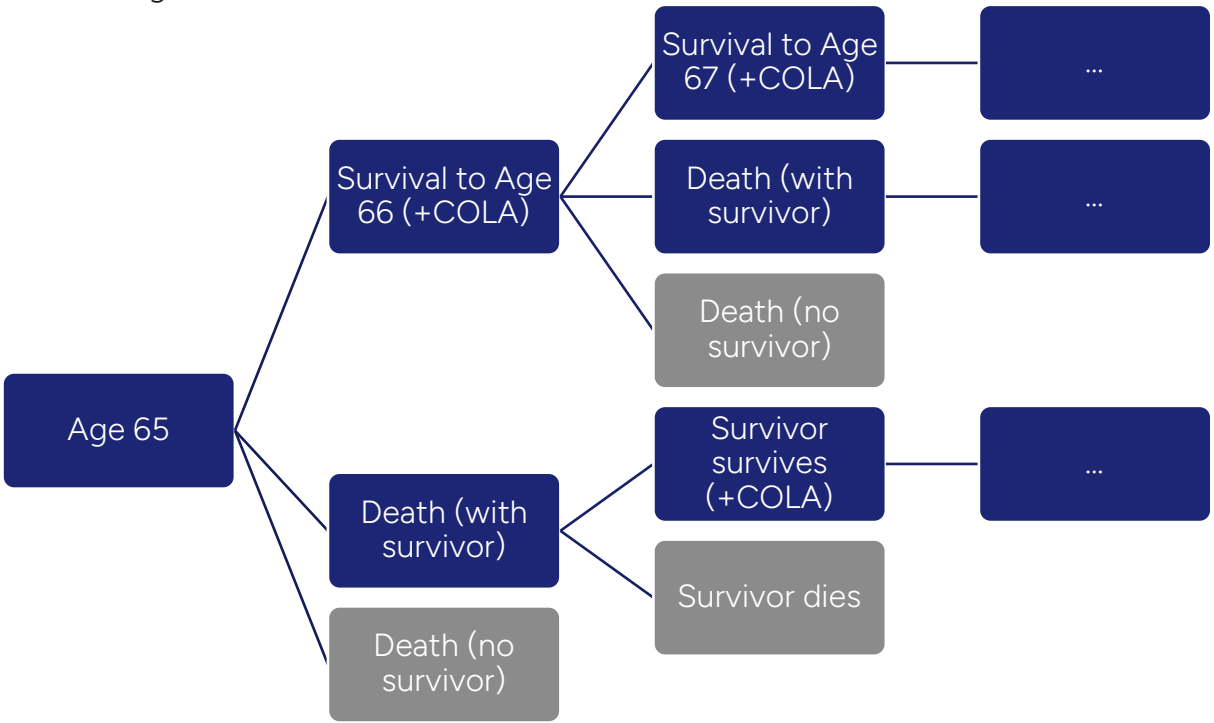
Projected Benefits – Active Members

The first step to determining a liability is to project out how many dollars are expected to be paid in each year for all years that benefits are expected to be paid to this population. To do that, we consider each path to someone getting benefits. Imagine a new hire, age 25:



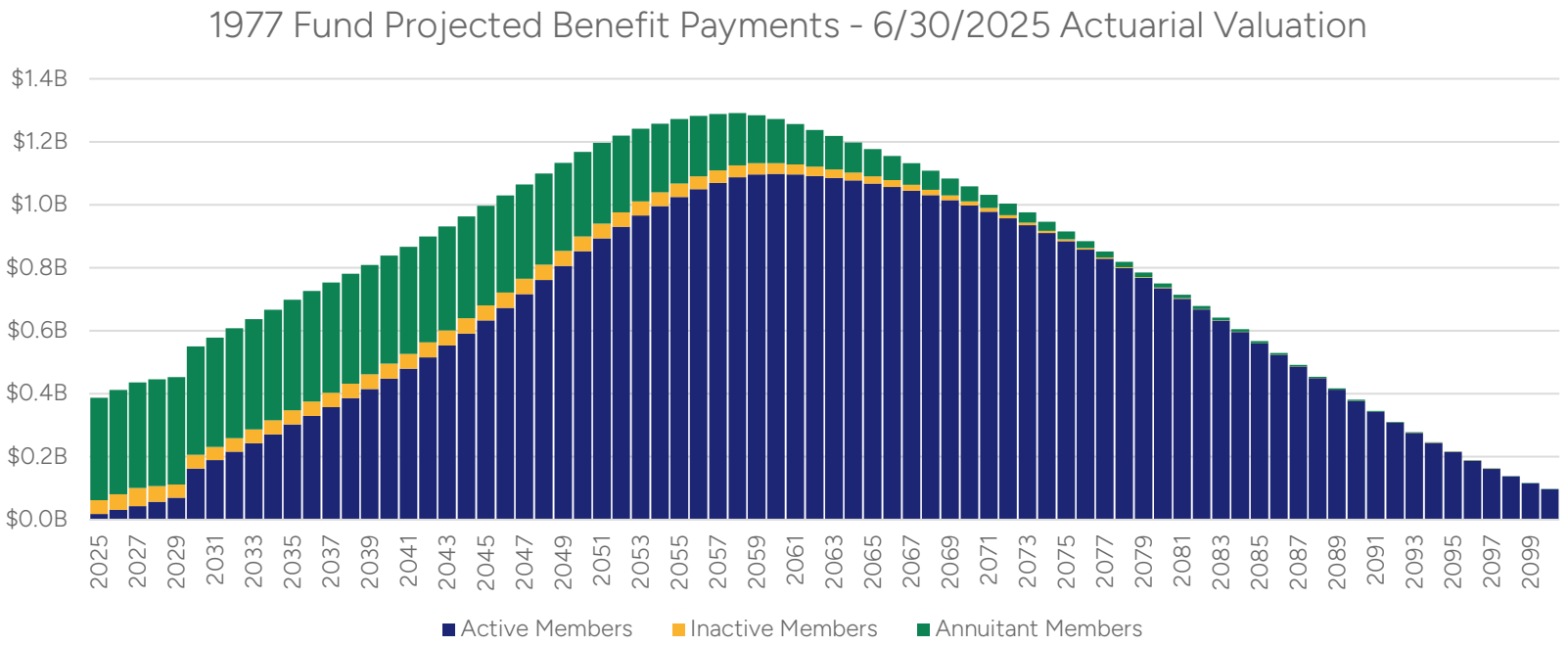
Projected Benefits – Retired Members

When a payment is started, we project the probability and amount of the payment continuing. For example, consider a retiree age 65:



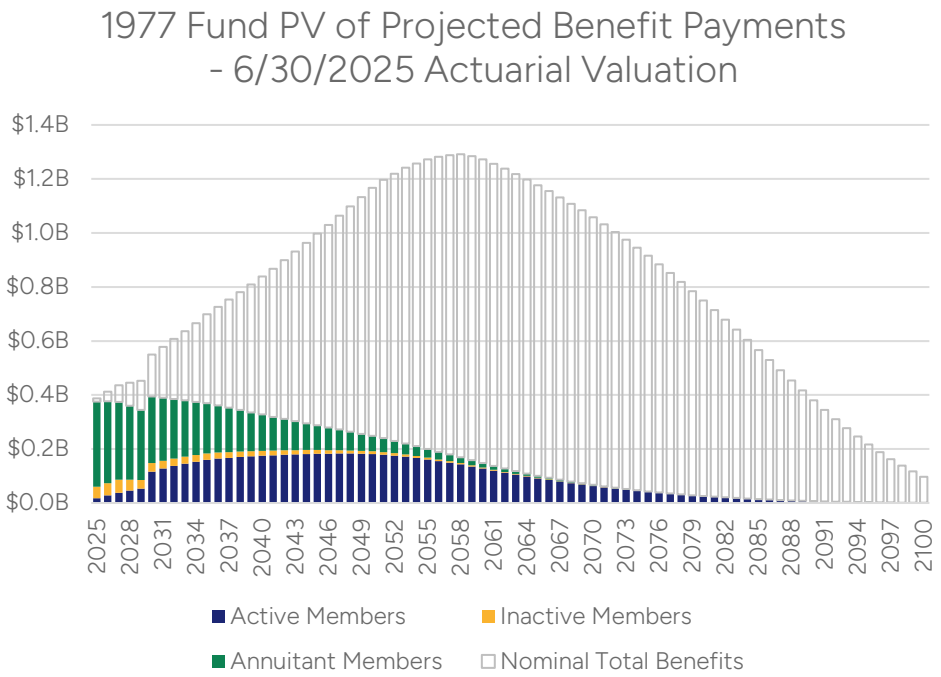
Projected Benefits – By Year

When the numbers are crunched, the math produces expected benefit payments by year:



For illustrative purposes only. See the June 30, 2025 actuarial valuation report for a full description of data, assumptions, methods, and plan provisions used.

