

Municipal Pensions Oversight Board

Resumption of Duty Medical Requests
301 Eagle Mountain Road, Suite 251
Charleston, WV 25311
Phone: 304-356-2422
Facsimile: 304-558-1016

Email: MPOB@wv.gov

Resumption of Duty Request Instructions

This packet contains the form necessary to submit to request a medical review for resumption of duty with a municipal fire or police department with a municipal policemen's pension and relief fund or a firemen's pension and relief fund in West Virginia. **The form is to be completed by the police officer or firefighter requesting the Resumption of Duty application.** Applicants must follow the procedures established by the Municipal Pensions Oversight Board and the member's municipality. The Resumption of Duty application includes a request form and an Authorization to obtain and release medical information.

Full Name		Employer		Cell Phone	
Home Address		City		State	Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	Starting Date of Employment	Last date at work before deployment	
Dates of your deployment.					
While deployed, were you diagnosed with any mental or physical injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did the military release you to return to duty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Cause of Injury <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Pregnancy If accident or illness, please give a detailed explain (include date and location, if applicable).					
Name, Address and Contact Information of any Primary Care Physician you have seen as a result of any injury received while on active duty.					
Name, Address and Contact Information of any Specialist Physician you have seen as a result of any injury received while on active duty.					
Job Description you currently hold within your department.					
Any other information you deem pertinent to your return to work.					
Acknowledgement – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read WV Code §8-22-27b. Fraud; penalties; and repayment (below).					
SIGNATURE_____			DATE_____		

8-22-27b. Fraud; penalties; and repayment. Any person who knowingly makes any false statement or who falsifies or permits to be falsified any record of a municipal policemen's or municipal firemen's pension and relief fund in any attempt to defraud that system is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000 or confined in jail not more than one year, or both fined and confined. Any increased benefit received by any person as a result of the falsification or fraud shall be returned to the fund on demand by the board of trustees or by demand of the Municipal Pensions Oversight Board.

Municipal Pensions Oversight Board

Resumption of Duty Medical Requests

301 Eagle Mountain Road, Suite 251

Charleston, WV 25311

Phone: 304-356-2422

Email: MPOB@wv.gov

Facsimile: 304-558-1016

Application Instructions and Authorization to Obtain and Release Information

Once the police officer or firefighter applicant completes and signs page 1 and page 2, he/she must provide the entire package to the Pension Secretary and/or municipal human resource (HR) official. Pension Secretary or HR official, you may either fax, send by US Mail, overnight delivery, password protected email, or hand deliver the Resumption of Duty Medical Request to the Municipal Pensions Oversight Board (MPOB) at the address listed at the top of the page.

When the MPOB has received your complete Resumption of Duty Application, MPOB staff will schedule a medical review with a physician appointed by the MPOB. The HR official will also schedule an appointment with the municipality's physician and provide the above reference information to the physician for completion. Once MPOB receives the report from its independent physician, staff will provide the results to the pension secretary and/or the municipal HR official.

I AUTHORIZE THESE PERSONS having any records or knowledge of me or my health:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, or other medical or medically related facility.
- Any employer or plan sponsor.
- Any government agency (for example municipal pension plan, municipality, etc.).

TO GIVE THIS INFORMATION:

- Charts, notes, x-rays, operative reports, lab and medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Treatment of any physical or mental condition, including:
 - Any disorder of immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS) or other related syndromes or complexes.
 - Any communicable disease or disorder
 - Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.
 - Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.
- Any non-medical information requested about me, including such things as education and eligibility for other benefits or leave periods including but not limited to any claim status, benefit amount, payments, etc.

TO THE MUNICIPAL PENSIONS OVERSIGHT BOARD (MPOB), MY PENSION BOARD OF TRUSTEES (TRUSTEES), AND MUNICIPAL HR Officials

- I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct the persons and organizations identified above to release and disclose my entire medical record without restriction.
- I understand that both the MPOB, Pension Trustees and municipal officials will gather my information only to the extent to help determine my resumption of duty application and may be a basis for denying or closing my application.
- I understand I have the right to revoke this authorization at any time by sending a written statement to the MPOB, Pension Trustees and municipal officials, except to the extent the authorization has been relied upon to disclose requested records. A revocation of authorization will stop the resumption of duty application process.
- I understand information retained and disclosed by the MPOB, Pension Trustees and municipal officials may not be protected under the Health Insurance Portability and Accountability Act (HIPAA).
- I understand and agree that this authorization as used to gather information shall remain in force from the date signed below:
 - For the MPOB, the duration of my application or 12 months, whichever comes first.
 - For the Pension Trustees and municipal HR official, indefinitely.
- I understand and agree that the MPOB, Trustees, and HR official may share information with each other regarding my resumption of duty application. This authorization to share information shall remain valid for 12 months from the date signed below.
- I acknowledge that I have read this authorization and W.Va. Code §8-22-27b Fraud; penalties; and repayment (bottom of page 1). A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

Name (please print) _____

Signature of Applicant _____ Date _____