

**Application for
Public Safety Employee Benefits under the Public Safety Employees Benefits Act,
820 ILCS 320/10**

As required by the Illinois Public Safety Employees Benefits Act, 820 ILCS 320/10 ("PSEBA"), the City of Berwyn pays the premium of its basic group health insurance plan for certain police officers and firefighters, their spouses and dependent children. To be eligible for this PSEBA benefit, you must qualify under one of the following categories

1. You are a police officer catastrophically injured during response to fresh pursuit, or you are a police officer or firefighter catastrophically injured in response to what was reasonably believed to be an emergency, to an unlawful act perpetrated by another, or during the investigation of a criminal act.
2. You are the spouse of a police officer catastrophically injured or killed during response to fresh pursuit, or a police officer or firefighter catastrophically injured or killed in response to what was reasonably believed to be an emergency, to an unlawful act perpetrated by another, or during the investigation of a criminal act, and, if you are a surviving spouse, you have not remarried.
3. You are the child of a police officer catastrophically injured or killed during response to fresh pursuit, or a police officer or firefighter catastrophically injured or killed in response to what was reasonably believed to be an emergency, to an unlawful act perpetrated by another, or during the investigation of a criminal act, and:
 - you are under 18 years old, or
 - you are 18 -25 years old and you are a full-time or part-time student dependent for support, or
 - you are 18-25 and dependent for support.

The PSEBA benefit does not change other benefits for which injured police officers and firefighters and their families may be eligible under applicable collective bargaining agreements.

If you believe you are eligible for the PSEBA benefit, complete the attached PSEBA Application Form and the Authorization Form for the Use and Disclosure of Protected Health Information and return both forms to:

**City of Berwyn
Legal Department
6700 W. 26th St.
Berwyn, Illinois 60402**



A Century of Progress with Pride

**City of Berwyn
Application for Public Safety Employee Benefits Act (“PSEBA”) Benefits**

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

Name of Individual Completing Application: _____

Applicant’s Social Security Number: _____

Mailing Address: _____

Telephone: (Home) _____ (Work) _____

Applicant’s Birthdate: _____

If the person completing this application is not the full time Police Officer, state your relationship to the injured or deceased public safety officer.

Was the injured/deceased a full-time Police Officer? _____

Is the public safety officer injured or deceased? _____

Date of Public Employee’s injury and/or death: _____

Location of Public Safety Employee’s injury and/or death: _____

What is the injury? _____

The undersigned states, under oath, as follows:

Name of Injured/Deceased Public Safety Officer: _____

Address: _____ City/State/Zip: _____

Phone Number(s): _____

Birthdate of Public Safety Employee: _____

Date of hire of public safety employee: _____

- Police Officer
- Firefighter
- Firefighter/Paramedic

1. Name, age, and relationship of legal dependents of the public safety officer: (Provide a copy of marriage license and birth certificates of each dependent child with this application.)