Present Value



Valuing Money Through Time

- Present value is the idea that money in the future is less valuable than money today
- Future payments are discounted to account for assets growing to meet those obligations

6.50%

INPRS Discount Rate as of 7/1/2026

Actuarial Methods - Liabilities

Asset Method

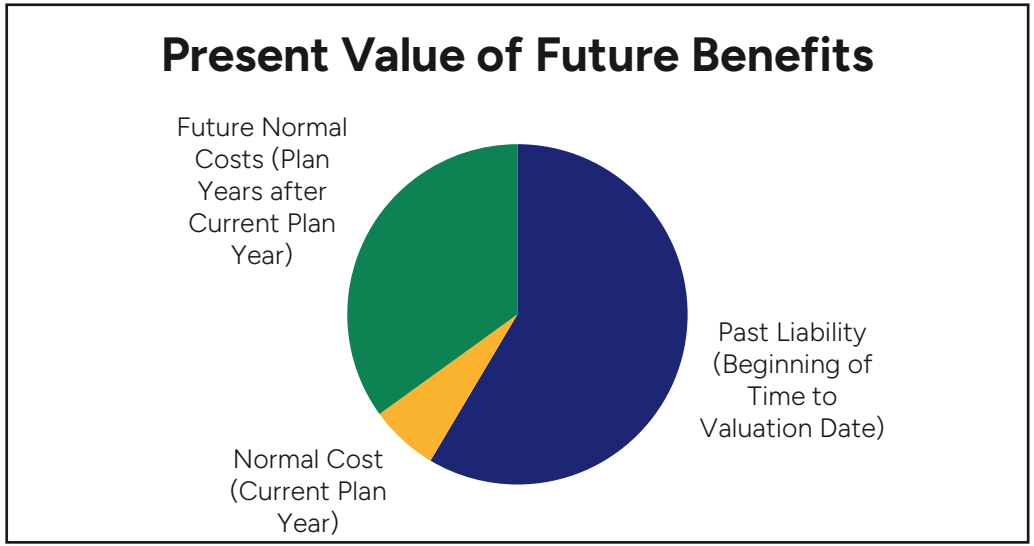
- Market movements are volatile
- Defers recognizing gains and losses so they may cancel out
- Does not change the cost, only when it is paid

Liability Method

- Way of breaking out benefit growth
- Divides the liability into three parts: past, current, and future
- Past liability is known as the "Actuarial Accrued Liability"

Contribution Method

- How much to contribute to stay on track
- Creating a smoother contribution pattern



Funded Status

Funded status is a ratio of assets to liabilities, for example:

$$\frac{\text{Smoothed Value of Assets}}{\text{Past Service Liabilities}} = \frac{\text{Actuarial Value of Assets}}{\text{Actuarial Accrued Liability}} = \frac{\text{AVA}}{\text{AAL}}$$

- Expressed as a percentage
- Measure of how "on track" the fund is compared to its chosen funding methods
- A 100% funded status does not imply that no future contributions are needed

Funded status described is typically shown for funding purposes. Other funded status ratios are possible for different purposes.

Unfunded and Amortization

A related concept to the funded status is the "Unfunded Actuarial Accrued Liability" (UAAL):

$$UAAL = AAL - AVA$$

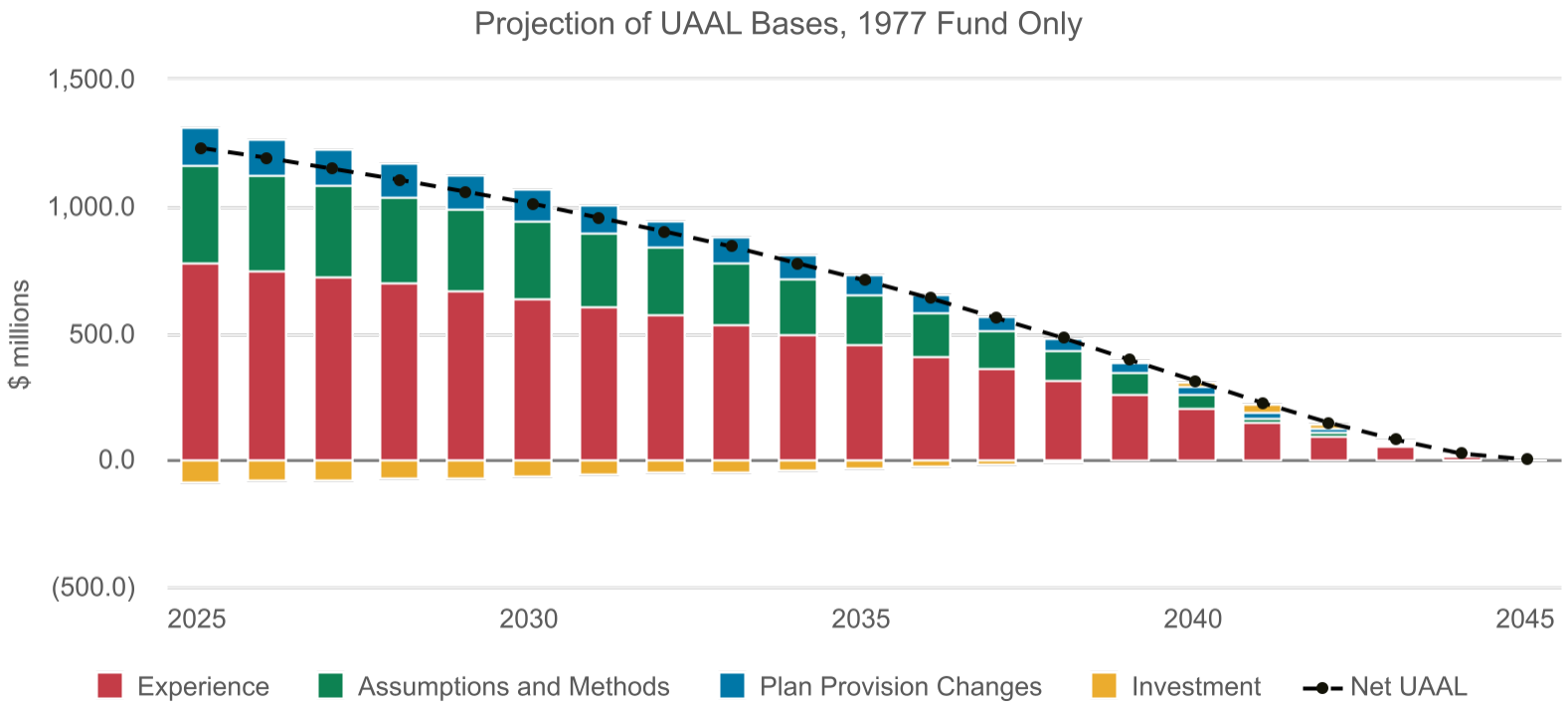
This is the amount (in dollars, not percent) that the fund is "ahead" or "behind" of where it should be in its funding plan

