Application for Disability Benefits

Section 1 – Member Information

Last Name | First Name | Middle Initial

Street Address | Rank

City | State | Zip Code

SSN | Primary Phone | Alternate Phone

Email Address | Academy Class # | Gender: ☐ Male ☐ Female

Status of Employment *(check all that apply)*

☐ On State Disability
☐ On Light Duty
☐ Separated by Employer
☐ On Occupational Injury Leave
☐ Terminated from Employment, pending Appeal
☐ Other
☐ Receiving BWC Payments
☐ Terminated from Employment, Appeals Completed

Section 2 – Other Employment

List the names & addresses of all employers, including self-employment (other than OSHP) for whom you have worked in the three years prior to filling this application. If none, write "None".

Name & Address of Employer	Work Began		Work Ended	
	Month	Year	Month	Year

Section 3 – Disabling Condition(s)

Please describe your disabling condition(s). (Submit medical evidence/records that relate to disabling condition(s) only)

Did your illness, injury or condition occur in-the-line-of-duty? *(if yes, include supporting documents)* ☐ Yes ☐ No

If yes, did you file an accident or incident report with OSHP? ☐ Yes ☐ No

Section 4 – Physician Care & Medical Treatment *(Submit copies of all medical, MRI, X-rays & surgery reports relating to disabling condition(s))*

Have you been treated for the condition(s) giving rise to this claim? ☐ Yes ☐ No

If yes, were you admitted to a hospital? *(if yes, list below and attach discharge summaries)* ☐ Yes ☐ No

Name of Hospital	Address	Dates	Reason

Treating Physician Information

Name ______ Phone Number ______ Specialty ______

Street Address ______ City ______ State ______ Zip Code ______

Date you first saw Physician for this condition ______ Date you last saw Physician for this condition ______ Frequency of visits for this condition ______

List the names and address of all Physicians that you have seen over the past 5 years ***(attach additional sheet if necessary)***

Name	Address	Phone Number	Reason

List all medications that you are currently taking ***(attach additional sheet if necessary)***

Medication Name	Dosage	Prescribing Physician	Does this medication affect driving	
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

Section 5 – Marital and Dependent Information

Marital Status

☐ Single ☐ Married *(Must submit copy of Marriage Certificate)* ☐ Divorced ☐ Widowed

Spouse's Name ____________________ Gender: ☐ Male ☐ Female

Marriage Date ____________ Spouse's SSN ____________ Spouse's DOB ____________

If divorced, is there a court order granting a former spouse an interest of your retirement benefit? ☐ Yes ☐ No

If yes, list name of former spouse: ____________________

Dependent Children Name(s)	Gender (M/F)	SSN	DOB	Check (✓) if Disabled

Section 6 – Other Claims

Are you applying for retirement based on an injury or illness that has been or may be compensable under the Ohio Workers' Compensation Law? *(if yes, attach a copy of the accident/illness report)* ☐ Yes ☐ No

Have you ever received Workers' Compensation Benefits? *(if yes, attach copies of all decisions)* ☐ Yes ☐ No

Beginning Date	Ending Date	Reason

Section 7 – Social Security Disability Insurance (SSDI)

If your disability with HPRS is approved, you are required to apply for Social Security Disability Insurance (SSDI). You may qualify for health coverage with Medicare, even if you do not qualify for SSDI. Contact Social Security at 1.800.772.1213 or at www.ssa.gov to check eligibility status and apply. You must show proof that you are either not eligible or have applied for SSDI within 90 days of your disability effective date.

Have you or your spouse had taxable earnings under Social Security (FICA tax) for 10 years or more? ☐ Yes ☐ No

Are you eligible for Social Security Disability Insurance (SSDI) or Medicare? ☐ Yes ☐ No

Section 8 – Authorization & HIPAA Disclosure *(To be Completed in the Presence of a Notary Public)*

I authorize any physician, health care provider, health care facility, employer, public retirement system, and governmental agency to release any and all of the following information to HPRS or its third party administrators: Employment information and medical information with respect to any physical or mental condition and/or treatment of me, including confidential information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse, and mental health.

I understand that the information obtained will be used to determine eligibility for benefits, return to employment opportunities, and assessment of ongoing treatment. Any information obtained will not be released to any person or entity except HPRS, its medical consultants and third party administrators, and the Ohio State Highway Patrol.