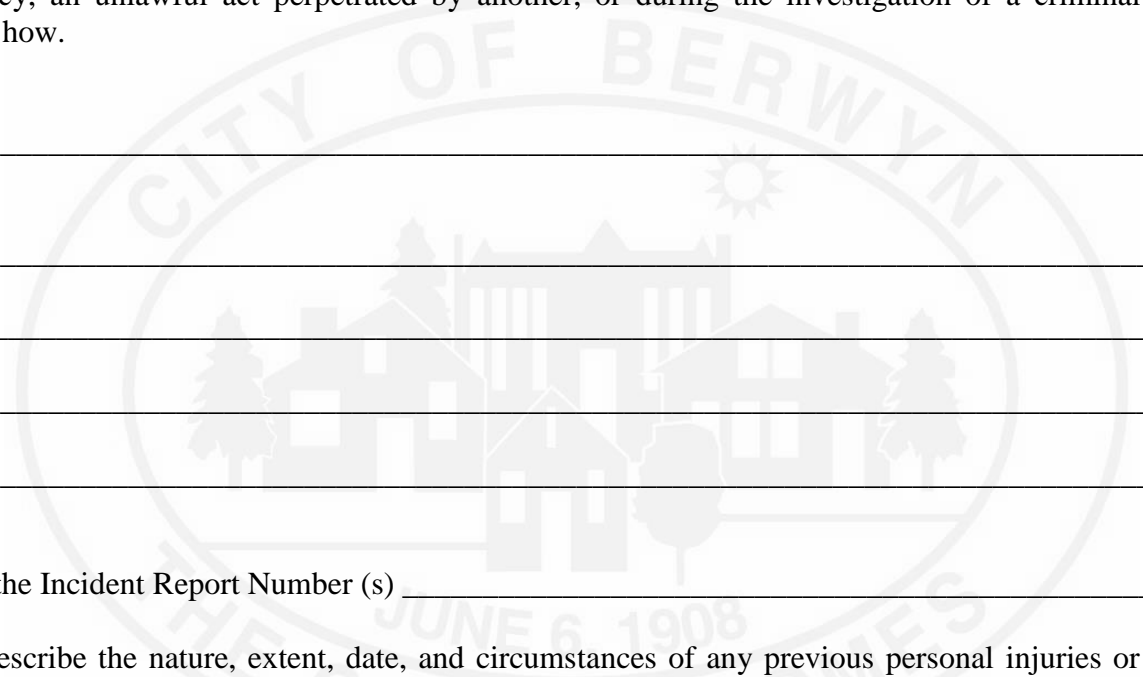
2. Describe in detail when, where and how injury and/or death occurred: (Use additional page if length exceeds space).

3. Describe in detail when, where and how any contributing injuries occurred and provide any documents in support.

4. List any and all witnesses to the qualifying injury and/or death:

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.

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.



7. Identify the Incident Report Number (s) _____

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) or health care provider.

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. If not, please state when the injuries did affect the public safety

officer's ability to perform his/her job duties (or the essential functions of his/her job) and why that change occurred.

10. Please identify (name and address) all physicians and other health care providers (such as therapists, counselors, physical therapists, chiropractor, nurse practitioners, etc.) that you have seen in the past ten (10) years.

11. Please list any past hospitalizations.

12. Describe any outside activities, sports, sports leagues, hobbies any other physical activities in which the officer participated. Provide sufficient information to identify the league and/or location of the activity in which the officer participated.

13. Aside from the accident for which the public safety officer is seeking benefits, has any physician or health care provider rendered an opinion that the public safety officer is physically unable to perform the essential functions of the job of a public safety officer. Which provider? When? What was the basis for the opinion?

14. Aside from the accident for which the public safety officer is seeking benefits, has any physician or other health care provider rendered an opinion, that the public safety officer is physically or mentally disabled for any other reason and unable to perform the essential functions of the job of a public safety officer? Which provider? When? What was the basis for the opinion?

15. 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, and hours worked.

16. 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 were they working, what were they doing, and who was with them?

17. Has a line-of-duty disability pension been granted by the City's Police Pension Fund Board?
___ Yes ___ No

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

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

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

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

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

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

24. Is the spouse of the public safety officer eligible for health insurance benefits through their current employer? If yes, provide details of benefits offered.

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

26. 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.

27. 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.

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

29. 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.

30. 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.

Applicant Statement Regarding Essential Functions

From the position description attached as Appendix 1, list the essential functions that you or the injured public safety officer are unable to perform. Also list any reasonable accommodations that you feel could be made to allow you or the injured public safety officer to perform functions as a public safety officer.

It will be assumed that you (or the injured public safety officer) are able to perform those duties not listed without accommodation.

Duties that I am Unable to Perform	Reasonable Accommodation to Perform Duty

Right to Investigate Information on Application

To determine eligibility for PSEBA benefits, the City of Berwyn will review relevant medical and other records concerning the injured public safety officer and related individuals covered by this application. Please have the “Medical Information Release and Consent” form (attached as Appendix 2) completed to authorize the City of Berwyn to review the applicant’s medical records. Please have every individual over the age of 18 who is included within this application and the request for coverage sign the “Authorization and Waiver” form (attached as Appendix 3) that authorizes the City of Berwyn to access additional information to evaluate the application and eligibility.

Limitations on Benefit Eligibility

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, the City of Berwyn must be notified within 30 days of the effective date.