A piece of the UAAL is added to the Normal Cost to account for this difference

- For the 1977 Fund, we use a layered, 20-year amortization of the UAAL
- After 20 years, one year's gain or loss is paid off

There are certain specific cases where a UAAL base is removed prior to the full 20-year period

Visualizing the UAAL Amortization



Projection as of June 30, 2025

Actuarial Methods - Contributions

Asset Method

- Market movements are volatile
- Defers recognizing gains and losses so they may cancel out
- Does not change the cost, only when it is paid

Liability Method

- Way of breaking out benefit growth
- Divides the liability into three parts: past, current, and future
- Past liability is known as the “Actuarial Accrued Liability”

Contribution Method

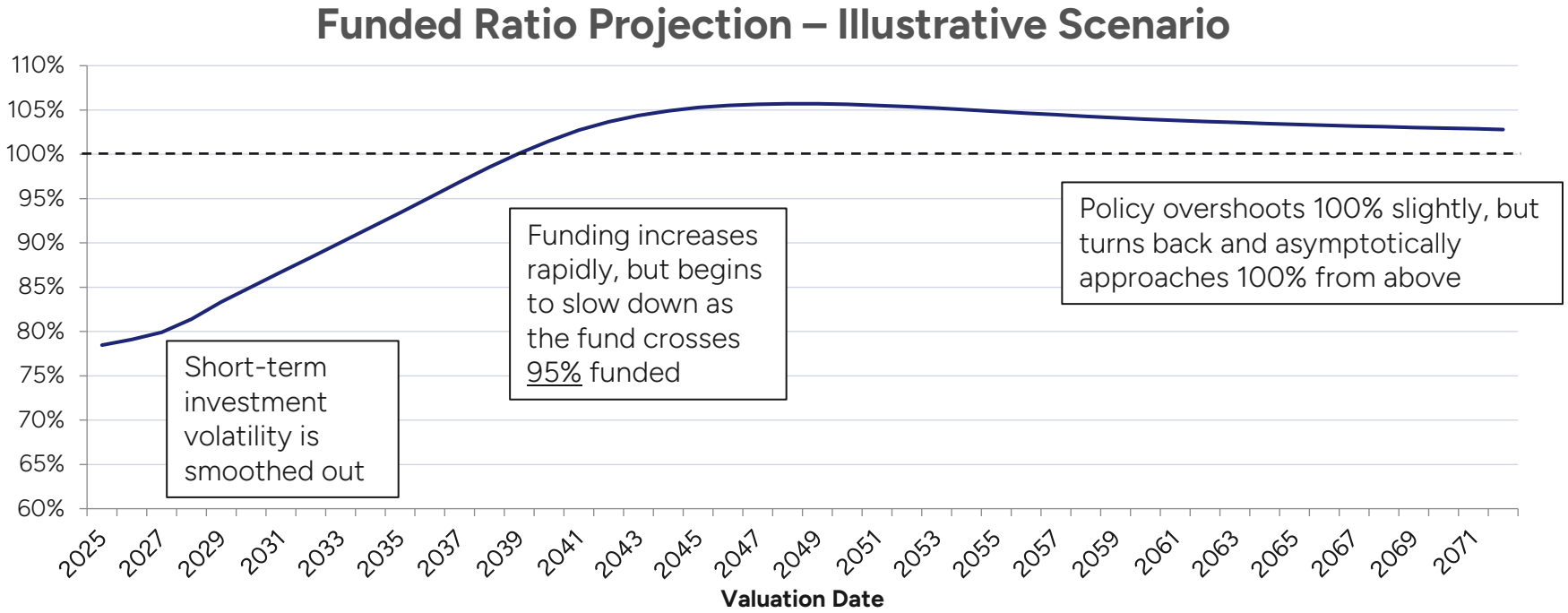
- How much to contribute to stay on track
- Creating a smoother contribution pattern

Normal Cost

\+ UAAL Amortization

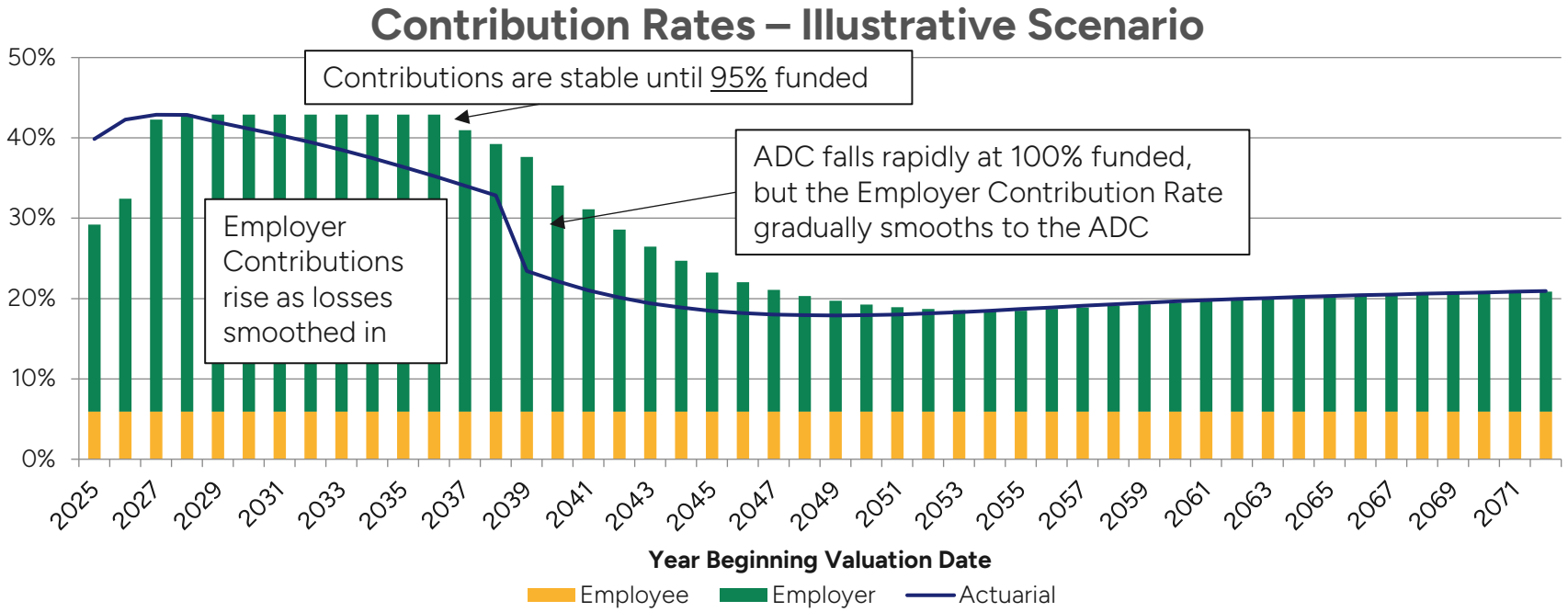
Actuarially Determined Contribution (ADC)

The INPRS Funding Policy aims for 100% funded



For illustrative purposes only. Does not represent any current INPRS defined benefit plan funding situation.

