



# POLICIES & PROCEDURES

## TABLE OF CONTENTS

### ADMINISTRATION

001	FINAL	PLAN REVIEW
002	FINAL	PROPOSED AMENDMENTS TO TRUSTEE ELECTION PROCEDURES
003	REPEALED	FIREARMS AT PENSION BOARD MEETINGS <b>REPEALED BY MOTION ON 11/08/12</b>
004	FINAL	RETIREE'S REPORT OF CONTINUING DISABILITY AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION GOVERNING MEDICAL DISABILITY RETIREES.
005	FINAL	POLICY & PROCEDURES GOVERNING SURVIVING SPOUSE OR BENEFICIARY OF MEDICAL DISABILITY RETIREES
006	FINAL	ADMINISTRATIVE RULE GOVERNING FORFEITURE PROCEEDINGS
007	FINAL	DROP AND BACK DROP ADMINISTRATIVE POLICY FORMS
008	FINAL	HIPAA COMPLIANT MEDICAL RELEASE
009	FINAL	QUALIFIED DOMESTIC RELATIONS ORDER PAYMENT AND REIMBURSEMENT AGREEMENT
010	FINAL	PENSION BUYBACKS FOR REHIRED MEMBERS
011	FINAL	TRAVEL FOR TRUSTEES
020	FINAL	ADMINISTRATIVE RULE GOVERNING PUBLIC PARTICIPATION
021	FINAL	ADMINISTRATIVE RULES GOVERNING INTERVENING MILITARY SERVICE CREDIT
022	FINAL	ADMINISTRATIVE RULE GOVERNING RECOGNITION OF SAME SEX MARRIAGE



- 023 FINAL REQUEST AGREEMENT TO HOLD FUNDS N BEHALF OF A MINOR
- 024 FINAL AUDIO-VIDEO CONFERENCING OR TELECONFERENCING TO CONDUCT VIRTUAL PUBLIC BOARD OF TRUSTEE MEETINGS
- 025 FINAL CONTRACTUAL PROVISIONS FOR INVESTMENT MANAGERS

**DISABILITY PENSION**

- 012 FINAL GUIDELINES AND INFORMATION SHEET FOR APPLICATION FOR DISABILITY PENSION AND APPLICATION FOR DISABILITY
- 013 FINAL INDEPENDENT MEDICAL EXAMINATION (IMEs) FOR DISABILITY APPLICANTS THROUGH FLORIDA HOSPITAL/CENTRACARE
- 014 FINAL CASE SUMMARIES AT DISABILITY HEARINGS
- 015 FINAL INITIAL DISABILITY HEARINGS
- 016 FINAL DISABILITY HEARINGS MOTIONS TO CONTINUE
- 017 FINAL DISABILITY HEARING PROCEDURE
- 018 FINAL POLICY AND PROCEDURES GOVERNING SUBSEQUENT DISABILITY APPLICATIONS, CHANGE OF CIRCUMSTANCE
- 019 FINAL DISABILITY PENSION FINAL ORDERS

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #001**

**SUBJECT: PLAN REVIEW**

1. **OBJECTIVE:**

To systematically and periodically review the Plan document and the Board's policies and procedures to determine conformance with current State Law and Federal Law and to assure the procedures achieve the intent of previous and current Board administrative guidance. Also, to review on a regular basis asset allocation, investment managers and investment policy.

2. **AUTHORITY:**

The Policy and Procedures adopted by the Police Pension Board on December 12, 2002.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

- A. **EXECUTIVE DIRECTOR:** The Executive Director will schedule and monitor the annual review of the language in the Plan Document, existing policies and procedures, and Plan administration to determine compliance with applicable laws and Board intent. Such review will occur after the Florida legislative session closes each year (generally in June) and is to be completed in September. Any findings which may require a plan change will be promptly reported to the Board and to the Board Actuary to determine the fiscal impact.
- B. **BOARD ATTORNEY:** The Board Attorney will review the Plan document and policies and procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #001**

**FORMS**

NONE

**6. COMMITTEE RESPONSIBILITIES:**

NONE

**7. REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of December 12, 2002. Motion to approve policy on May 10, 2012. Motion amended April 13, 2017. Motion amended February 8, 2024.

**8. EFFECTIVE DATE:**

December 12, 2002. Motion amended April 13, 2017. Motion amended February 8, 2024.

REVIEWED with changes at a regular meeting of and by the Orlando Police Pension Board of Trustees at Orlando, Florida the 8 day of February, 2024

  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#002**

**SUBJECT: PENSION TRUSTEE ELECTIONS PROCEDURES**

**1. OBJECTIVE:**

The Orlando Police Pension Board (the "Board") is made up of two individuals appointed by the mayor and two members elected by the Police Department. The four Board members vote on the final fifth member. Trustee elections will be conducted in accordance with Florida State Statutes and the Orlando Police Pension Plan (the "Plan") contained in Chapter 12, Article I of the Orlando City Charter. The trustees elected under these procedures shall serve a term of two years. The trustees may succeed themselves in office if they are reelected by the membership in subsequent years. Elections shall be held every two years with the goal of having the trustees take office prior to October 1st in the year in which the election is held. The Board or Police Department, at the direction of the Board, will conduct the trustee election. Only active City of Orlando police officers may vote in the elections. This includes probationary police officers. Retired officers, reserve officers, airport operations officers and police trainees are excluded from voting.

1. The voting period for the election shall last at least 10 days. The Board or Police Department shall establish the voting period for the election and communicate those dates to the Chief of Police for purposes of preparing the Special Notice described below.

2. Notice of the election and call for candidate applications shall be provided to the members of the Plan by the Chief of Police through a Special Notice at least 21 days prior to the start of the voting period. All candidates shall submit their request to be placed on the ballot in writing to the Chief of Police at least 14 days prior to the start of the voting period. Candidates shall submit their application for the ballot using their proper legal names. If desired, they may also include nicknames that will appear on the ballot in parentheses between the first and last names (example: William (Bill) Jones).

3. The Chief of Police shall forward the written submissions to the Board's Executive Director within 7 days of the expiration of the nomination period. At least five days prior to the start of the voting period, the Executive Director shall communicate to all Plan members the names of the candidates who will appear on the ballot as well as information necessary to vote during the voting

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#002**

period, including the dates of the voting period and the method of sending and receiving electronic ballots. If no more than two candidates are submitted by the Chief of Police, an election will not be necessary, and the Executive Director shall notify the Plan members accordingly.

4. Candidates may issue election campaign information to members of the Plan.

5. All candidates will be listed in alphabetical order on the ballot according to their last name. All ballots will be sent to Plan members in an electronic format. The format and delivery method shall be at the discretion of the Executive Director and may include online election or survey methods. All members shall receive their ballots through their city issued email. Members shall submit their ballots electronically through the format established by the Executive Director. Write in candidates will not be accepted.

6. Ballots will be sent electronically to all members at the start of the voting period. Absentee ballots will not be accepted since the voting period will be open for at least 10 days and the electronic voting process does not require physical presence at a polling location.

7. Each member of the plan may vote for no more than two (2) candidates. A plurality of votes cast during the voting period shall determine the election of trustees to the Board. The two candidates with the most votes win the election.

8. The Executive Director shall certify the results of the election and notify the plan members of the results no later than 5 days after the end of the voting period. In the event of a tie (except in the case of a tie between the two (2) candidates receiving the most votes), a run-off election shall be conducted within 15 days of the notification of the election results and the Executive Director shall communicate all necessary instructions for the run-off election to all Plan members as soon as reasonably possible prior to the date of the run-off election. In the case of a tie where the tie exists between the two (2) candidates receiving the highest number of votes, a run-off election will not be necessary and both candidates will win the election.

9. Any candidate who wishes to challenge the voting results or the election process must do so in writing within 7 days of the notification of the election results. All challenges must be in writing and shall be submitted to the Orlando Police Legal Advisor's Office. The written challenge shall indicate the specific grounds for the challenge and relief requested. The Executive Director shall prepare a report to the Board in the event of a challenge, detailing the basis for the challenge.

