

**VILLAGE OF ROMEOVILLE
APPLICATION FOR BENEFITS UNDER THE
PUBLIC SAFETY EMPLOYEE BENEFITS ACT (“PSEBA”)**

The completion of this Application does not automatically qualify one for benefits. The Village of Romeoville shall determine eligibility. Additional information may be requested or required. Failure to fully complete this Application or provide sufficient details of the circumstances of the incident may result in denial of benefits.

PLEASE TYPE OR PRINT

Name of Individual Completing this Application: _____

If the person completing this Application is not the full-time firefighter or law enforcement officer, state your relationship to the injured or deceased public safety officer:

Was the injured/deceased a full-time firefighter or law enforcement officer? _____

Is the public safety officer injured or deceased? _____

The undersigned states, under oath, as follows:

Name of Injured/Deceased Public Safety Officer:	
Address:	
Telephone Number:	
Date of Hire of Public Safety Officer:	

- Name, date of birth, and relationship of legal dependent(s) of the public safety officer: (Provide a copy of marriage license and birth certificates of each dependent child with this Application.)

Name	Date of Birth	Relationship

Appendix A to Chapter 42B of the Village Code of Ordinances

2. Describe in detail when, where and how the public safety officer's injury and/or death occurred: (Use additional page if length exceeds space.)

3. Describe in detail when, where and how disabling and any contributing injuries and/or death occurred and provide any documents in support: (Use additional page if length exceeds space.)

4. List the name(s), address (es), and telephone number(s) of any and all witnesses to the qualifying injury and/or death: (Use additional page if length exceeds space.)

Witness Name	Address	Telephone Number

5. Identify the individual to whom the injury was reported, and the circumstances surrounding that report. If the report was not made contemporaneous to the injury, provide an explanation as to why the report was not made contemporaneous to the injury.

Appendix A to Chapter 42B of the Village Code of Ordinances

6. Was the injury/death in response to fresh pursuit, in response to what was reasonably believed to be an emergency, an unlawful act perpetrated by another, or during the investigation of a criminal act? If so, describe how. (Use additional page if length exceeds space.)

7. Identify the Incident Report Number (s) applicable to the employee's injury or death:

8. Please describe the nature, extent, date, and circumstances of any previous personal injuries or illness that created any temporary, partial or permanent disability for the public safety officer. This information should be provided without regard to the work-related nature of the injury or illness. Please indicate the name and address of the treating physician(s): (Use additional page if length exceeds space.)

Date of Injury or Illness	Nature and Extent of Injury or Illness	Circumstances of Injury or Illness	Name and Address of Treating Physician

9. Did any of the injuries identified in the question immediately preceding affect the public safety officer's ability to perform his/her job duties (or the essential functions of his/her job) in any manner? If yes, please explain how the officer was affected. (Use additional page if length exceeds space.)

Appendix A to Chapter 42B of the Village Code of Ordinances

10. Please identify (name and address) all physicians and physician associated treaters (such as physical therapists, chiropractor, physician assistants, etc.) that the public safety officer has seen in the past ten (10) years. (Use additional page if length exceeds space.)

Name of Physician or Physician-Associated Treater	Address

11. Describe any outside activities, sports, sports leagues, hobbies, and any other physical activities in which the public safety officer participated. Provide sufficient information to identify the league and/or location of the activity in which the public safety officer participated. (Use additional page if length exceeds space.)

12. Aside from the occurrence for which the public safety officer is seeking benefits, provide the name and address of any physician that rendered an opinion that the public safety officer is physically unable to perform the essential functions of the job of a public safety officer. (Use additional page if length exceeds space.)

Name of Physician	Address

Appendix A to Chapter 42B of the Village Code of Ordinances

13. Aside from the occurrence for which the public safety officer is seeking benefits, provide the name and address of any physician that rendered an opinion that the public safety officer is physically disabled for any other reason and unable to perform the essential functions of the job of a public safety officer. (Use additional page if length exceeds space.)

Name of Physician	Address

14. Please state whether the public safety officer was employed by any other employer or was self-employed in the twelve (12) months preceding the injury. If so, identify the employer, position held, hours worked, and/or the type of self-employment in which the public safety officer was engaged.

15. Was the public safety officer working in any other capacity in the forty-eight hours preceding the injury for which benefits are being sought? If so, where was he or she working, what was he or she doing, and who was with him or her?