The Funding Policy adjusts contribution rates



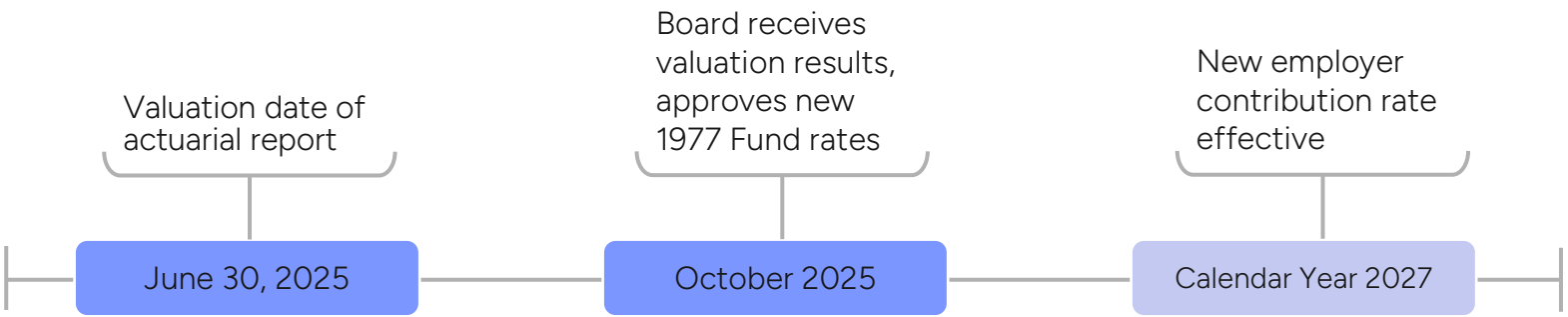
For illustrative purposes only. Does not represent any current INPRS defined benefit plan funding situation.

Contribution Rates

- Current levels
- History and drivers of recent changes
- Projections

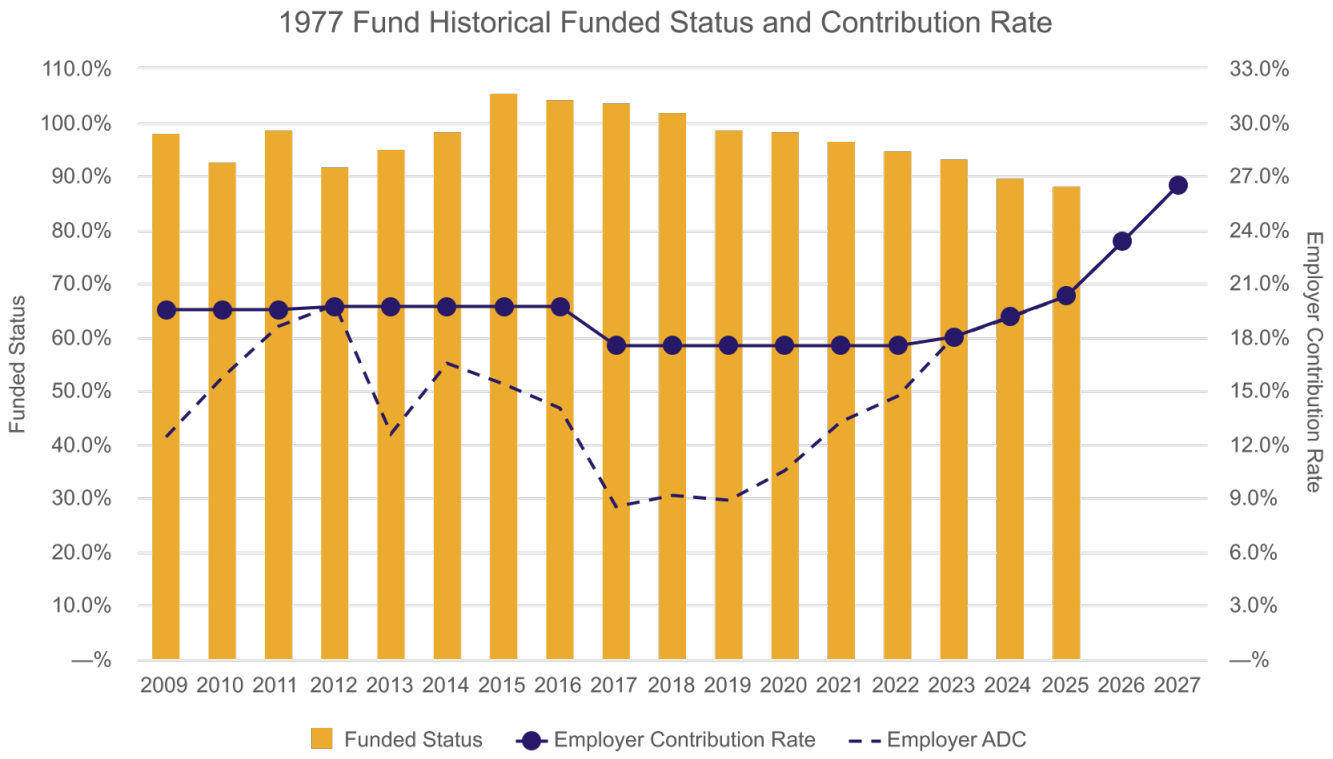
1977 Fund Contribution Rate Timing

- The 1977 Fund operates on a calendar-year contribution cycle
- Annual actuarial valuations are as of June 30, and rates resulting from those valuations are approved in October for the calendar year beginning 18 months out:



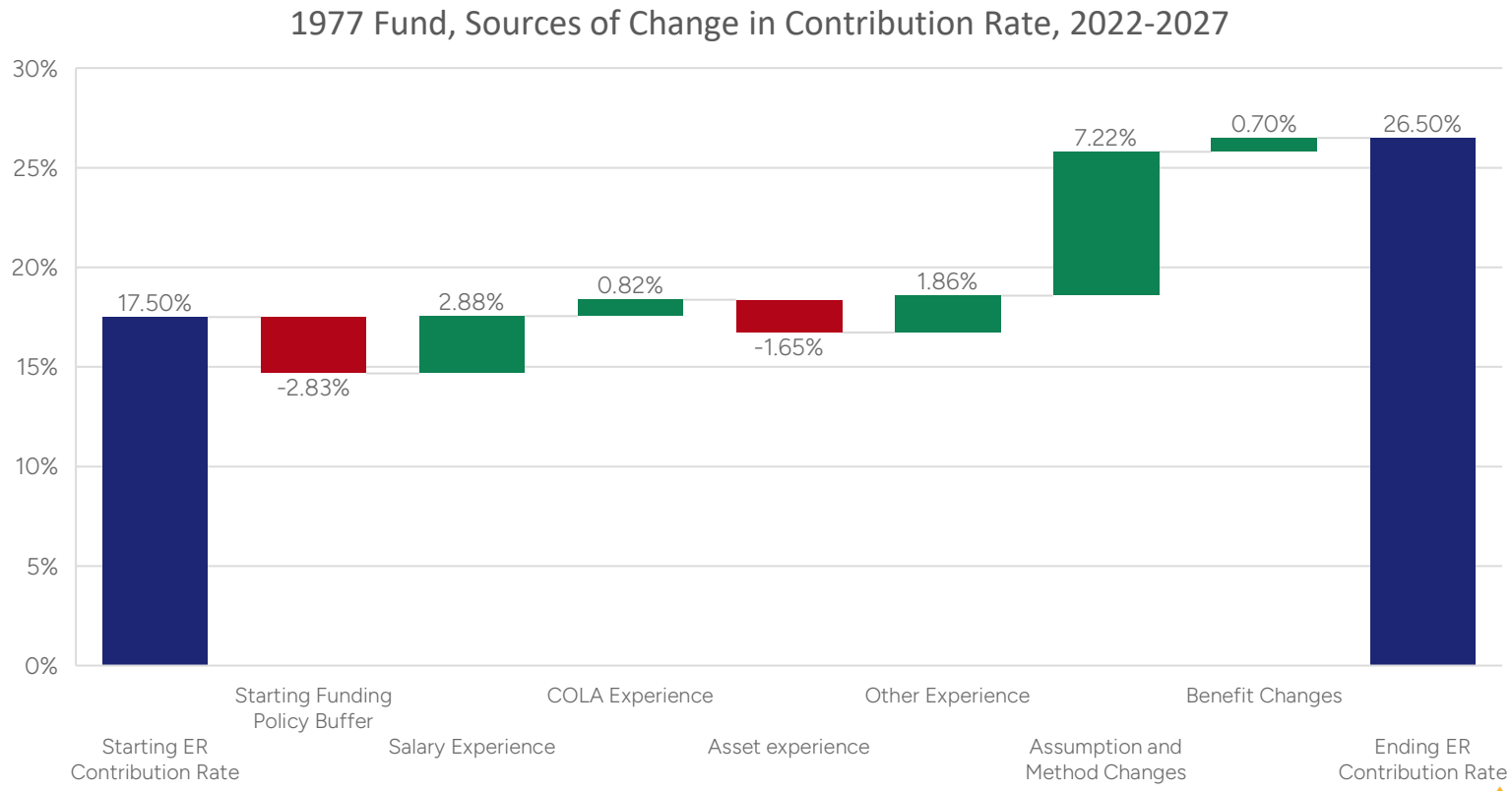
To understand the contribution rate increases from 2022 – 2027, we need to look at the actuarial valuations in 2020 – 2025.

