

Municipal Pensions Oversight Board

Disability Requests

301 Eagle Mountain Road, Suite 251

Charleston, WV 25311

Phone: 304-356-2422

Facsimile: 304-558-1016

Disability Claim

Packet Instructions

This packet contains the form necessary to apply for total and permanent disability or total and temporary disability benefits through 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 claiming the benefit. If the claimant is unable to complete the form, the form may be completed by a legal representative (e.g. Attorney in Fact, Medical Power of Attorney, or Durable Power of Attorney), please attach documentation of legal status.** Disability benefits are governed by WV Code §8-22-23a and §8-22-24. Applicants must follow the procedures established by the Municipal Pensions Oversight Board. The Disability benefits application includes a claim form and an Authorization.

Full Name		Employer		Cell Phone	
Home Address		City		State	Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Email Address	Starting Date of Employment	Is the disability presumed to be <input type="checkbox"/> temporary or <input type="checkbox"/> permanent	
Last date at work before disability	Dates you have been absent from work.			Date you expect to return to work.	
Is your disability work related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filed a Worker's Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Cause of Disability <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 your Primary Care Physician					
Name, Address and Contact Information of your Specialist Physician providing care to you for your disability					
Job Description you currently hold within your department.					
Any other information you deem pertinent to your disability claim.					
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 (page 3) and will provide a copy of WV Code §8-22-23a and the NFPA 1582 Standards to the specialist physician completing the Disability Claim Form Physicians Report on my behalf, all of which will be provided to me by the MPOB. Pursuant to §8-22-23a, I understand in the event I am declared disabled by two physicians in this process, I will be temporarily or permanently declared incapacitated for employment as a police officer or firefighter for the entirety of the disability. If granted a temporary disability and later I am determined to be free of the disability, I will be placed back into the position I last held with my employer prior to being declared temporarily disabled.					
SIGNATURE _____				DATE _____	

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Application Instructions and Authorization to Obtain and Release Information

Once the Disability Claimant completes and signs page 1 and page 2, he/she must provide the entire package to the Pension Secretary for his/her pension plan. Pension Secretary, you may either fax, send by US Mail, overnight delivery, or hand deliver the Disability Application to the Municipal Pensions Oversight Board (MPOB) at the address listed at the top of the page. Failure, by the Claimant, to complete all sections of the Application will result in documentation being returned and will further delay processing the application.

When the MPOB has received your complete Disability Application, staff will prepare an email to the claimant member and the pension secretary with attachments that will include the applicable portions of the NFPA 1582 standards, a copy of W.Va. Code §8-22-23a(a), Employee Physician Cover Letter and the Disability Claim Form Physicians Report. The claimant member will then schedule his/her appointment with a Specialist Physician and provide the above reference information to the specialist for their completion. Upon receipt of the Disability Claim Form Physicians Report, the MPOB will schedule an appointment on behalf of the claimant with an Independent Medical Examiner (IME). Once MPOB receives the report from the IME, staff will provide the results to the pension secretary along with all the documentation related to the claimant for the board of trustees to approve or disapprove the disability.

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, earnings or income and eligibility for other benefits or leave periods including but not limited to claim status, benefit amount, payments, etc.

TO THE MUNICIPAL PENSIONS OVERSIGHT BOARD (MPOB) AND MY LOCAL MUNICIPAL PENSION BOARD OF TRUSTEES (TRUSTEES)

- 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 and the Trustees will gather my information only to the extent to help determine my disability application or deciding my temporary disability or permanent disability and may be a basis for denying or closing my claim.
- I understand I have the right to revoke this authorization at any time by sending a written statement to the MPOB and Trustees, except to the extent the authorization has been relied upon to disclose requested records. A revocation of authorization will stop the disability application process.
- I understand information retained and disclosed by the MPOB and by the Trustees 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 claim or 36 months, whichever comes first.
 - For the Trustees, indefinitely.
- I understand and agree that the MPOB and Trustees may share information with each other regarding my disability claim. This authorization to share information shall remain valid for 36 months from the date signed below.
- **I understand and agree should I receive a permanent disability from my pension fund, that fact will be shared by the MPOB or my local Pension Board with the WV Law Enforcement Standards Board and/or any state agency that monitors firefighter certifications in WV.**
- I acknowledge that I have read this authorization and W.Va. Code §8-22-27b Fraud; penalties; and repayment. A photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.

I DO NOT AUTHORIZE:

- The release of my disability examination report or disability recommendation of my specialist physician to the State's independent medical examination physician.
 - W.Va. Code §8-22-23a(a) specifically states "Each medical examination shall include the review of the member's medical history, but an examining physician may not have access to the disability examination report or disability recommendation of another physician."

Name (please print) _____

Signature of Claimant/Representative _____ Date _____

If signature is provided by legal representative (e.g., Attorney in Fact, Medical Power of Attorney, Durable Power of Attorney), please attach documentation of legal status.

W.Va. Code §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.

Copies of other sections of the W.Va. Code that pertain to disability claims filed by police officers and firefighters covered in municipal pension plans governed by the W.Va. Code can be found on the MPOB's website under the [About Tab](#). Also, the W.Va. Code is online through the [WV Legislature's website](#). The sections of Chapter 8, Article 22, that contain the statutes pertaining to municipal policemen's and municipal firemen's pension and relief funds are sections 16 through 28 inclusive. Sections 1 thru 15 specifically are for civilian municipal pension plans.

Portions of §8-22-23a are below which spell out temporarily and/or permanently incapacitation for employment as a police officer or fighter.

§8-22-23a. Eligibility for total and temporary disability pensions and total and permanent disability pensions; reporting; light duty.

(b) Effective for **members becoming eligible for total and temporary disability benefits** after June 30, 1981, initially or previously under this subsection allowance for initial or additional total and temporary disability payments, the amount thereof to be determined as specified in section twenty-four of this article shall be paid to the member during the disability for a period not exceeding twenty-six weeks if after a medical examination in accordance with subsection (a) of this section two examining physicians report in writing to the board of trustees that: **(1) The member has become so totally, physically or mentally disabled, from any reason, as to render the member totally, physically or mentally, incapacitated for employment as a police officer or firefighter;** and (2) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated or eliminated if the member follows a reasonable medical treatment plan or reasonable medical advice: Provided, That, in any event, a member is not eligible for total and temporary disability payments following the fourth consecutive 26-week period of total and temporary disability unless subsequent disability results from a cause unrelated to the cause of the four previous periods of total and temporary disability. During the two-year period of total and temporary disability, the department is required to restore the member to his or her former position in the department at any time the member is determined to no longer be disabled: Provided, however, That the department may refill, on a temporary basis, the position vacated by the member after the first twenty-six weeks of his or her temporary disability.

(c) Effective for **members becoming eligible for total and permanent disability benefits** initially under this subsection or becoming eligible for total and temporary disability benefits under subsection (b) of this section after June 30, 1981, allowance for total and permanent disability payments, the amount thereof to be determined as specified in section twenty-four of this article, shall be paid to the member after a medical examination in accordance with subsection (a) of this section, **two examining physicians report in writing to the board of trustees that the member has become so totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter or, if the member has been a member of either of the departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter.** The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected if the member follows a reasonable medical treatment plan or reasonable medical advice.