10. The Orlando Police Legal Advisor shall notify the Board and the Executive Director of any challenges within 3 days of receipt of the challenge.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#002**

1. **AUTHORITY:**

The Policy adopted by the Police Pension Board on this 9<sup>th</sup> day of August, 2012.

2. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

43 **METHOD OF OPERATION:**

54 **FORMS**

None

5. **COMMITTEE RESPONSIBILITIES:**

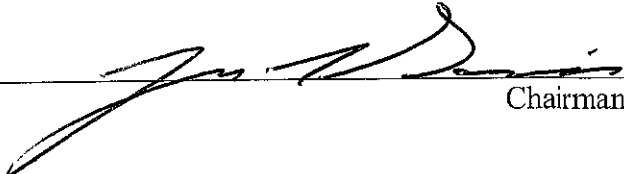
None

6. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of 9<sup>th</sup> day of August, 2012. Motion to amend policy on April 13, 2017. Motion to amend policy on May 13, 2021. This policy replaces and supersedes any prior Board policies or procedures governing the election process for trustees. Motion to amend policy 8<sup>th</sup> day of February, 2024.

7. **EFFECTIVE DATE:**

REVIEWED with changes at a regular meeting of and by the Orlando Police Pension Board of Trustees at Orlando, Florida the 13<sup>th</sup> day of May, 2021. Policy amended the 8<sup>th</sup> day of February, 2024.

  
Chairman

# **CITY OF ORLANDO**

## **POLICE PENSION BOARD**

### **POLICY AND PROCEDURES**

#### **POLICY #003**

##### **SUBJECT: FIREARMS AT PENSION BOARD MEETINGS**

**1. OBJECTIVE:**

To set forth guidelines for the prohibition of firearms at Police Pension Board meetings.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on March 19, 2003 and revised on October 8, 2008. **REPEALED BY MOTION ON NOVEMBER 8, 2012.**

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. POLICY:**

An Applicant for disability pension benefits, and his/her significant other and/or family members, are prohibited from carrying firearms to any Police Pension Board meeting or hearing at which the application for disability pension benefits is to be discussed, including meetings prior to a hearing, at the hearing(s), or meetings/hearings post-determination in which the application and/or benefits are discussed by the Board (disability pension retiree's request to the Board for information or interpretation, request for additional benefits, recall or re-examination discussions, etc.).

Each disability applicant attending a Police Pension Board Meeting to discuss their disability pension benefits will be required to wait in the rotunda on the ground floor of City Hall until a member of the Board of Trustees supervises the applicant passing through the metal detector. Additionally, applicants and



# CITY OF ORLANDO

## POLICE PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #003

anyone accompanying him or her may be patted down by an Orlando Police Officer upon entry in the hearing conference room. If a weapon is found, the hearing will be suspended and rescheduled for a later date.

**5. FORMS:**

None.

**6. COMMITTEE RESPONSIBILITIES:**

None.

**7. REFERENCE:**

Policy adopted by the Police Pension Board at the meeting of March 19, 2003 and revised by a motion at the October 8, 2008 Pension Board Meeting. **Policy was repealed on November 8, 2012 by motion due to the policy being inconsistent with state law regarding the public's right to carry firearms.**

**8. EFFECTIVE DATE:**

March 19, 2003 and October 8, 2008. **REPEALED ON NOVEMBER 8, 2012.**

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #004**

**SUBJECT: RETIREE'S REPORT OF CONTINUING DISABILITY AND  
AUTHORIZATION TO RELEASE MEDICAL INFORMATION  
GOVERNING MEDICAL DISABILITY RETIREES.**

**1. OBJECTIVE:**

To systematically review the policy & procedure governing medical disability retirees to determine conformance with current State Law and Federal Law. To have medical disability retirees submit documentation regarding their present condition relating to the illness or injury for which he or she was retired and by confirming that such persons remain in a condition rendering them unable to perform active duty.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on May 15, 2003; Orlando City Charter, Chapter 12, Article I, Section 19 "Reexamination and Recall of Disability Pensioners"; Section 185.18, Florida Statutes.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. POLICY:**

The "Retiree's Report of Continuing Disability" will be sent out via certified mail to retirees annually after being granted a pension benefit - up to the date which the disability retiree would have attained twenty five (25) years of service. Forms must be properly filled out and returned within thirty days of date of letter. Based on the information returned by the retiree, if the Board determines that further medical information is needed to make a determination of the retiree's continuing eligibility for disability pension benefits, an "Authorization to Release Medical Information" form will be sent to the retiree. Such authorization must be returned within thirty days of the date it was sent to the retiree. This medical release will be used by the Board to request medical records related to the condition for which the retiree was granted

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #004**

a disability retirement. The Board will be notified of any forms not returned within 30 days. Failure to complete the form will result in suspension of disability payments.

5. **FORMS**

Letter to Disability Retirees, Retiree's Report of Continuing Disability and Retiree's Medical Authorization.

6. **COMMITTEE RESPONSIBILITIES:**

NONE

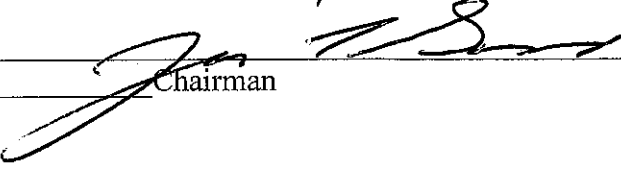
7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of May 15, 2003 and amended on June 13, 2011. Motion to amend policy on April 26, 2012. Motion amended policy on April 13, 2017. Motion to amend policy on February 8, 2024.

8. **EFFECTIVE DATE:**

May 15, 2003 and amended on April 26, 2012. Motion amended on April 13, 2017. REVIEWED with changes at a regular meeting of and by the Orlando Police Board of Trustees at Orlando, Florida the 8 day of February, 2024

---

  
Chairman



**Board of Trustees**

Jay L. Smith, Chairman

Michael Fields, Vice-Chair

Martin Carmody, Secretary

Katrina A. Laudeman, Trustee

Frankie Chisari, Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane,  
Pension Coordinator

Date

Name

Street

City, State Zip

Subject: Disability Retiree Annual Reporting

Dear Full Name,

The Police Pension Board's requirement for the updated "*Retiree's Report of Continuing Disability*" (pursuant to Special Act and State Statute) is attached for your review and completion. This document is required for your continuing eligibility to receive a disability benefit check from the Police Pension Trust Fund. **We are requesting information relating to your actual disability injury only.** This form is now being sent out annually **up to the date you would have reached twenty-five years of service.**

The above requested documentation should be returned within 30 days of receipt of this letter. Please return all documentation to: Orlando Police Pension Board Attention - Pension Coordinator, City of Orlando, P. O. Box 4990, 4<sup>th</sup> floor, Orlando, FL 32802-4990. A self-addressed envelope has been provided. The Board will be advised as to all retirees' compliance with this request and, if non-responsive, you will be subject to re-examination and possible recall to duty, under the terms of the Special Act, or the Board may take the necessary steps to temporarily withhold future pension checks until the documentation is provided.

Thank you for responding to this request and please do not hesitate to contact the Pension Coordinator at (407) 246-3410 if there are any questions or comments.

Sincerely,

*Shannon Hicks*

Shannon Hicks  
Executive Director

Attachments  
/mk



**RETIREE'S REPORT OF CONTINUING DISABILITY**

I, \_\_\_\_\_, currently  
residing at \_\_\_\_\_  
(print full street address)  
\_\_\_\_\_  
(city) (state) (zip code) (\_\_\_\_\_) (telephone #)

hereby affirm that the following information is true and correct:

1. Have you been employed (full or part-time) during the last 24 months: \_\_\_\_ Yes \_\_\_\_ No  
If yes, Employer's Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

2. With regard to the medical condition which was the basis of my receiving disability from the City of Orlando, I:  
\_\_\_\_ No longer suffer from this same medical condition.  
**OR** \_\_\_\_ Still suffer from this same medical condition, and this condition has:  
\_\_\_\_ Worsened \_\_\_\_ Become better \_\_\_\_ Stayed the same

3. For this condition, I am presently:  
\_\_\_\_ Not under the care of a physician.  
**OR** \_\_\_\_ Under the care of Dr. \_\_\_\_\_  
(full name of physician)

\_\_\_\_\_  
(complete address of physician)

Date you last saw this physician:  
\_\_\_\_\_

4. Within the past 24 months, I:  
\_\_\_\_ Have not been hospitalized as a result of this condition.  
**OR** \_\_\_\_ Have been hospitalized as a result of this condition.