History of 1977 Fund Contribution Rates



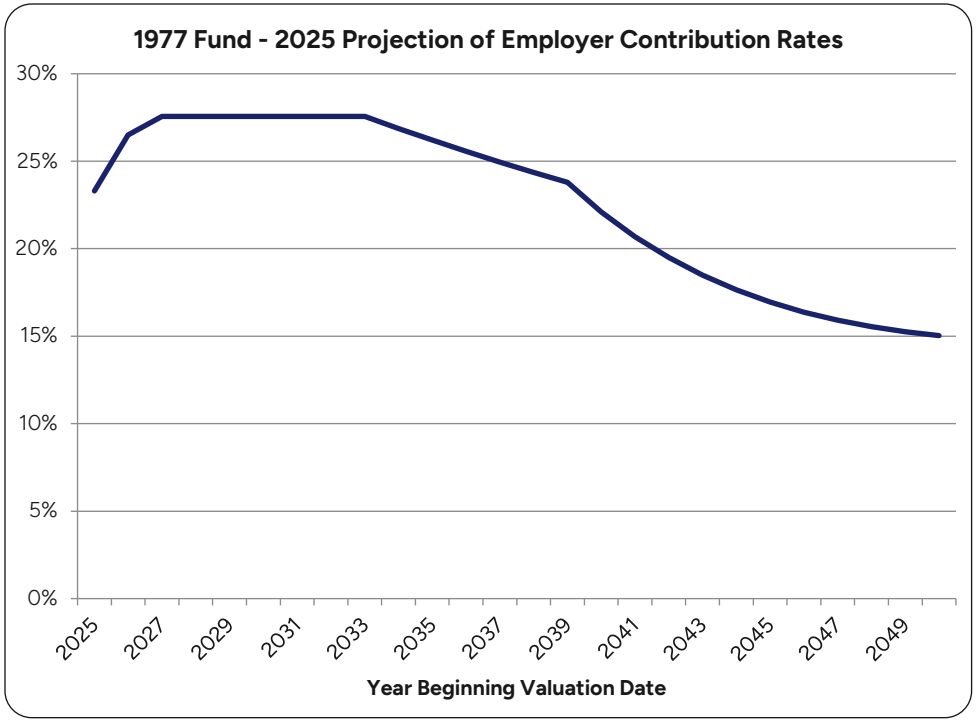
Source: INPRS historical actuarial valuations. Employer contribution rates shown are generally for the calendar year specified. Funded statuses are on June 30 of the indicated years.

Recent Drivers of Contribution Rate Changes



Sources: 1977 Fund actuarial valuation reports, 2020-2025, INPRS calculations

Current contribution projections



Expected Trajectory

The most recent projection of contribution rates indicates a continued increase, then gradual reduction of employer contribution rates. **This assumes all assumptions being met.**

Not certain

However, the risk around this pattern is not shown. As discussed, **the 1977 Fund's contribution rate is sensitive** to changes, so do not treat these projections as certainties.

Based on the 6/30/2025 actuarial valuation. See the 1977 Fund actuarial valuation report for additional information on assumptions and methods.

Key Takeaways

INPRS's Funding Policy ensures the long-term sustainability of the 1977 Fund

INPRS adjusts contribution rates in order to fund the 1977 Fund's benefits based on estimates of their cost. As these estimates change, so do the contribution rates to keep the fund on track.

1977 Fund has experienced losses recently, causing contribution rate increases

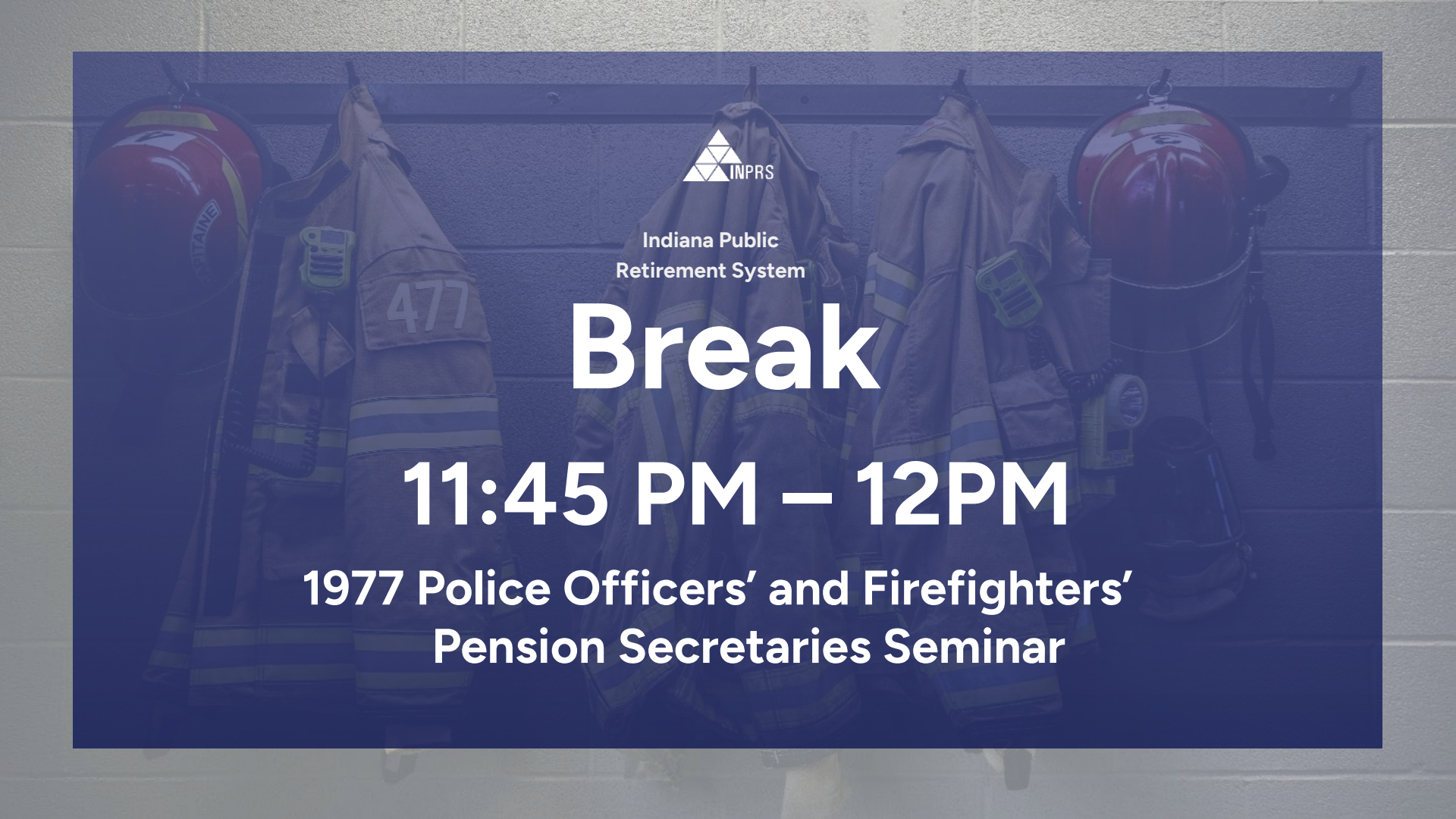
Higher-than-expected salary growth and COLAs have increased the funding needs, resulting in a lower funded status. INPRS reacted by increasing contribution rates and changing its assumptions about the future to anticipate continued trends.