I understand that I may request a copy of this authorization. This authorization will be effective on the date next to my signature below and will continue in effect until revoked in writing. I understand that revoking this authorization may impair necessary processing of my application.

I certify that the information I have provided in this application is complete and true to the best of my knowledge and belief. I understand that, by applying for disability benefits, I am consenting to undergo medical examinations by one or more HPRS-appointed, independent medical examiners. I authorize my physician(s) to provide HPRS with my medical information.

I acknowledge that I have received and reviewed the HPRS rules on disability retirement benefits. If I am approved by the HPRS Board for disability benefits, I acknowledge that this approval may be contingent upon my compliance with a Board-approved treatment plan for my disabling condition.

The completion and submission of this form constitutes providing information for the purpose of obtaining a benefit from a public agency. Providing false information is a criminal offense under the Ohio Revised Code.

▶ ______________________________ ______________

Signature **Date**

Notary Public Acknowledgement

State of Ohio, County of ______________________________

On this day appeared before me ______________________________ , who having been duly sworn deposes and says he/she is the person herein described; that his/her will and intent is to apply for retirement under Chapter 5505 of the Ohio Revised Code; and that the statements made herein are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me in my presence this ________ day of ____________________ , __________

▶ ______________________________

Notary's Signature

(Seal)

____

Print Name

____

Commission Expiration Date

Job Duties and Responsibilities

Disability Applicant: ______________________________

Post Commander: ______________________________

Attorney General Opinion No. 90-002 places the responsibility on the Highway Retirement Board to base its determination of eligibility for disability retirement pursuant to R.C. 5505.18 on the specific job duties and responsibilities of each individual member rather than on the functions of the Highway Patrol in general. This completed form is therefore necessary before the examining physicians can render an opinion as to whether the applicant is totally and permanently incapacitated to perform designated job duties and responsibilities.

Please check all captions applicable as of ______________________________
(i.e., the day before the claimed injury)

______ Must wear a gun belt including a holster, handcuff case and radio.

______ Subdue violators and attackers who resist arrest.

______ Operate a patrol car at high speeds pursuing violators.

______ Wear a seat belt.

______ Assist in rescuing injured persons.

______ Exposed to weather extremes.

______ Appear as a witness in court.

______ Work a rotating schedule.

______ Climb over obstacles, vehicles and rough terrain at crash scenes.

______ Run after fleeing violators.

______ Stand for varying periods of time.

______ Inspect cars, trucks, and school buses and salvage vehicles (including undercarriages).

______ Handle traffic related public speaking programs at schools, churches and civic groups.

______ Respond to riot or civil disturbances and assist in controlling large numbers of unruly people.

______ Weigh and measure height, width and length of commercial vehicles.

______ Handle telephone inquiries. Maintain records and files.

______ Prepare forms.

______ Supervise personnel and make management decisions.

Please check all captions applicable:

______ Order supplies

______ Running

______ Driving

______ Teaching

______ Administer polygraph tests

______ Radar operation

______ Climbing ladders

______ Operate police radios

______ Operate computer terminal

______ Sitting

______ Walking

______ Flying an aircraft

______ On call 24 hours a day

______ Typing

______ Lifting (heavy objects at times)

______ Wash cars

______ Repair police radios

______ Climb stairs

Applicant's Current Employment Status *(choose one)*:

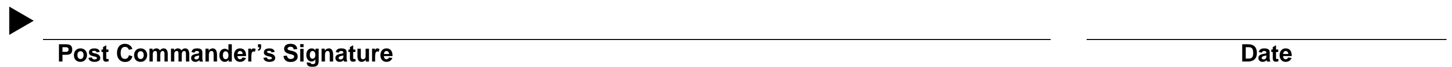
______ Working – same job duties and responsibilities

______ Working – different job duties and responsibilities

______ Working – part-time or light duty

______ Not working

Remarks: ____



Post Commander's Signature **Date**

1900 Polaris Pkwy, Suite 201, Columbus, OH 43240-4037
T 614.431.0781 ● F 614.431.9204 ● www.ohprs.org

Attending Physician Medical Evaluation

(Please print legibly or type)

Submit with Disability Application ***(To be completed by attending physician)***

Patient's Last Name **First Name** **Middle Initial**

XXX-XX-

Patient's Date of Birth **Last 4 digits of Patient's Social Security Number**

Cause of incapacity/What condition(s) are you treating?