***RETIREE'S REPORT OF CONTINUING DISABILITY***

I was admitted to \_\_\_\_\_  
(full name of hospital)

\_\_\_\_\_  
(complete address of hospital)

on \_\_\_\_\_, and spent \_\_\_\_\_ days in the hospital.  
(complete date) (days)

5. Since my last report to the Board of Trustees, I have:

\_\_\_\_ Not undergone surgery.

**OR** \_\_\_\_ Undergone surgery performed by Dr. \_\_\_\_\_  
(full name of physician)

\_\_\_\_\_  
(complete address of physician)

on \_\_\_\_\_, at \_\_\_\_\_  
(date) (name of hospital)

\_\_\_\_\_  
(complete address of hospital)

6. I am presently taking the following prescription medication related to the medical condition which was the basis of my disability (list below; if taking none, so state):

\_\_\_\_\_  
\_\_\_\_\_

7. Has your physician placed you under any restrictions? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

8. Has your physician given you a future date at which time you might be able to perform any type of full or part-time work? If yes, what is that date and type of work?

\_\_\_\_\_

9. Has Social Security Administration approved your disability claim?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Pending

If yes, please give date of approval \_\_\_\_\_ Monthly benefit: \$ \_\_\_\_\_



***RETIREE'S REPORT OF CONTINUING DISABILITY***

10. \_\_\_\_\_ I am able to perform active duty in the Orlando Police Department.

**OR**

\_\_\_\_\_ I am not able to perform active duty in the Orlando Police Department.

*Under penalties of perjury, I declare that I have read the foregoing and the facts set forth hereinabove are true to the best of my knowledge and belief.*

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**Policy #005**

**SUBJECT: POLICY & PROCEDURES GOVERNING PENSION BENEFITS TO A SURVIVING SPOUSE OR BENEFICIARY**

1. **OBJECTIVE:**

To systematically review the policy & procedure governing pension benefits to surviving spouses and beneficiaries of a retiree to determine conformance with current State Law and Federal Law. To have the surviving spouse or beneficiary of a retiree annually submit documentation including their address, marital status, and any other documentation required by the Board.

2. **AUTHORITY:**

The Policy adopted by the Police Pension Board on May 15, 2003.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

A. **EXECUTIVE DIRECTOR:** Annually, the Executive Director will schedule and monitor the distribution of the Annual Surviving Spouse Update form to all surviving spouses and beneficiaries of retirees. Forms must be properly filled out and returned within thirty days of the date the form was sent.

5. **FORMS**

Annual Surviving Spouse Update

6. **COMMITTEE RESPONSIBILITIES:**

NONE



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

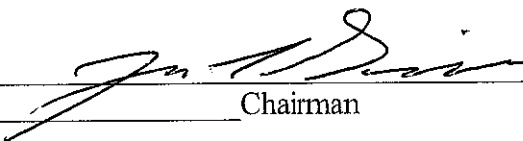
**Policy #005**

7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of May 15, 2003 and amended on June 13, 2011 and May 10, 2012. Amended February 8, 2024.

8. **EFFECTIVE DATE:**

May 15, 2003. Motion amended June 13, 2011, May 10, 2012 and February 8, 2024.

  
\_\_\_\_\_  
Chairman



**ANNUAL SURVIVING SPOUSE UPDATE**

I \_\_\_\_\_ currently residing at \_\_\_\_\_  
(Please print full name)

\_\_\_\_\_  
(address)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ ( ) \_\_\_\_\_ (telephone number)

1. I am the survivor of \_\_\_\_\_  
(Name of deceased Police Officer)

2. I have remarried: Yes \_\_\_\_\_ No \_\_\_\_\_

3. If remarried, please indicate the date \_\_\_\_\_ and place \_\_\_\_\_.

4. Please list all children under the age of 18 receiving survivor's pension benefits:

<u>Name of Children</u>	<u>Birth Date</u>	<u>Residence Address</u>
_____	_____ (m/d/y)	_____ (city, state, zip code)
_____	_____ (m/d/y)	_____ (city, state, zip code)
_____	_____ (m/d/y)	_____ (city, state, zip code)
_____	_____ (m/d/y)	_____ (city, state, zip code)

**I HEREBY SWEAR OR AFFIRM** that the information contained in this Annual Surviving Spouse Update is true and correct and I understand that I may be subject to criminal and other penalties, including forfeiture of the right to receive benefits under the plan, for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

**I am attaching a photocopy of my current driver's license.**

\_\_\_\_\_  
(Signature and Date)



**Board of Trustees**

Jay L. Smith, Chairman

Michael Fields, Vice-Chair

Martin Carmody, Secretary

Katrina A. Laudeman, Trustee

Frankie Chisari, Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane,  
Pension Coordinator

Date

Names

Street

City, State Zip

Subject: Disability Retiree Annual Reporting

Dear Full Name,

The Police Pension Board's requirement for the updated "*Retiree's Report of Continuing Disability*" (pursuant to Special Act and State Statute) is attached for your review and completion. This document is required for your continuing eligibility to receive a disability benefit check from the Police Pension Trust Fund. **We are requesting information relating to your actual disability injury only.** This form is now being sent out annually **up to the date you would have reached twenty-five years of service.**

The above requested documentation should be returned within 30 days of receipt of this letter. Please return all documentation to: Orlando Police Pension Board Attention - Pension Coordinator, City of Orlando, P. O. Box 4990, 4<sup>th</sup> floor, Orlando, FL 32802-4990. A self-addressed envelope has been provided. The Board will be advised as to all retirees' compliance with this request and, if non-responsive, you will be subject to re-examination and possible recall to duty, under the terms of the Special Act, or the Board may take the necessary steps to temporarily withhold future pension checks until the documentation is provided.

Thank you for responding to this request and please do not hesitate to contact the Pension Coordinator at (407) 246-3410 if there are any questions or comments.

Sincerely,

*Shannon Hicks*

Shannon Hicks  
Executive Director

Attachments  
/mk

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

**SUBJECT: ADMINISTRATIVE RULE GOVERNING FORFEITURE PROCEEDINGS**

1. **OBJECTIVE:**

Florida Statute 112.3173 governs the forfeiture of pension benefits of public officers and employees when convicted of certain specified offenses, which constitute a breach of the public trust prior to retirement. However, the Florida Statute does not provide a procedure to be employed by the Board in instances where a member has been charged with a crime, and prior to conviction, has either filed an application for retirement with the Board or is retired and receiving benefits.

2. **AUTHORITY:**

The Policy adopted by the Police Pension Board on March 11, 2004.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

- a. When a member has filed a retirement application, and evidence has been brought to the Board's attention that the member has been charged with a specified offense, the Board **shall** vote at the next regularly scheduled meeting to defer acting on the retirement application until the criminal case is resolved. Should the member be convicted of a specified offense under the terms of Florida Statute 112.3173, the Board shall initiate forfeiture proceedings at that time. If the member is not convicted of a specified offense, the Board shall act on the retirement application of the member.
- b. Benefits to members who have retired from employment are still subject to forfeiture if the specified offense is committed prior to retirement. The Board of Trustees shall make a determination on a case-by-case basis whether to initiate forfeiture proceedings based on the underlying individual

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

circumstances of the particular case. If the retired member has been charged with a crime that constitutes a specified offense under the forfeiture statute, or charged with an offense that may fall under the catch-all provision of the forfeiture statute, and the retired member is already retired and receiving benefits, only those amounts that constitute employee contributions will continue to be paid. In this circumstance, payment of any amounts over and above the employee contribution shall be suspended pending the outcome of the criminal case and subsequent forfeiture proceeding, including any appellate proceedings. Should no forfeiture occur, the retired member shall be paid all sums withheld and normal monthly benefits will recommence.