Demographics of the 1977 Fund make it sensitive to changes

Compared to other INPRS pension funds, the 1977 Fund's demographics cause its employer contribution rate to react more rapidly to gains or losses.

Abbreviated Glossary

Term	Definition
Actuarial Assumption	Forward-looking estimates about future events
Actuarial Accrued Liability (AAL)	The value of benefits allocated to service already earned. Future benefits will be covered by the current and future normal costs
Actuarial Method	Mathematical techniques used to measure liabilities and allocate costs
Actuarial Value of Assets (AVA)	The smoothed value of assets used for funding calculations
Deferred Retirement Option Plan (DROP)	Optional benefit feature described in IC 36-8-8.5. It enables certain members to continue working while accumulating a DROP benefit.
Discount Rate	Actuarial assumption about the growth rate of the fund's investments
Funded Ratio or Funded Status	AVA / AAL, expressed as a percentage. Relative measure of how the assets compare to benefits earned.
Normal Cost	The amount allocated to fund benefits earned during the year. For INPRS, this is expressed as a percentage of payroll.
Unfunded Actuarial Accrued Liability (UAAL)	AAL - AVA, expressed as a dollar value. The difference between where the fund's assets expected to be and where it is.



Indiana Public
Retirement System

Break

11:45 PM – 12PM

1977 Police Officers' and Firefighters' Pension Secretaries Seminar

77 Fund Disability Application

Presenter – Mike Obermeyer

Director of Benefits

The Local Board

- Every local unit must have a local board setup for disability purposes (It's the law!)
  - A typical board will have no less than seven (7) and no more than nine (9) trustees. The makeup is:
    - The municipal executive, the municipal fiscal officer, and the police or fire chief
    - One (1) retired member of the police or fire local unit
    - At least three (3), but no more than five (5) active members of the department
  - When a local unit does not have sufficient members of a police or fire unit the local board can be comprised of only the following:
    - The municipal executive
    - The municipal fiscal officer
    - The police or fire chief
- These are important to create because in the event of a disability situation arising at your local unit the process starts with the local board!

The System Board and Medical Authority

- This is a separate and distinct entity from the local board
- INPRS is the system board
    - The system board is comprised of the board of trustees at INPRS
    - The board of trustees has delegated its duties to the executive director
    - The system board receives the recommendations of the medical authority and issues its determinations in accordance with the plan rules
- The INPRS Medical Authority
    - Medical personnel that INPRS retains to complete the review of disability applications
    - Adheres to Indiana Code to determine a classification of disability and degree of impairment of the member

The Disability Process – Where it Starts

- The member must notify the local board they are applying for a disability benefit and request that a hearing be held with the local board before separating from service.
  - The member must be active when they apply for disability
  - The local board must hold a hearing within 90 days of notification to determine if there is a covered impairment (Again, it's the law!)
  - The local board discusses the following at the hearing:
    - The specific facts of the disability case being reviewed
    - If there is suitable and available work for the member within the department, considering reasonable accommodations to the extent required by ADA guidelines
    - The classification of disability the local board is recommending to INPRS based on the evidence presented at the hearing
    - If the local unit does not hold a hearing within 90 days of the member's notification, the local unit is required to recommend a default judgment to INPRS, whereby the member is considered totally impaired
  - The local board's written recommendation must be submitted to INPRS and the member within 30 days of the hearing date
  - If there is no covered impairment, the disability application is not submitted to INPRS

Classes of Disability Benefits

- Class 1
    - Direct relation to the line of duty; this is commonly referred to as “line of duty” disability
- Class 2
    - A duty related disease meaning a disease that has arisen due to the fund member’s employment in a police or fire position
- Class 3
    - All other covered impairments that are not considered a class 1 or 2 impairment

What's Next? The System Board/INPRS Benefits

- Once the hearing is held and recommendations are made, the local board must submit its recommendation to INPRS for review. The following documents must be submitted, or the disability packet will not be considered complete:
    - Disability Application
    - Local Board Minutes, which contains a recommended class of disability
    - A statement certifying there is no suitable and available work at the local unit, considering reasonable accommodations to the extent required by the ADA
    - Medical records from all treating physicians as it relates to the disability
    - An explanation of how the disability occurred
- The system board will review each disability packet received to make sure all necessary documentation has been received
- Provided a completed packet has been received, the system board will then forward the documentation to the medical authority for review as to the determination of class and degree of impairment

The INPRS Medical Authority

- Receives the completed packet from INPRS
- Reviews the materials and evidence to determine if there is a covered impairment; if there is a covered impairment, the medical authority makes the following determinations
    - Class of Impairment
    - Degree of Impairment
        - The degree is calculated using the Department of Veteran's Affairs Schedule for Rating Disabilities
- The medical authority returns the disability packet to INPRS with information that provides the rationale for both the class of impairment and the degree of impairment determined based on their review
- Degree of Impairment is important because it is added to the base pay of the class to determine what the overall monthly benefit will be
    - The local board does not provide a degree of impairment recommendation, only a class recommendation

The System Board; Back Again!

- The system board receives the packet back along with the medical authority's determination relating to class and degree of impairment
- Upon receipt, the system board will calculate the disability benefit due based on the following parameters within the Indiana Code:
    - Class 1 – 45% of base pay + degree of impairment
    - Class 2 – 22% of base pay +.5% of that pay for each year of service up to 30 years + degree of impairment
    - Class 3 – Years of service up to 30 years (1% for each year) + degree of impairment
        - Certain Class 3 disability benefits are limited to the period of service
- Disability benefits begin on the later of the effective date determined by the local board or the date following the exhaustion of all paid leave

Pay Day

- The system board will begin payment upon completion of the calculation step
- Any retroactive amounts due will paid on a weekly cycle
    - Weekly Cycles allow INPRS to pay faster
- The regular monthly benefit will be paid on the 15th of every month thereafter (prior to the 15th for weekend and holidays)

Thank You!

Questions?

Baseline Application Review

Presenter – Dr. Darren Higginbothham, Psy. D.

DLH Counseling and Consulting, LLC

Disclaimer: The contents of this presentation are provided solely for informational purposes and shall not be construed as representing the official positions, guidance, or opinions of INPRS.

Baseline Mental Exam

Darren L. Higginbotham, Psy.D.
Licensed Clinical Psychologist
317-643-9901
dlhcounseling@gmail.com

Bio

- Clinical psychologist
- 20+ years of experience with public safety
  - Pre-employment, fitness for duty
  - Critical incident debriefing
  - Wellness/EAP
  - Independent Contractor with INPRS