Diagnosis:

Prognosis – Will the condition improve?

Explain any current and/or possible treatment:

Which of the listed duties and responsibilities is the applicant unable to perform, and what specific disabling condition prevents performance?

Submit a general summary of applicant's physical condition affecting the applicant's health (include any other condition(s):

On the basis of my medical knowledge and examination of the applicant, it is my opinion that the applicant is:

☐ **TOTALLY AND PERMANENTLY INCAPACITATED* to perform specific job duties and responsibilities in the employ of the patrol.**

☐ **NOT TOTALLY AND PERMANENTLY INCAPACITATED* to perform specific job duties and responsibilities in the employ of the patrol.**

***As defined in the OAC 5505-3-02 totally and permanently incapacitated means a disabling condition that physically or mentally totally incapacitates a member from the performance of regular duty for a period of at least twelve months.

▶ **Signature** **Date**

Printed Name of Attending Physician **Phone Number**

Medical Specialty

Disability Retirement Information

Please refer to: ORC5505.18 and OAC5505-3-02 & 5505-3-03 for additional information.

Disability Retirement Overview

In accordance with Chapter 5505.18 of the Ohio Revised Code, any member except while in training as a cadet, who becomes totally and permanently incapacitated for duty in the employment of the State Highway Patrol, is eligible to apply for a disability retirement. A member is not eligible for disability retirement if the disabling condition(s) is expected to improve to where the member can return to work within one year. If the injury occurred while in-the-line-of duty, it is the applicant's responsibility to include supporting documentation that the disabling condition(s) was incurred as the result of the applicant's performance of his/her job duties. Someone may submit the application on the member's behalf if the member is unable to as a result of his or her injury. The application process takes approximately FOUR to SIX months from receipt of application and supporting medical information. The cost of providing the supporting medical information with the application is the responsibility of the applicant.

If the member's application is approved by the board, the member will receive a pension based on his/her final average salary. Final average salary is defined as the average of the five highest salary years as a contributing member to the HPRS and is not necessarily calendar years or most recent years. Salary includes base rate of pay plus longevity, hazard duty, shift differential, and professional achievement pay.

Submitting Disability Application Packet

A complete application packet shall include:

- Disability application completed and notarized
- Job Duties & Responsibilities completed by Post Commander
- Attending Physician Medical Evaluation and supporting medical evidence. Submit **copies** of medical reports that relate to the alleged disabling condition as instructed below:
  - ***> No two-sided copies***
  - ***> No duplicate copies***
  - ***> No staples***
- Medical information including, but not limited to, initial emergency room visit (if applicable) surgical notes and follow-up visits with surgeon, any treatment notes and MRI and x-ray interpretations.
- All records should be submitted at the same time
- All medical reports and documentation that relate to the disabling condition listed in the application must be received within one week of the initial submission of the application.
- Any documentation that is received by HPRS after submission of the application packet to the medical advisor will be held and included as part of any reconsideration hearing. If the right to reconsideration is not exercised, the additional medical evidence will be returned to the applicant.

In-the-Line-of-Duty (On-Duty)

If the applicant's disabling condition(s) incurred in-the-line-of-duty, the applicant's pension is calculated based on the greater of his/her actual service credit or twenty-five years or service credit. In no case shall the applicant's disability pension be less than 61.25 percent or more than 79.25 percent of his/her final average salary.

If the applicant's incapacitation is the result of heart disease or any cardiovascular disease of a chronic nature not revealed upon entry into the Highway Patrol, the applicant is presumed to have incurred the disease in-the-line-of-duty as a member unless the contrary is shown by competent evidence.

If the disabling condition occurred, in-the-line-of-duty, the applicant must submit substantiating documentation with the disability application.

Not In-the-Line-of-Duty (Off-Duty)

If the applicant's disability incurred not in-the-line-of-duty, the applicant must have five or more years of service credit to be eligible. The applicants' pension is calculated based on the greater of his/her actual service credit or twelve years. In no case shall the applicant's disability pension be less than 30 percent or more than 79.25 percent of his/her final average salary.