- c. The Board of Trustees shall be represented by legal counsel in all forfeiture proceedings. Counsel shall act solely as an advisor to the Board during the hearing. The Board of Trustees may also choose to retain independent legal counsel to prosecute the forfeiture proceeding based on the circumstances of the particular case.
- d. Should the Board of Trustees have reason to believe that the benefits of any member are required to be forfeited, the Board shall vote as to whether proceedings shall be commenced. Upon an affirmative vote, legal counsel shall prepare a Notice of Proposed Agency Action, to be served upon the member. The Notice shall set forth the basis for the potential forfeiture, and advise the member that if they wish to challenge the Board's decision, they must file a Petition by a date certain. If no Petition is filed, the Board shall enter a Final Order of Forfeiture. If a Petition is filed, the Board of Trustees shall schedule a forfeiture hearing on a mutually convenient date.
- e. The member shall be notified in writing of the date, time and location of the hearing. A Court reporter shall be provided by the Board of Trustees. If the applicant is to be represented by counsel at the hearing, counsel shall file a Notice of Appearance with the Executive Director 30 days before the hearing. Legal counsel shall prepare a Pre-hearing Order and serve the same upon all counsel. Prior to the hearing, the parties shall file with the Executive Director copies of all documents to be offered into evidence, along with a complete witness list identifying the witness and providing a brief summary of the expected substance of the witnesses' testimony.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

- f. Although the hearing shall not be controlled by strict rules of evidence and procedure, the Board of Trustees should attempt to limit evidence or testimony which is hearsay, irrelevant, repetitive, or unfounded in law or fact, or not based upon the personal knowledge of the witness. Board counsel shall be responsible for administering the hearing and regulating the conduct of the parties in a judicious, fair, and impartial manner. The parties and any of the trustees may raise an objection to the proposed evidence on any of the basis listed above. The Chairperson shall rule on such matters and may request advice from Board counsel as to the propriety and admissibility of evidence presented at the hearing. The Chair's ruling shall stand unless overturned by a majority of the trustees present.
- g. The parties may present witnesses and evidence on their behalf. All witnesses shall be subject to cross-examination on matters relevant to the issues, may be used to impeach adverse witnesses and may offer rebuttal evidence. Hearsay evidence may be considered provided there are guarantees of its trustworthiness and that it is more likely than not to prove the point for which it is offered than any other evidence, which the proponent can procure, by reasonable efforts. Written records shall be admitted as evidence so long as they are authenticated in a manner acceptable to the Chair.
- h. The order of presentation of the hearing shall be as follows. The prosecuting counsel, if any, followed by the member, shall each be entitled to make an opening statement. The opening statement shall be limited to a review of what each party expects the evidence to prove at the hearing. The prosecuting attorney shall then be entitled to present evidence and witnesses in support of their position as to why forfeiture is appropriate. Member will then be given the opportunity to present his/her evidence and witnesses in support of their position as to why forfeiture is not appropriate. The trustees are entitled to ask questions of the witnesses during the hearing. Each party shall then be entitled to present closing argument.
- i. At the close of the hearing, the Board shall conduct deliberations. During deliberations, Board counsel shall assist the Board, upon request, concerning legal or factual matters presented to the Board. Board counsel may offer legal advice regarding proper legal standards, weight of evidence, the relationship between evidence and opinion, and other legal or factual matters as may arise

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

during the deliberations. Board counsel shall not offer his/her opinion or conclusion regarding the ultimate issues to be determined by the Board. At the conclusion of deliberations, the Board shall vote whether to forfeit member's pension benefit.

- j. Within thirty days from the hearing or receipt of the transcript, whichever is later, the Board shall serve upon member and the prosecuting attorney a Proposed Order including findings of fact and conclusions of law. The parties shall have twenty days from the date of the Proposed Order to file written exceptions to the Proposed Order with the Plan Administrator. At the next regularly scheduled meeting of the Board, the Board shall consider the exceptions and vote to deny or accept each of the exceptions. A Final Order will then be served upon the member. The Final Order shall advise the member of their right of appeal to the District Court.
  
- k. The following sets forth the legal standards to be applied at the forfeiture hearing. Article II, Section 8(d) of the Florida Constitution provides that any public officer or employee convicted of a felony involving a breach of public trust is subject to forfeiture of retirement benefits as provided by law. This means that the Constitutional provisions are not automatic and depend on implementing legislation. Williams v. Smith, 360 So.2d 417 (Fla. 1978). The Florida Legislature passed Section 112.3173, Florida Statutes which defines the scope of the Constitutional provision.

Florida Statute 112.3173 provides that a public officer or employee convicted of a "specified offense" forfeits all retirement benefits except the employee's own contributions. The term "specified offense" includes embezzlement, theft, bribery, and those offenses set forth in Chapter 838, Florida Statutes, except 838.15 and 838.16. Specified offense also includes any felony in which the employee "willfully and with the intent to defraud the public or the public agency for which the public officer or employee acts or in which he or she is employed of the right to receive the faithful performance of his or her duty as a public officer or employee, realizes or obtains or attempts to realize or obtain, a profit gain, or advantage for himself or herself or for some other person through the use or attempted use of the power, rights, privileges, duties, or position of his or her public office or employment position."

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

This catchall provision, quoted above, has been interpreted by the courts in a broad fashion. In Newmans v. State, Division of Retirement, 701 So.2d 573 (Fla. 1st DCA 1997), the court considered the case of a sheriff convicted of obstruction of justice. The Court of Appeals found that the conviction fell within the catchall provision of 112.3173. The motivating reason for the decision was the underlying offense which was obstructed; that is, protection of a drug smuggling operation from which the sheriff received illegal profits. In Jacobo v. Board of Trustees of the Miami Police, 788 So.2d 362 (Fla 3<sup>rd</sup> DCA 2001), the Court held that it was a breach of the public trust to violate any standard of ethical conduct set forth in Chapter 112, Florida Statutes. The underlying crime, which led to the forfeiture, in that case was official misconduct, which is not an enumerated specified offense.

This conclusion is bolstered by the general definition given to breach of public trust. The Constitution of Florida requires that any person convicted of a breach of public trust is liable to the State for any illegal profits obtained. St. John Medical Plans, Inc. v. Gutman, 721 So.2d 717 (Fla. 1998). In criminal cases involving police officers, courts have been willing to depart from sentencing guidelines where police officers misused their positions for personal gain. Spain v. State, 475 So.2d 944(Fla. 4th DCA 1985) and Cason v. State, 508 So.2d 448 (Fla. 3d DCA 1987).

The Board of Trustee's decision must be based upon "clear and convincing evidence." To be clear and convincing, the evidence must be credible and of such weight that you hold a firm belief or conviction, without hesitancy, as to the truth of an allegation. Inquiry Concerning a Judge, re: Davey, 645 So.2d 398 (Fla. 1994).

- l. Any of the time limitations contained in this Rule may be extended by the Chair, upon a showing of good cause.
  
- m. The Board of Trustees reserves the right to amend this Administrative Rule from time to time, as it deems appropriate. The Board shall retain the right to exercise its discretion in interpreting this Rule and in resolving any disputes that may arise hereunder.



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #006**

5. **FORMS:**

None.

6. **COMMITTEE RESPONSIBILITIES:**

None.

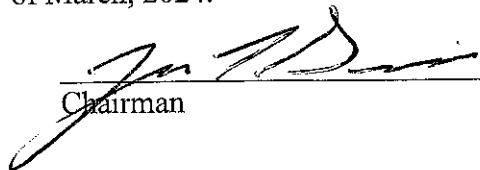
7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of March 11, 2004. Amended by motion at the meeting of November 8, 2012, June 8, 2017, and March 14, 2024

8. **EFFECTIVE DATE:**

March 11, 2004 and amended on November 8, 2012 and June 8, 2017

REVIEWED without changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 14<sup>th</sup> day of March, 2024.

  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #007**

**SUBJECT: DEFERRED RETIREMENT OPTION PROGRAM (DROP) AND  
BACK DROP ADMINISTRATIVE POLICY FORMS.**

1. **OBJECTIVE:**

On July 1, 2003, the Police Pension Board adopted a Deferred Retirement Option Program (DROP) and (BACK DROP) through a Special Act of the Legislature. Forms were needed in order for members to participate and understand this Program upon completion of at least twenty-one years of service as a full-time police officer and be eligible for a service retirement pension.