If you or your spouse becomes employed or self-employed, the City of Berwyn must be notified within 30 days of the effective date along with the identity of the employer, and position held.

If your PSEBA application is approved, you will be offered free-of-charge the City’s basic level insurance plan. The City’s basic level insurance plan may change from time to time. If you choose to enroll in any other plan available in the City, you must pay any difference in insurance premiums between the City’s basic plan and that of another plan on a monthly basis.

VERIFICATION OF INFORMATION PROVIDED BY APPLICANT

This statement is made for the sole purpose of receiving benefits under the Public Safety Employee Benefits Act from the City of Berwyn. 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 regarding the receipt and retention of any PSEBA benefits provided by the City of Berwyn.

I, _____, being duly sworn, and 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.

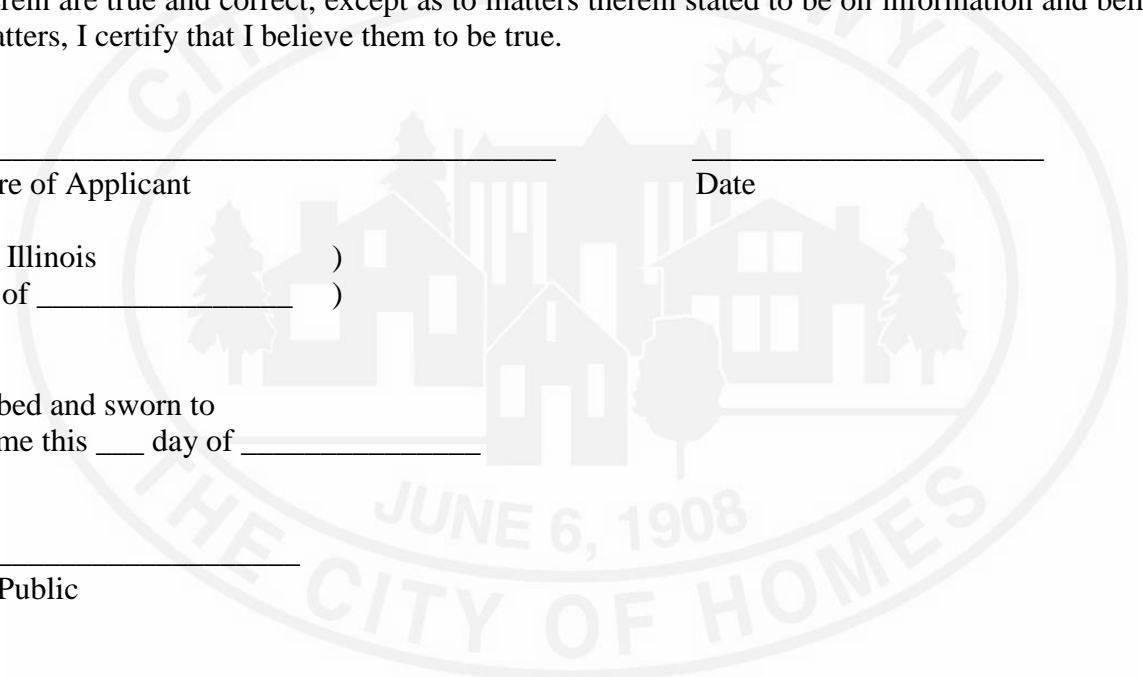
Signature of Applicant

Date

State of Illinois)
County of _____)

Subscribed and sworn to
Before me this ___ day of _____

Notary Public



Appendix 2

**MEDICAL INFORMATION RELEASE AND CONSENT FORM
(Required for each health care provider)**

To: _____ (fill in any health care provider's name and address)

and _____ (fill in any hospital(s), clinics, treatment centers or
practice(s) name and address)

I hereby authorize my physician, physical therapist, and any other health care providers, as well as the institution(s) with which they are affiliated, to release to the City of Berwyn 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 City of Berwyn attn.: City Administrator at 6700 W. 26th St., Berwyn, IL 60402, (708) 749-6433, or any other authorized City representative, agent or attorneys. The purpose of such a release is for the City of Berwyn to evaluate my qualifications for free health insurance benefits under the Illinois Public Safety Employee Benefits Act. 820 ILCS 320/1 et seq.