Application Process

After receipt of the complete application and based upon the medical information submitted by the applicant, the medical advisor makes a recommendation as to what type(s) of medical professional is to conduct a medical evaluation on the applicant. The applicant will be notified of the appointment(s) by mail. The payment of fees connected with the evaluation(s) is the responsibility of the retirement system.

Copies of the member's application, medical information and professional evaluations conducted by the Board of Trustees (board) appointed professionals are forwarded to the Health, Wellness, and Disability (HW&D) Committee at its next scheduled committee meeting. The applicant has the right to appear at the hearing of the HW&D Committee, with or without legal counsel, to present testimony. The applicant will be sent notification of the hearing date and time no less than fourteen days prior to the hearing. No more than five days after the hearing, the applicant will be sent notification of the recommendation the HW&D Committee will make to the full board. No more than twenty days after the initial hearing, the applicant may file a written request for reconsideration. The request will be considered at the next regularly scheduled meeting of the HW&D Committee and must be accompanied by new medical evidence. If no new medical evidence is submitted, the reconsideration request will be rejected. Please refer to Ohio Administrative Code Section 5505-3-02 for additional details.

The HW&D Committee will make a recommendation to the board at the next regularly scheduled board meeting. The applicant will be notified of the board's action, no more than ten days after the board meets. If approved, the board will determine the effective date of any pension benefits and whether the benefit will be calculated as in-the-line-of-duty or not in-the-line-of-duty disability.

Copies of the reports of the examining physician and medical advisor will be sent to the applicant and the applicant's agent upon written authorization of the applicant, unless the release of such reports is otherwise prohibited by law. However, the medical advisor's recommendation will not be released until the committee has made a recommendation regarding the member's disability application.

Social Security Disability Insurance (SSDI)

If the applicant's disability with HPRS is approved, they are required to apply for Social Security Disability Insurance (SSDI). The applicant may qualify for health coverage with Medicare, even if they do not qualify for SSDI. Contact Social Security at 1.800.772.1213 or at www.ssa.gov to check eligibility status and apply. The applicant must show proof that they are either not eligible or have applied for SSDI within 90 days of their disability effective date.

Conditions of Receiving a Disability Benefit

As a condition to granting an application for disability benefits, the member shall agree in writing, on a form provided by the board, to obtain any medical treatment recommended by the examining physician or medical advisor and submit the required medical reports as required by the board.

Exit Interview

It is in the best interest of the applicant and his/her spouse to come to the retirement system office for a detailed explanation of the applicant's calculated pension, health care insurance and other related retirement issues. Other arrangements can be made if the applicant is unable to travel. Please bring copies of marriage & birth certificates to the exit interview.

Continuing Benefits and Termination

If an applicant is receiving a disability benefit and is under the age of 60, he/she may be required by the medical advisor to submit an annual "Attending Physician's Report" and/or "Statement of Earnings" to the board. The "Statement of Earnings" is to identify employment and assigned job duties, which could conflict with the retirant's approved disability benefits. The board's medical consultant shall review each "Attending Physician's Report" and indicate those disability retirants who will be subject to a re-examination by a board designated physician.

It is the goal of the board to return all disability pension recipients to full duty as soon as possible if the cause of their disability abates and they become fit for duty as determined by the board based on medical evidence. Any time prior to the retirant attaining age 60 and if the retirant's incapacitation is found to be such that duty in the employment of the Highway Patrol may be resumed, the board shall terminate the previously approved disability retirement. Or if the retirant believes his/her incapacitation has changed and patrol duties can be resumed, he/she may request reinstatement. Any such request shall be directed to the superintendent of the Highway Patrol and the executive director of the retirement system.

Ohio Public Employees Deferred Compensation Program

If the applicant is participating in Ohio Deferred Compensation and is granted a disability retirement benefit, the applicant should contact Ohio Deferred Compensation about the options available. The paperwork must be completed before the applicant's last day of service. For the required forms and any questions regarding eligibility or the allowable amount of the final lump sum contribution, please call the Ohio Public Employees Deferred Compensation Plan 1.877.644.6457 before the retirement system board meets to consider the disability application.

Questions?

If you have any questions regarding the Ohio Highway Patrol Retirement System (HPRS) disability retirement or the process, please feel free to contact HPRS at 614.431.0781 or visit our website at www.ohprs.org.