2. **AUTHORITY:**

The Policy adopted by the Police Pension Board on November 13, 2003.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

A member must have completed at least 21 years of credited service as a full-time police officer with the City of Orlando and be eligible for a service retirement pension.

5. **FORMS**

Drop Administrative Policy, Application for Retirement Benefits, Drop Disclosure Statement, Drop Election Form, Distribution of Accumulated Drop Funds, Designation of Beneficiary or Beneficiaries for Accumulated Drop Benefits.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #007**

6. **COMMITTEE RESPONSIBILITIES:**

None

7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of November 13, 2003. Reviewed on January 24, 2013 no amendment made. Amended June 8, 2017.

8. **EFFECTIVE DATE:**

November 13, 2003, amended June 8, 2017, and March 14, 2024.

REVIEWED without changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 14<sup>th</sup> day of March 2024.

  
Chairman



## POLICE OFFICER PENSION PLAN BackDROP Administrative Procedure

### BackDROP Calculations, Distributions & Interest Calculations

- If the 1<sup>st</sup> of the month retirement effective date falls in the middle of a pay period then the seventy-eight (78) pay period final average salary computation will begin as of the last **complete** pay period. [Example: If a Police Officer retires on November 1<sup>st</sup> and the pay period runs from 10/29/97 through 11/11/97, this pay period **would not** be used for the final average calculation but the prior pay period would be the starting point of the calculation (pay period 10/15/97 through 10/28/97)].
- The BackDROP aggregate benefit will earn interest as provided for in the Police Officer Pension Plan – 8% simple interest compounded annually, unless otherwise agreed.
- A BackDROP participant has **sixty (60) days from termination of employment** to make election as to how the BackDROP account balance shall be distributed. If the “*Distribution of Accumulated BackDROP Funds*” election form has been submitted prior to the BackDROP participant’s termination of employment or within thirty (30) days following termination of employment, the City of Orlando will make distribution of the BackDROP account balance within sixty (60) calendar days from the participant’s termination of employment. If the “*Distribution of Accumulated BackDROP Funds*” election form is submitted at anytime after the thirtieth day following the participant’s date of termination, the City of Orlando will make distribution of the BackDROP account balance within thirty (30) calendar days from the date when the “*Distribution of Accumulated BackDROP Funds*” election form is submitted.
- During those sixty (60) days and up until the sixtieth day following termination of employment, the BackDROP account shall be adjusted to reflect earnings up until the day that the BackDROP account is distributed in full. Interest earnings will not be calculated after the sixtieth day from termination. Therefore, it is in the BackDROP participant’s best interest to turn in his/her “*Distribution of Accumulated BackDROP Funds*” election form prior to terminating City employment.

### Witnessing/Notarizing Forms

- All BackDROP forms **must** be witnessed by a disinterested party, not beneficiary. If a BackDROP applicant appears in person, the Benefits Specialist processing the paperwork will require a sufficient form of identification (driver's license or other form of picture I.D.).
- If a BackDROP participant changes his/her beneficiary and returns the form via mail, the form **must** be notarized.

### **Verification by Accounting**

- As with normal retirement calculations, pension calculations and the BackDROP account balance calculations will be verified prior to any type of distributions.

### **Spousal Benefits**

- In the case of a BackDROP, a surviving spouse will be entitled to survivor benefits only if the spouse was married to the BackDROP participant **prior** to the BackDROP effective retirement date. [Example: If a Police Officer decides to make his/her BackDROP retirement effective December 1, 1997, but was married on January 20, 1998, the spouse **will not** be entitled to a monthly pension benefit.]



**POLICE OFFICER'S PENSION FUND  
APPLICATION FOR RETIREMENT BENEFITS**

<b>A</b>	<b>Member Name</b> _____	<b>Member SSN</b> _____ - _____ - _____
	<b>Position Title</b> _____	<b>Birth Date</b> _____ / _____ / _____
	<b>Home Mailing Address</b> _____	<b>Work Phone</b> (____) _____ - _____
		<b>Home Phone</b> (____) _____ - _____
		<b>Date of Hire</b> _____ / _____ / _____

**B** Type of Retirement: *(Check One)*

**NORMAL SERVICE RETIREMENT**  
 [Benefits commence at age 47 if you have at least 10 years of service, and immediately if you have at least 20 years of service].  
 My last day of work will be \_\_\_\_\_ (date).

**DEFERRED RETIREMENT OPTION PLAN Back(DROP) RETIREMENT**  
 [Must have at least 21 years of service.]  
 BackDROP effective \_\_\_\_\_ (date).  
*Note:* Persons electing BackDROP retirement must also complete "BackDROP" Election Form and BackDROP Disclosure Statement.

**DISABILITY RETIREMENT**  
 Line of Duty  
 Non-Line of Duty  
*Note:* Persons requesting disability retirement must also complete Application for Disability Benefits.

**C**

**Payment Options** *(Check One)*  
 See **EXPLANATION OF OPTIONAL FORMS OF PAYMENT OF RETIREMENT BENEFITS**

OPTION 1 - Member's Life, but 120 monthly payments guaranteed to designated beneficiary for the remainder of the 120 payments.

OPTION 2 - Member's Life - 75% to surviving spouse and minor children

OPTION 2B- For Member retiring on non-line of duty disability with at least 10 years of service, Member's life with 65% to surviving spouse and minor children.

OPTION 3 – Single Life Annuity: (Member's Life Only)

OPTION 4 – Member & Joint Pensioner Benefit with:

[A] 100% to survivor

[B] 75% to survivor

[C] 66-2/3% to survivor

[D] 50% to survivor

**D**

_____	_____
Complete Name of Current Spouse	Date of Marriage
_____	_____
Spouse's Social Security Number	Date of Birth

Unmarried Children under age of 18

_____	_____	_____	_____
Name	DOB	Name	DOB
_____	_____	_____	_____
Name	DOB	Name	DOB

**E** A member selecting OPTION 1 should complete and file with the Board of Trustees a "Post-Separation Death Designation of Beneficiary Form for Remainder of 120 Monthly Benefits".

**F** A member selecting OPTION 4 must designate a joint pensioner (**only one**).

Name of Joint Pensioner: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Authorization/Approvals**

**G** SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Do Not Print)

**Employer Certification**

**H** MUST BE COMPLETED BY EMPLOYER: I certify that \_\_\_\_\_ was employed by the City of Orlando Police Dept and will enroll in the  BackDROP Program or  terminate employment or has terminated employment on \_\_\_\_\_.

\_\_\_\_\_  
*Signed (authorized personnel)*                      *Position*                      (   )                      *Telephone*                      *Date*

**Original: Employee Benefits**

**cc: Pension Board**

**cc: Employee**

REV 02/21/2024



## BackDROP DISCLOSURE STATEMENT

The purpose of this statement is to assure the Police Officers' Pension Board and the City that you understand some of the most critical aspects of the Back Deferred Retirement Option Program (BackDROP). It is not intended to cover all details of BackDROP. You should refer to the Police Officers' Pension Plan for more specific details.

### **In exchange for my participation in the BackDROP, I acknowledge and agree to the following:**

1. I have read and understand the BackDROP provisions included in the Police Officers' Pension Plan.
  2. I understand that BackDROP participation may result in serious tax implications upon the distribution of BackDROP funds. Therefore, I understand that I have the opportunity to seek advice from a professional tax advisor, and understand that the Trustees and administrative staff of the Pension Fund, although providing some general information, cannot and have not rendered tax, legal, or financial planning advice to me on the effect BackDROP will or may have on the taxation of any benefit I may receive under the Pension Fund.
  3. I meet the eligibility requirements of BackDROP as set forth in the Police Officers' Pension Plan. I have completed 21 years of credited service as a full-time police officer with the City of Orlando and am eligible for a service retirement pension.
  4. I understand that the election of, and participation in the BackDROP benefit is **irrevocable**.
  5. I understand that the retroactive retirement date I have selected as my BackDROP retirement date is binding and establishes the determination of my lump sum and periodic benefits under the benefit formula of the Plan.
  6. I understand that on the effective date of my BackDROP participation,(employment termination date) that I will be considered a "retiree" or "retired Police Officer" for pension purposes, except for eligibility for cost-of-living increases.
  7. I understand that the retroactive retirement date elected for BackDROP is **irrevocable** once I have terminated employment, and may not be a date earlier than the date upon which I first became eligible for a service retirement pension, and cannot be a retroactive date more than 36 months prior to the date of termination of employment.
- Initial Here: \_\_\_\_\_
8. As of the effective date of my participation or entry into BackDROP, (first day of the month following the last day the member is in an active pay status prior to retiring) my surviving spouse and surviving





children will not be eligible for death benefits under section 8 (in line of duty) and section 10 (not in line of duty) of the terms of the Police Officers' Pension Plan.