INPRS

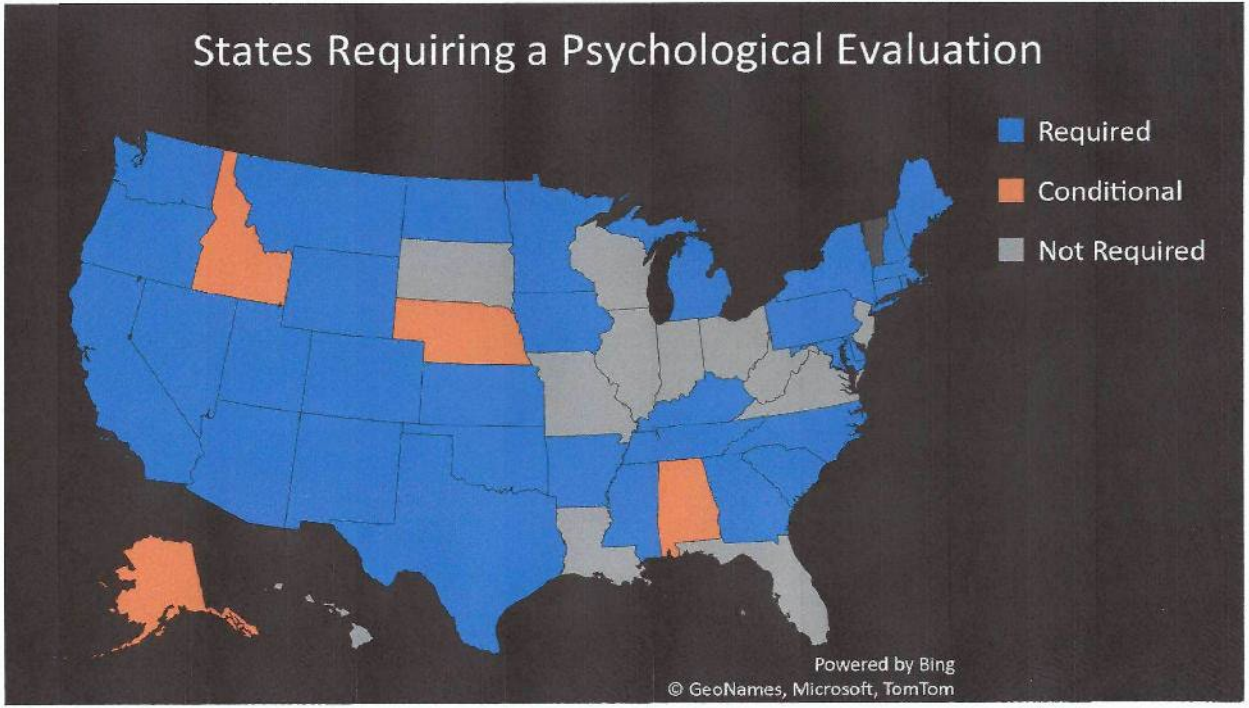
- Pre-employment mental health baseline exams
- 2nd opinions/consultation
- Medical disability applications citing mental health condition(s)
- SB 25 Mental health review panels

Disclaimers:

- Independent contractor for INPRS, not providing official INPRS positions, guidance, or opinions. Simply offering best practices based on my experiences.
- Not an attorney, not providing legal advice. Please consult with your local counsel.

Baseline Mental Exam:

- Complex area that crosses employment law including ADA and EEOC, human resources, and the practice of psychology.
- Areas that are not clearly defined and left open to interpretation vs the medical exam
- Plain language versus standards of practice and professional ethics


States Requiring a Psychological Evaluation
Required
Conditional
Not Required
Powered by Bing
© GeoNames, Microsoft, TomTom

“Excludable condition”

- Definition
- Applicants, department pension boards, attorneys, psychologists may have no uniform understanding of the term
- Pre-existing condition for purposes of disability…fund exclusion
- Not compatible with performing essential job duties…job exclusion

Excludable condition

- “Excluded from fund” definition
  - May still hire the applicant, but they can’t participate fully in the fund.
  - Examples: Depression/anxiety/ADHD
- “Excluded from job” definition:
  - Can’t hire
  - Violates ADA
  - Example: ADD/ADHD
- “No exclusion”” – must hire?

1977 POLICE OFFICERS' AND FIREFIGHTERS' FUND APPLICATION FOR MEMBERSHIP

State Form 4928 (R21 / 1-26)

EXCLUDABLE CONDITIONS *(continued)*

Name of applicant
Bill Owensby

This section is to be completed by the examining physician or psychiatrist/psychologist*. ALL QUESTIONS MUST BE ANSWERED. IF AN ITEM IS NOT APPLICABLE, CHOOSE "NO".

EYE / EAR / NOSE / THROAT (EENT) SYSTEM *(continued)*	Yes	No
50. Nystagmus of the eye, uncorrected strabismus, glaucoma, and aphakia, whether it is unilateral or bilateral, and active chorioretinitis should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of future impairment.	☐	☐
51. Cataract, retinitis pigmentosa, and any papilledema or tumor.	☐	☐
52. Any retinal exudate, hemorrhage or edema, or detachment of the retina.	☐	☐
53. Inflammatory disease of the retina, the globe, or the other structures within the globe.	☐	☐
54. Heterophoria, hyperphoria, esophoria, or exophoria should be considered for further examination by a qualified eye specialist to determine the likelihood and degree of future impairment.	☐	☐
HEMATOLOGY / ONCOLOGY		
55. Any disease of the blood forming organs or of the blood.	☐	☐
56. Anemia with the hemoglobin lower than twelve (12) grams per hundred cubic centimeters.	☐	☐
57. Polycythemia, leukemia, or any other progressive diseases of the blood system.	☐	☐
58. Hemophilia or other bleeding disorders.	☐	☐
59. Malignant melanoma or, if it had been removed, any evidence of metastatic disease.	☐	☐
60. Hodgkin's disease, lymphadenopathy, lymphomas, or lymphosarcomas.	☐	☐
61. Any malignant tumor of any type unless completely eradicated for at least ten (10) years.	☐	☐
MUSCULOSKELETAL SYSTEM		
62. Any active disease of bones and joints, including active arthritis, osteomyelitis, or marked deformity of the spinal column, including, but not limited to, the following: a. History of laminectomy b. Amputation or deformity of a joint or limb c. Joint reconstruction d. Ligamentous instability e. Joint replacement	☐	☐
63. Herniation of an intervertebral disk.	☐	☐
64. Ankylosing rheumatoid spondylitis.	☐	☐
65. Muscular dystrophy.	☐	☐
METABOLIC / ENDOCRINE SYSTEM		
66. Diabetes requiring insulin or oral hypoglycemics. An individual with diabetes whose condition is effectively controlled by diet alone would not be considered to have an excludable condition. An applicant with a history of hyperglycemia glucosuria or albuminuria must be considered to have an excludable condition unless a report from the physician that treated the applicant can be obtained which assures the absence of diabetes mellitus.	☐	☐

METABOLIC / ENDOCRINE SYSTEM *(continued)*	Yes	No
67. Addison's disease, splenomegaly, or adenopathy secondary to systemic disease or metastasis.	☐	☐
68. Disease of the adrenal gland, pituitary gland, parathyroid gland, or thyroid gland of clinical significance.	☐	☐
69. Nutritional deficiency disease or metabolic disorder.	☐	☐
MISCELLANEOUS		
70. Any current fistula, either congenital or acquired, including tracheostomy.	☐	☐
71. If peripheral edema is present, the cause shall be, and the disqualifying disorder identified.	☐	☐
72. Recurrent syncope.	☐	☐
73. Alcohol or drug abuse within five (5) years.	☐	☐
74. Auto immune disorders, including, but not limited to, the following: a. Rheumatoid arthritis and myasthenia gravis. b. Dermatomyositis. c. Scleroderma.	☐	☐
75. Lupus erythematosus.	☐	☐
76. Obesity of such a degree so as to interfere with normal activities including respiration	☐	☐
77. Acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) positive, as determined by a blood test.	☐	☐
78. Sexually transmitted diseases should be considered for further examination by a qualified medical specialist to determine the likelihood and degree of future impairment.	☐	☐
79. Narcolepsy or hypersomnolence due to any cause.	☐	☐
80. Organ transplant.	☐	☐
81. Sleep apnea syndrome.	☐	☐
82. Anxiety disorder.*	☐	☑
83. Panic disorder.*	☐	☑
84. Obsessive compulsive disorder.*	☐	☑
85. Post-traumatic stress disorder.*	☐	☑
86. Attention deficit/hyperactivity disorder.*	☑	☐
87. Tourette syndrome.*	☐	☑
88. Depressive disorder.*	☐	☑
89. Bipolar disorder.*	☐	☑
90. Personality disorder.*	☐	☑
91. Substance abuse disorder.*	☐	☑
92. Schizophrenia and other psychotic disorders.*	☐	☑
93. Anorexia nervosa.*	☐	☑
94. Miscellaneous or other significant psychiatric disorder.*	☐	☑
95. Any disqualifying condition under 35 IAC 2-9-6 that has been accommodated by the local appointing authority.	☐	☐
96. Any other significant disease/disorder.	☐	☐

*** Items 82 – 94 on this page must be completed by a licensed psychiatrist/psychologist.**
Provide explanation(s) on next page if there are any excludable conditions noted.