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 City 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 an 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.

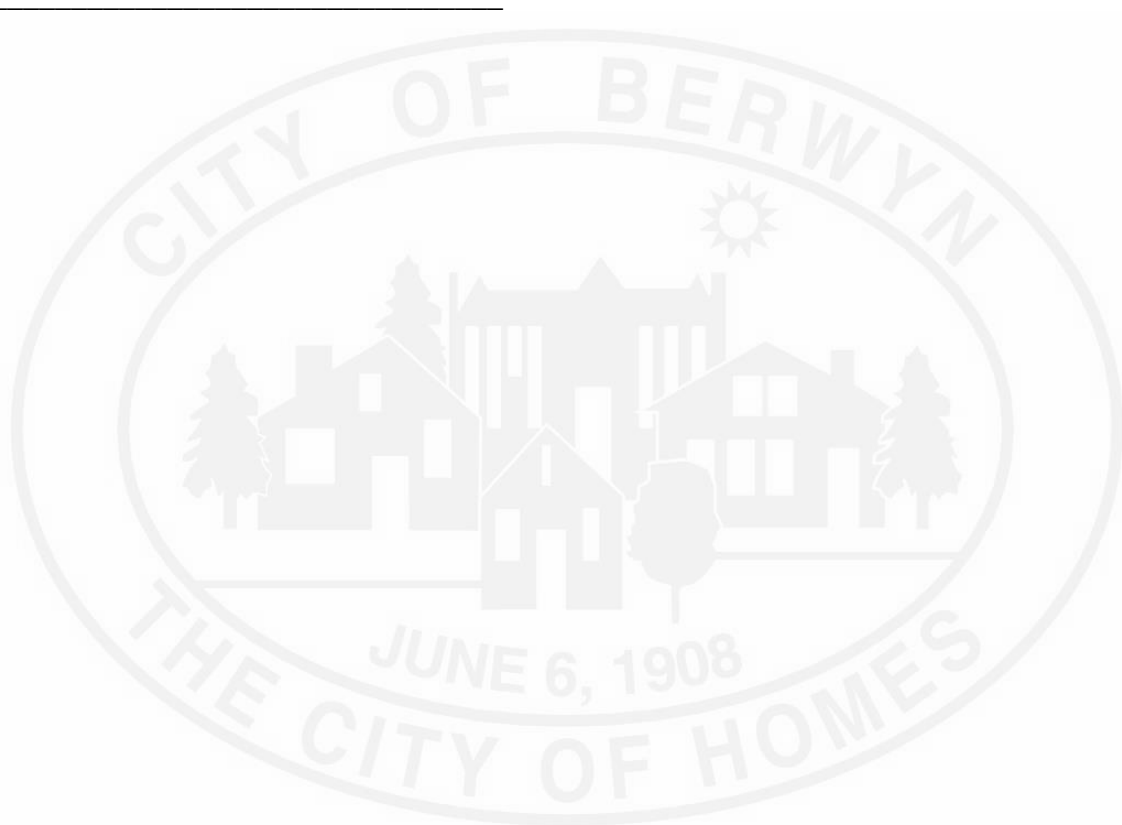
I understand that by releasing these records, I am waiving any rights I might have under the Illinois Mental Health and Developmental Disabilities Confidentiality Act, which governs disclosure of certain confidential mental health information. This consent will expire one year from the date next to my signature, unless I revoke it earlier at any time, 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 copy the records which are being released.

I also understand that if I refuse to consent to the release of documents subject to the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the City of Berwyn will assess my application for benefits based solely on the limited information and documentation that it has in its possession.

_____ Name

_____ Date

_____ Witness



APPENDIX 3

City of Berwyn

PSEBA Applicant's Acknowledgement and Waiver

Please read this carefully and in its entirety before signing below

I authorize the City of Berwyn to investigate any of the information contained on my application for benefits under the 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 City of Berwyn 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 City of Berwyn, including the release of information concerning any disciplinary action taken against me by former employers.

I hereby release and discharge the City of Berwyn 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.

Date

Print Your Name

Sign Your Name

Witness