9. I understand that my pension benefit levels shall be determined and fixed as of the retroactive date of retirement and my BackDROP participation, and no additional contributions will be made in my behalf to the Police Officers' Pension Fund or in any other City Pension program.
10. I understand that there may also be provisions of the applicable collective bargaining agreement that may be effective during and because of my BackDROP participation.
11. I understand that for interest calculation purposes, I will earn interest on my BackDROP account for whole months completed in BackDROP prior to my termination date. The BackDROP account will accrue earnings at 8% simple interest compounded annually, unless otherwise agreed.
12. I understand that if I select the BackDROP that the amount of my contributions made between retroactive retirement date and my employment termination during the BackDROP shall not be refunded or credited to me.
13. I understand that at least 60 calendar days prior to the end of my BackDROP participation (or separation from service as a Police Officer) I must give Employee Benefits written notice of such separation in order to timely receive monthly pension benefits and the BackDROP account balance; and that I must complete all appropriate paperwork such as tax, insurance and distribution forms. Distributions of BackDROP Funds will occur within 30 days of receipt by Employee Benefits of the Distribution of Accumulated BackDROP Funds Form.

By signing this document, I attest to understanding all of the above statements.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Employees SSN (Last 4 digits)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



## BACKDROP ELECTION FORM

TO: City of Orlando and Police Officers' Pension Board of Trustees

I, \_\_\_\_\_, (print name) hereby make the **irrevocable** election to participate in the Back Deferred Retirement Option Plan (BackDROP), in accordance with the provisions in the Police Officers' Pension Plan governing the BackDROP. I will no longer be a participant in the Police Officers' Pension Fund, and my retirement pension benefits, including credited service and average monthly salary, shall be determined and fixed upon the date I enter the BackDROP (date elected below).

### BackDROP:

I elect a retroactive retirement date, and thereby request that my pension benefit and credited service be determined upon a retirement date of \_\_\_\_\_ (must be the first of a month). This retroactive date cannot be earlier than the date upon which you first became eligible for a service retirement pension, and in no event shall this date be more than 36 months prior to the date of the BackDROP election. Additionally, my combined years of credited service and time in the BackDROP cannot exceed 360 months (except with the eligibility exception of provisions provided in Section 28 #5a). My last paid day at the City will be \_\_\_\_\_ (a copy of your retirement letter that is sent to the Police Chief needs to be provided to Employee Benefits).

Notice must be given in, writing, to Employee Benefits at least **60 Calendar days** prior to the end of my BackDROP participation (or separation from Service as an Orlando Police Officer in order to process your BackDROP request in a timely manner. You should also check with your department and the Civil Service section for their required deadlines.

The election that I have made above is **irrevocable** once I sign this election form, and submit this document to the Police Officers' Pension Board of Trustees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## DISTRIBUTION OF ACCUMULATED BackDROP FUNDS

I, \_\_\_\_\_, (print name) make the following selection for distribution of my accumulated BackDROP benefits (check only one option).

1. Rollover the **entire** pre-tax balance to another eligible retirement plan (as permitted by law) such as: an IRA, annuity from an insurance company, or such other rollover vehicle. Please send my accumulated BackDROP balance to:

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

2. Rollover the pre-tax balance to **no more than two** eligible retirement plans (as permitted by law) such as: an IRA, annuity from an insurance company, or such other rollover vehicle.

Please send \_\_\_\_\_% of my accumulated BackDROP balance to:

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

Please send \_\_\_\_\_% of my accumulated BackDROP balance to:

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

Please send \_\_\_\_\_% of my accumulated BackDROP balance to:

\_\_\_\_\_ (name of plan)

Make check payable to: \_\_\_\_\_

\_\_\_\_\_ (address)



\_\_\_\_\_ (city/state/zip)

\_\_\_\_\_ (account no.)

Type of account:     IRA             Other Eligible Plan

**(No more than two IRAs)**

**\*\*\*\*\*Percentages must equal to 100%**

3. A full and single lump sum distribution minus a 20% Federal Income Tax withholding (check made payable to myself).

Check desired method of payment:

- I will pick up the check,  
 I would like the check mailed

\_\_\_\_\_ (name)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city/state/zip)

**OR**

- I would like the check direct deposited to the same financial institution where I currently have my payroll deposited (direct deposits can only be done on the same day of a normal paycheck).

4. Partial rollover to the above named eligible retirement plan (s) (\_\_\_%) and partial lump sum distribution to myself (\_\_\_%).

**\*\*Both percentages must be whole percentages totaling 100%**

**\*\*Please use the space available in sections 1 & 2 above to provide the necessary information.**

The distributions of my accumulated BackDROP benefits may be subject to penalties, income tax withholding, or other withholding or liabilities required by law.

Should I die before my accumulated BackDROP benefits are paid out in full, any remaining accumulated BackDROP benefits shall be distributed in accordance with my latest Designation of Beneficiary or Beneficiaries Accumulated BackDROP Benefits form. This distribution shall be in addition to monthly pension benefits, if any, payable in accordance with the Police Officers' Pension Plan.

I understand if no selection is made by me within sixty (60) days from my separation/termination of employment with the Orlando Police Department, then the balance in my accumulated BackDROP benefits will be distributed to me in a full and single lump sum distribution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Number



\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name



**DESIGNATION OF BENEFICIARY OR  
BENEFICIARIES FOR ACCUMULATED BACKDROP BENEFITS**

If I, \_\_\_\_\_ (print name), should die before my accumulated BackDROP benefits are paid out in full, I designate the following person(s) to be my beneficiary(ies) of any of my accumulated BackDROP benefits.

1. Primary Beneficiary Name: \_\_\_\_\_ %

Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Primary Beneficiary Name: \_\_\_\_\_ %

Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Primary Beneficiary Name: \_\_\_\_\_ %

Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Primary Beneficiary Name: \_\_\_\_\_ %

Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In the event that any of the foregoing named primary beneficiaries predecease me, then the portion payable to that person(s) shall be payable to \_\_\_\_\_. [If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s).]



5. Contingent Beneficiary Name: \_\_\_\_\_ %  
Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Contingent Beneficiary Name: \_\_\_\_\_ %  
Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. Contingent Beneficiary Name: \_\_\_\_\_ %  
Relationship: \_\_\_\_\_ SSN (Last 4 digits) \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Unless otherwise directed, contingent beneficiaries will receive only that percentage designated for the primary beneficiaries that happen to predecease them.

This designation will continue to be effective unless I submit a new designation of beneficiary(ies) using the appropriate form adopted by the Trustees.

I understand that if any designated beneficiary predeceases me it would be best if I complete and file with Employee Benefits a new **Designation of Beneficiary or Beneficiaries for Accumulated BackDROP Benefits** form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's SSN (Last 4 digits)

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #008**

**SUBJECT: HIPAA COMPLIANT MEDICAL RELEASE**

**1. OBJECTIVE:**

A HIPAA Compliant Medical Release consistent with the requirements of state law is to be incorporated in the Application for Disability Benefits and for the Annual Retiree's Medical Authorization.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on October 9, 2003.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

A HIPAA Compliant Medical Release must be incorporated in the Application for Disability Pension Benefits and for the Annual Retiree's Medical Authorization.

The Executive Director will direct the Board Attorney to conduct a review of the HIPAA form for accuracy on an annual basis.

**5. FORMS**

Authorization to Release Medical, Psychological and Employment Information.

**6. COMMITTEE RESPONSIBILITIES:**

None

**7. REFERENCE:**



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #008**

Procedure adopted by the Police Pension Board at the meeting of October 9, 2003. Reviewed on January 24, 2013 no amendment made. Reviewed and amended October 12, 2017. Reviewed March 14, 2024.