Signature of licensed physician *(No rubber stamp signatures.)*	Date *(mm/dd/yyyy)*
*Signature of licensed psychiatrist/psychologist *(No rubber stamp signatures.)*	Date *(mm/dd/yyyy)* 02/05/2026

PHYSICIAN AND PSYCHOLOGIST IDENTIFYING INFORMATION *(Print or type.)*

Name of licensed physician		*Name of licensed psychiatrist/psychologist	
		Darren L. Higginbotham, Psy.D, HSPP	
Address *(number and street, city, state, and ZIP Code)*		*Address *(number and street, city, state, and ZIP Code)*	
		7002 Graham Road, Suite 202, Indianapolis, IN 46220	
Telephone number *(with area code)*	Number issued by Medical Licensing Board	*Telephone number *(with area code)*	*Number issued by Medical Licensing Board
		317-517-2509	IN# 20042135A

1977 POLICE OFFICERS' AND FIREFIGHTERS' FUND APPLICATION FOR MEMBERSHIP

State Form 4928 (R21 / 1-26)

EXCLUDABLE CONDITIONS – ADDENDUM A

Name of applicant
Bill Owensby

This section is to be completed by the examining physician or doctor. ALL QUESTIONS MUST BE ANSWERED. DO NOT ANSWER ANY QUESTION WITH "N/A", instead use "No" or "None".
Record explanations below for all affirmative responses to items listed as an excludable condition. Print or type. Attach additional sheets, if necessary, including the applicant's name on each page.

ITEM NUMBER	EXPLANATION
86	Diagnosed with ADHD while in college in 2023. Has received treatment for the condition via outpatient mental health counseling and medication. Symptoms are reported by the treatment providers to be stable and non-impairing. It is also noted that while receiving treatment he was able to continue working without significant impairment.
	Current evaluation via clinical interview and psych testing battery offered no evidence for ADHD condition to impair applicant's ability to carry out essential duties of the job.

1977 POLICE OFFICERS' AND FIREFIGHTERS' FUND APPLICATION FOR MEMBERSHIP

State Form 4928 (R21 / 1-26)

CERTIFICATION - BASELINE STATEWIDE MENTAL EXAMINATION

Indiana law mandates administering a mental examination to all applicants to determine if the applicant is mentally suitable to be a member of the department. The mental examination prescribed is the Minnesota Multiphasic Personality Inventory (MMPI-III). (This section is required to be completed before INPRS can process the applicant's application; copies of the results of the mental examination are not required to be sent to INPRS.)

I, Darren L. Higginbotham, Psy.D., HSPP (*Name of psychiatrist / psychologist*), a licensed (psychiatrist / PhD psychologist),

have interpreted the results of the statewide mental examination (the MMPI-III) and have determined that the named applicant,

Bill Owensby (*Name of applicant*), has passed the standards established by the local board.

Signature of licensed psychiatrist / psychologist *(No rubber stamp signatures.)*	Date *(mm/dd/yyyy)*
	02/05/2026

The examining psychiatrist / psychologist must not have a pre-existing relationship with the applicant.

PSYCHIATRIST / PSYCHOLOGIST IDENTIFYING INFORMATION *(Print or type.)*

Name of psychiatrist / psychologist	
Darren L. Higginbotham, Psy.D., HSPP	
Address *(number and street, city, state, and ZIP Code)*	
7002 Graham Road, Suite 202, Indianapolis, IN 46220	
Telephone number *(with area code)*	Number issued by Medical Licensing Board
317-517-2509	IN// 20042135A

Issues:

- What definition of excludable condition is being used by the provider...by the pension board?
- Is an interview of the applicant even required?
- Testing by itself cannot determine excludable conditions
- “Standards of the local board”

Excludable condition:

- Examination must also address whether it is compatible with performing the essential duties of the job; i.e. does it impair occupational functioning?

  (And)
- Is it a condition that can be reasonably accommodated?
- Examples: ADHD; PTSD
- Gap in the system-medications

Best Practices:

- Vetting of examiners
- Culturally competent
- A pre-employment psychological evaluation that does not include an individual interview with the applicant is unethical
- In-person vs. telehealth
- Clear reports; recommendations

Exam Best Practices:

- Psychological testing/MMPI-3
- Interview (background/history)
- Behavioral observations
- Dept provided background information, polygraph, references
- 3rd party collateral information
  - Treatment providers
  - VA/SS disability records
  - Examples good and bad

Excludable/Suitable

- Mental health conditions/diagnosable
- Non-mental health conditions:
  - Repeated conflict with people
  - Low stress tolerance/impulsivity
  - Dishonesty/integrity/not reliable
  - Poor decision-making/ethics
  - Can’t adapt/inflexible
  - Assertiveness/command

Standard of local board

- Mental health conditions that impair the applicant's ability to carry out essential job duties
- Mental health conditions that cannot be reasonably accommodated
- Non-pathological personality traits correlated with subsequent on-the-job performance and disciplinary problems

Practices/Trends:

- Polygraph
- Social media dive
- Lateral candidates –
  - If already in the fund, can we require re-examination for the fund?
  - Excludable vs. Suitable
  - IN 36-8-2-2
- VA/SS disability and hx of mental health treatment among applicants

Problems Admitted By Applicants to Agencies With & Without Polygraph

	No Poly	Poly
Referred To Collection Agency	34%	36%
Failed To File Income Tax	5%	5%
Ever Arrested	12%	28%
Convicted Of A Misdemeanor	9%	17%
Stole Goods Worth $25 Or More	2%	6%
Has Hit Spouse Or Romantic Partner	5%	9%
Missed Work Due To Alcohol	2%	3%
Drives Under The Influence (2+/Yr)	6%	5%
Has Driven After Using Drugs	4%	11%
Has Sold Drugs	1%	2%
Ever Used Marijuana	34%	58%
Ever Used Drugs Besides Marijuana	9%	22%
Sample Size	10500	17314

Journal of Police and Criminal Psych -2009

- 626 agencies
- 62% utilized polygraph
- Criminal admissions
  - 9% unsolved homicides
  - 34% rape
  - 38% armed robberies

Mental Health Disability Claims

- IN statutes define clear timelines the department and INPRS shall follow as well as citing remedies when timelines are not met.
- Local pension board responsible for holding hearing in 90 days to determine if employee has covered impairment and class of impairment
- Documentation gathering

Mental Health Disability Claims

- Covered impairment
  - Review statutes/exceptions
  - Review treatment records
  - Psych evaluation/FFDE
  - Accommodation statement
- Class of impairment (1 or 3)
  - Review statues
  - 1 proximate cause duty related
  - 3 proximate cause not duty related

Mental Health Disability Review Panel

- Member shall participate in treatment defined by their doctor, and dept shall pay treatment costs
- First 2-year review by INPRS
  - Retiree receives notice and has 60 days to submit records
- Second 2-year review by INPRS
  - Same as first review

Mental Health Disability Review Panel

- Department paying costs for treatment of class 3 disability?
- Who pays costs if still determined disabled at 4-year review?
- Working while disabled?
- Returning to job after receiving a disability retirement.

Q and A

Darren L. Higginbotham, Psy.D.

317-643-9901 (office)

317-517-2509 (cell)

dlhcounseling@gmail.com