16. Has a line-of-duty disability pension been granted by the Village of Romeoville Fire or Police Pension Fund Board?

Yes No

17. If yes, provide the date the pension was granted along with a copy of the Pension Board decision. In addition, provide copies of any materials submitted in support of such a

Appendix A to Chapter 42B of the Village Code of Ordinances

pension as well as any other materials that are in your possession that were considered by the Pension Board:

Date Pension Granted: _____

18. If no, provide the date submitted and a copy of the pension application (if any) along with copies of any materials submitted to the Pension Board.

Date Application for Pension Submitted: _____

19. Provide any other facts that would qualify the injured or deceased public safety officer for PSEBA benefits:

(Use additional page if length exceeds space.)

20. Is the public safety officer currently employed? If yes, provide the name, address and telephone number of the employer:

21. Is the public safety officer currently eligible for health insurance benefits through his/her current employer? If yes, provide details of benefits offered:

22. Is the spouse of the public safety officer currently employed? If yes, provide the name, address and telephone number of the employer:

23. Is the spouse of the public safety officer eligible for health insurance benefits through his/her current employer? If yes, provide details of benefits offered:

Appendix A to Chapter 42B of the Village Code of Ordinances

24. Is the child(ren) of the public safety officer currently employed? If yes, provide the name, address and telephone number of the employer(s):

25. Is the child(ren) of the public safety officer eligible for health insurance benefits through their current employer? If yes, provide details of benefits offered:

26. Is the child(ren) of the public safety officer eligible for health insurance benefits through any other source, such as a mother or father who is not the spouse of the applicant? If so, provide the details of the eligibility for insurance including the identity and relationship of the individual through whom the child(ren) are eligible for insurance:

27. Is the child(ren) currently enrolled in school? If yes, identify school in which the child is enrolled, the date(s) the child was enrolled, course of study, and anticipated date of graduation.

Child's Name	School in Which Child is Enrolled	Date on Which Child was Enrolled	Course of Study	Anticipated Date of Graduation

28. The Act states that benefits shall be provided to the injured public safety officer, the public safety officer's spouse, and for each dependent child of the public safety officer. List other current sources of health insurance benefits payable to the injured or deceased public safety officer through other employment, and other entity or spouse; include company name, benefit plan, description of benefits, and costs to you and/or spouse for single and/or family coverage.

Appendix A to Chapter 42B of the Village Code of Ordinances

Other Source of Health Insurance Benefits	Company Name	Benefit Plan	Description of Benefits	Cost

29. Has the injured or deceased public safety officer or any family member on his/her behalf previously made a request for benefits? If so, identify when the request was made, how it was made and to whom it was made and provide any documentation supporting the previous request for benefits.

30. I/we agree that if the public safety officer, his/her spouse, or any of their dependent children become eligible and/or obtain other sources of health insurance benefits, I/we shall notify the Village of Romeoville within thirty (30) days of the effective date of such eligibility.

31. I/we agree that if the public safety officer or his/her spouse becomes employed, or is/are self-employed, I/we shall notify the Village of Romeoville within thirty (30) days of the effective date and provide the identity of the employer, and position held.

32. Essential Functions of the Position of Public Safety Officer
 From the position description attached as Appendix 1, list the essential functions that the injured public safety officer is unable to perform. Also list any reasonable accommodations that the public safety officer feels could be made to allow the injured public safety officer to perform functions as a public safety officer. It will be assumed that the injured public safety officer is able to perform those duties not listed without accommodation.

Duty That I Am Unable to Perform	Reasonable Accommodation to Perform Duty

Appendix A to Chapter 42B of the Village Code of Ordinances

Medical Information:

To determine eligibility for PSEBA benefits, the Village of Romeoville will review relevant medical records concerning the injured public safety officer. Please complete the attached Medical Information Release to authorize the Village of Romeoville to receive and review these medical records.

VERIFICATION BY CERTIFICATION

This statement is made for the sole purpose of receiving benefits under the Public Safety Employee Benefits Act from the Village of Romeoville. The information contained in this application is true to the best of my knowledge and belief. I understand that it is unlawful for a person to *willfully and knowingly* make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided by the Public Safety Employee Benefits Act (820 ILCS 320/10(a)(3)). Such actions constitute a Class A Misdemeanor and can serve as the basis for denial or forfeiture of any benefits paid out under the Public Safety Employee Benefits Act.