8. **EFFECTIVE DATE:**

October 9, 2003, amended October 12, 2017 and reviewed March 14, 2024.

REVIEWED with changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 14<sup>th</sup> day of March, 2024..

  
Chairman



**ORLANDO POLICE PENSION BOARD**  
**TELEPHONE (407) 246-3410**

**400 S. ORANGE AVENUE**  
**P.O. BOX 4990**  
**ORLANDO, FL 32802-4990**

**AUTHORIZATION TO RELEASE MEDICAL, PSYCHOLOGICAL**  
**AND EMPLOYMENT INFORMATION**  
(including PROTECTED HEALTH INFORMATION)

I, \_\_\_\_\_, hereby authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider or other person who has attended, examined, or furnished medical services to me (“My Providers”) to disclose my entire medical record and any other protected health information concerning me to:

the Orlando Police Pension Board, or their authorized representatives (including Florida Hospital and Florida Hospital Centra Care), and any medical provider to whom I am referred for an Independent Medical Examination.

The protected health information authorized for release is as follows:

any and all information with respect to any illness or injury, medical history, diagnosis, consultation, prescriptions, or treatments and copies of all hospital or medical records pertaining thereto, including but not limited to intake questionnaires, reports, x-rays, diagnostic tests, films, charts, and other documents of every kind and description including psychiatric reports and/or evaluations and drug or alcohol use information.

I further hereby authorize full and complete disclosure of the records of educational institutions, military agencies/units, U.S. Veteran’s Administration, current and former employers or any other person to furnish complete copies of all records of every kind or nature, including but not limited to reports, findings, charts, documents, x-rays, diagnostic tests, films and evaluations, concerning my medical history, diagnosis, treatment or care, and my employment.

The protected health information to be disclosed under this authorization is for the purpose of: This information for which I am authorizing disclosure will be used for the following purpose: To facilitate the Board of Trustees of the Fund in the carrying out its duty to review, discuss and determine my application for disability retirement. I hereby waive the right of confidentiality of medical/health records and other medical evidence in the custody of the Board of Trustees or elsewhere. I further understand that such records will be discussed during one or more public meetings and will become public record. I understand that the Board of Trustees will rely upon this waiver.

This authorization will expire at the end of my disability case before the Board. I understand that I have the right to revoke this authorization, in writing. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this authorization to disclose information about me. I further understand that if I refuse to sign this authorization to release my complete medical records or revoke this authorization, my application for disability pension will not be able to be processed and may result in adverse employment consequences.

I understand that a refusal to sign this authorization will not result in a denial of health care by My Providers. I further understand that once the protected health information is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal HIPAA privacy regulations.

A copy of this executed authorization shall be considered as effective and valid as the original.

I HAVE FULLY READ AND UNDERSTAND THIS AUTHORIZATION FOR RELEASE OF INFORMATION.

\_\_\_\_\_  
NAME OF PATIENT (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PATIENT (Signature)

\_\_\_\_\_  
PATIENT'S SSN (Last 4 digits)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF WITNESS (Print)

\_\_\_\_\_  
NAME OF WITNESS (Signature)

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #009**

**SUBJECT: QUALIFIED DOMESTIC RELATIONS ORDER PAYMENT AND REIMBURSEMENT AGREEMENT**

1. **OBJECTIVE:**

To systematically review the Policy & Procedures for Qualified Domestic Relations Orders (QDROs) directing the Orlando Police Pension Fund to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. **AUTHORITY:**

The Policy and Procedures adopted by the Police Pension Board on November 13, 2002.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

- A. **EXECUTIVE DIRECTOR:** The Executive Director will schedule and monitor the review of the language in Payment and Reimbursement Agreements, existing policies and procedures and Plan administration to determine compliance with applicable laws and Board intent.
- B. **BOARD ATTORNEY:** The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #009**

5. **FORMS**

Payment and Reimbursement Agreement

6. **COMMITTEE RESPONSIBILITIES:**

None

7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of November 13, 2002. Reviewed on January 24, 2013 and September 14, 2017 no amendment made. Reviewed March 14, 2024.

8. **EFFECTIVE DATE:**

November 13, 2002

REVIEWED with no changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 14<sup>th</sup> day of March, 2024.

  
\_\_\_\_\_  
Chairman

## PAYMENT AND REIMBURSEMENT AGREEMENT

WHEREAS, the court has entered a Qualified Domestic Relations Order or order directing the Orlando Police Pension Fund to pay a portion of the member's pension benefits directly to the member's former spouse to effectuate an equitable distribution of marital assets;

WHEREAS, the Board of Trustees of the Orlando Police Pension Fund believes that it does not currently have the legal authority to pay pension benefits directly to the member's former spouse to effectuate an equitable distribution of marital assets, even if the member agrees to such direct payment. See Board of Trustees of the City General Employees Pension Plan v. Vizcaino, 635 So.2d 1012 (Fla. 1st DCA 1994); Weber v. Weber, 783 So.2d 333 (Fla. 1st DCA 2001); Motil v. Motil, 771 So.2d 125 (Fla. 2d DCA 2000); and Colligan v. Colligan, 759 So.2d 688 (Fla. 3d DCA 2000);

WHEREAS, the case of Board of Trustees of the Orlando Police Pension Plan v. Sue Carroll Langford, 5th DCA Case No. 5 D02-91, is currently pending before the Fifth District Court of Appeal and involves the issue of whether a member of a governmental pension plan may assign or authorize direct payment of pension benefits to a former spouse to effectuate an equitable distribution of marital assets;

WHEREAS, the Board of Trustees of the Orlando Police Pension Fund has filed a motion to dissolve that part of a Qualified Domestic Relations Order or other court order which requires the pension fund to pay pension benefits directly to a former spouse to effectuate an equitable distribution of marital assets, until legislatively authorized or final adjudication authorizing such;

WHEREAS, the Board of Trustees of the Orlando Police Fund desires not to withhold payment to the member of that portion of pension benefits a court has ordered the pension fund to pay directly to the member's former spouse to effectuate an equitable distribution of marital

assets, during the period of time that the Trustees' motion to dissolve the court order is pending and awaiting final outcome;

WHEREAS, the Board of Trustees of the Orlando Police Pension Fund also desires not to be required to make double payments;

WHEREAS, upon receipt by the member of the monthly pension benefits, the member may pay to the former spouse that portion of the pension benefits that the member agreed that the former spouse was entitled to receive as part of an equitable distribution of marital assets;

NOW, THEREFORE, IN CONSIDERATION of the mutual promises and covenants herein contained, the parties hereto agree as follows:

1. Until final determination by the court or until legislatively authorized that a governmental pension plan can pay pension benefits directly to the member's former spouse to effectuate an equitable distribution of marital assets, the Board of Trustees of the Orlando Police Pension Fund has filed a motion to dissolve that part of a court order which directs the Orlando Police Pension Fund to pay pension benefits directly to the member's former spouse to effectuate an equitable distribution of marital assets.

2. Pending final outcome of the Trustees' motion to dissolve, the Board of Trustees will pay One Hundred Percent (100%) less appropriate deductions (e.g. federal income taxes) of the member's monthly pension benefits to the member.

3. The undersigned member agrees that should the Board of Trustees of the Orlando Police Pension Fund be required to pay pension benefits directly to the former spouse which pension benefits have already been paid to the member, that the member agrees to reimburse the Orlando Police Pension Fund for those amounts the Orlando Police Pension Fund pays directly to the member's former spouse that were already paid to the member.

4. The member agrees that the above repayment will be made over a period of time no longer than the period of time which pension benefits should have been paid directly to the member's former spouse and that deductions for repayment may be made from the member's future monthly pension benefits.

IN WITNESS WHEREOF, the parties have caused this Payment and Reimbursement Agreement to be executed as of the dates noted below.