I agree to abide by the requirements set forth above for retention of any benefits provided by the Village of Romeoville.

I, _____, being duly sworn, state that I have reviewed the information provided in this Application for Benefits Under the Public Safety Employee Benefits Act, and declare, under the penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that the statements set forth herein are true and correct, except as to matters therein stated to be on information and belief and as to such matters, I certify that I believe them to be true.

DATE: _____

Signature of Applicant

[Print Name] _____

Subscribed and sworn to before this ____ day of _____, 20__.

Notary Public

FOR OFFICE USE ONLY

Date Request Received: _____, 20__

Date Approved/Denied by Board of Trustees: _____, 20__

Appendix A to Chapter 42B of the Village Code of Ordinances

MEDICAL INFORMATION RELEASE

(Required for each health care provider)

TO: _____ (fill in any healthcare provider's name an address or name
and address of the applicable pension Board)

and _____ (fill in any hospital(s) or practice(s) name and address)

I, _____ [Print Name], hereby authorize my physician, physical therapist, and any other health care providers, as well as the institution(s) with which they are affiliated, and the Village of Romeoville Firefighter or Police Pension Fund Board, to release to the Village of Romeoville and/or its representatives any medical records or other medical information (including but not limited to medical or mental health records, reports, x-rays, photographs, notes, bills, payment schedules, prescriptions, insurance records or claim forms) which relate in any way to my medical and/or mental health treatment. The above described medical records and information should be released to the Village of Romeoville's Administration: 3200 Washington Blvd., Village of Romeoville, IL 60104 (Telephone: 708-547-3500), or any other authorized Village representative, agent or attorneys.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Village and I ask that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes a, individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I understand that by releasing these records, I am waiving any rights I might have under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, which governs disclosure of certain confidential mental health information. This consent will expire one (1) year from the date next to my signature, unless I revoke it earlier, in writing, signed by a witness. I understand any such revocation will not be effective until delivered to the health care providers listed above and will not affect any prior release of information. I understand I may ask to inspect and/or copy the records which are being released.

Name

DATE: _____

Witness

GENERAL INFORMATION RELEASE AND WAIVER; DISCLOSURE OF REPRESENTATIVE

VILLAGE OF ROMEOVILLE PSEBA APPLICATION

Please read this carefully and in its entirety before signing below. You may be required to execute a separate copy of this form for each entity from which information may be sought.

I authorize the Village of Romeoville to investigate any of the information contained on my application for benefits under the Public Safety Employees Benefits Act ("PSEBA"), including employment records, membership records, education and medical records, and other facts stated on the application. I further authorize all individuals and organizations named in such application to give the Village of Romeoville all information relative to such verification. I acknowledge that establishing my eligibility for benefits requires a thorough investigation into my circumstances surrounding my asserted injury, existing and available insurance coverage for myself and my dependents, and information pertaining to the employment or educational status of myself and my dependents. I specifically consent to the disclosure of confidential information required to verify information I have provided and determine my eligibility for claimed benefits, and I waive my rights to enforce any confidentiality protections with regard to this disclosure. Additionally, I waive any claim to privacy in such information, consent to the disclosure of information which may be exempt from disclosure by law, and waive any claims I may have to the protection of such information for the limited purposes of investigating and verifying my application for benefits under the PSEBA. I waive any right I may have to be notified by any individuals and organizations named in my application prior to the release of any information to the Village of Romeoville, including the release of information concerning any disciplinary action taken against me by former employers.

I hereby release and discharge the Village of Romeoville and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

Applicant: _____ Date: _____

Witness: _____

If application is completed by a representative of a deceased applicant or an applicant who is unable to complete the application, complete the following.

The undersigned hereby certifies that he or she is the duly authorized representative of _____, a deceased person or person unable to complete this application, that I am fully and duly authorized to complete and file the same on behalf of the applicant and that attached hereto is true and complete documentation of my appointment and authorization as representative on behalf of the applicant. The undersigned further certifies that he or she has reviewed the information provided in this Application for Benefits Under the Public Safety Employee Benefits Act, and declare, under the penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, that the statements set forth herein are true and correct, except as to matters therein stated to be on information and belief and as to such matters, he or she believes them to be true.

Appendix A to Chapter 42B of the Village Code of Ordinances

DATE: _____

Representative of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public