Dated: \_\_\_\_\_

BOARD OF TRUSTEES OF THE  
ORLANDO POLICE PENSION  
FUND

By: \_\_\_\_\_  
Chairman

Dated: \_\_\_\_\_

\_\_\_\_\_  
Member



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #010**

**SUBJECT: PENSION BUYBACKS FOR REHIRED MEMBERS**

**1. OBJECTIVE:**

If a Police Officer resigns and is subsequently rehired, the member's previous service can be credited and reinstated in the pension program by repaying into the pension fund that amount of money that was refunded to the member at time of termination, plus simple interest on that sum for the period of absence. Section 5 of the City of Orlando Police Pension Fund states member will have at least ninety days after re-employment to make such payment. The Police Pension Board has adopted this policy to permit additional time for the repayment to the Plan.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on April 13, 2005.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

---

Once a member is rehired, they will be advised of the amount that must be repaid into the pension plan in order to have their previous service reinstated. Repayment must be made within six months from the date of rehire. If the member needs additional time to make this repayment, the member can make a request in writing to the Pension Board, prior to the expiration of the six months. The Pension Board will consider the request for additional time to make repayment at the board meeting that occurs after the request is made. The Pension Board may grant additional time for repayment, within its discretion. The Pension Board will advise the member of its decision. A member's prior service will not be reinstated until repayment is made in full. Should the member choose to discontinue making payments for the

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #010**

service being purchased, upon notifying the Board, the member shall only be credited with the amount of service that the monies deposited would actually purchase.

5. **FORMS**

None

6. **BOARD RESPONSIBILITIES:**

If requested by the member, the Board will evaluate the request for additional time to repay into the pension fund that amount of money that was refunded to the member at time of termination, plus simple interest on that sum for the period of absence.

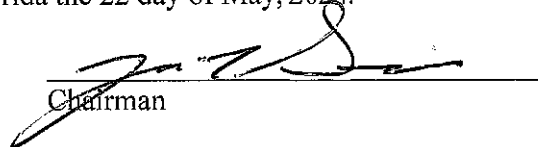
7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of April 13, 2005. Motion to approve revised policy on May 10, 2012, October 12, 2017, and May 22, 2024.

8. **EFFECTIVE DATE:**

May 19, 2005 and amended on May 10, 2012 and amended October 12, 2017.

REVIEWED with changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 22 day of May, 2024.

  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**  
  
**POLICY #011**

**SUBJECT: TRAVEL FOR TRUSTEES**

**1. OBJECTIVE:**

To ensure that a travel policy is developed, reviewed, and submitted in good form for approval by the Board of Trustees in a timely manner.

**2. AUTHORITY:**

Section 4(3) of the Orlando Police Pension Act authorizes board of trustees to adopt reasonable rules and regulations. Section 4(1) of the Orlando Police Pension Act provides that the Board of Trustees “may receive expenses and per diem as provided by law.” Section 112.061(14), Florida Statutes, and Section 166.021(10), Florida Statutes, authorize the Board of Trustees by resolution to establish travel rates which vary from the provisions of Section 112.061(6) and (7), Florida Statutes. Section 112.661(14), Florida Statutes requires the Board of Trustees to adopt an investment policy which provides “for the continuing education of the Board members in matters relating to investments and the Board’s responsibilities. Pension related business includes seminars, conference, trustees’ schools, administrators’ schools, and workshops, the purpose of which is to educate in the administration of the Plan, contribute to the trustee’s and staff’s prudent and diligent performance of the fiduciary duties, including the setting and monitoring the pension funds investment policy.

**3. DIRECTION:**

The Executive Director, appointed by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

- A. Any travel or educational opportunities of the Pension Board trustees, must be approved in advance by the executive director and must be consistent with all regulations stated herein.
- B. Pension Board trustees traveling on official business for the Orlando Police Pension Fund are expected to use reasonably priced lodging accommodations

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #011**

and are required to use economy or tourist class air travel fares. Under no circumstances are travelers permitted to accept gratuitous upgrades to first class. Meals, tips, and lodging must be reasonable in relation to the area visited, and reimbursement will be limited to a reasonable allowance.

Travelers are encouraged to obtain advance registration discount rates.

- C. Travel, whether by public transportation, privately-owned vehicle, city-owned vehicle, or for hire conveyance, shall be over the most direct, practicable route except in a case where it would be financially feasible not to do so (i.e., unless direct route would result in a substantial cost savings). Travelers traveling by an indirect route for their own convenience must bear any extra costs and reimbursement for expenses will be based only on the charges that would normally have occurred.
- D. Travel during scheduled work hours by pension board trustees who are also employed as police officers with the Orlando Police Department must be approved by their immediate supervisor.
- E. Before making any commitment to pay registration fee, to purchase a transportation ticket or to incur any other costs, each traveler shall notify the Pension Coordinator and have her prepare a Travel Request and Expense Voucher for individual expenses and submit to the appropriate authorizing person. In no event shall a travel form be submitted for approval unless within the dollar limitations specified herein. Any traveler, whose travel request exceeds the amounts specified herein, must first obtain approval at a meeting of the Board of Trustees.
- F. Travelers will be provided with a City of Orlando tax exempt certificate and are expected to ensure that taxes on lodging within the State of Florida are not charged to the Orlando Polices Pension Fund.
- G. Receipts for airfare, hotels, public transportation, registration fees, car rental, tolls, parking, and similar items must be given to the Pension Coordinator to allow the completion of the Travel Expense Worksheet, within fourteen (14) days of completing travel.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #011**

H. For pension related business, this policy supersedes City of Orlando Policy & Procedure Section 412.4; provided however, City of Orlando Policy & Procedure Section 412.4 shall govern any matter not covered by this policy. If there is any conflict this policy shall prevail.

5. **FORMS:**

Travel Expense Worksheet, Visa Card Agreement, Consumer's Certificate of Exemption

6. **COMMITTEE RESPONSIBILITIES:**


None.

7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of April 24, 2024

8. **EFFECTIVE DATE:**

April 24, 2024

  
\_\_\_\_\_  
Chairman

04/24/2024

CITY OF ORLANDO  
VISA CARD AGREEMENT

On \_\_\_\_\_ I accepted delivery of City of Orlando Visa credit card Account # \_\_\_\_\_ (last four digits) for the purpose of travel. I fully understand that I am responsible for all charges made to this account from the date of delivery until the date the card is returned to the Pension Coordinator. Estimated date of return is by no later than \_\_\_\_\_. Report of City Credit Charges (Form 412.4F.4.e) with all VISA receipts attached are to be submitted at the time the credit card is returned along with a personal check if the card was used for non-city charges.

I authorize payroll deductions for all charges made if these receipts are not submitted within 15 days of card use. In the event the card is lost while in my possession, I agree to notify Michele Keane of the loss and assume responsibility for any and all charges made to this account that BANK OF AMERICA may deem to be the liability of the City of Orlando.

I understand that under no circumstances is the Visa Card or the Visa Card Number to be used for any purpose or at any time other than as stated above without prior notification to Michele Keane, 246-3410.

Delivered by:

\_\_\_\_\_  
Michele Keane

Accepted by:

\_\_\_\_\_ Responsible Party

# City of Orlando

## 2024 Travel Expense Worksheet

Date of Report			
Employee or Official Name:			
Department:			
Travel From:		Travel To:	
Date of Departure:		Date of Return:	
Departure Time:		Return Time:	
Spend Authorization Number		Business Purpose:	

- If the traveler is requesting a Car Rental, travel over 1,000 miles, travel more than 5 days, out of the country travel or lodging in Orlando MSA.
- OFD ONLY: Check this box if Overtime or Workback will be incurred as a result of this travel.

(See Policy and Procedure 2400.3. for limits, receipts, and authorization required for reimbursement.)

Items	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
<b>Date</b>								
Registration Fee								\$0.00
Hotel								\$0.00
Airfare								\$0.00
Taxi Fare								\$0.00
Car Rental								\$0.00
Tips (Bellman/Maid) \$5								\$0.00
Storage/Parking Fee								\$0.00
Tolls								\$0.00
Breakfast - \$17								\$0.00
Lunch - \$18								\$0.00
Dinner - \$34								\$0.00
Per Diem; in lieu of meals, tips & lodging - \$96								\$0.00
<b>Totals</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00

(2024) Standard Mileage
0.670

### Travel Performed by Personal Vehicle

Date	Personal Vehicle	Travel From:	Travel To:	Miles Traveled	Amount
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Transportation</b>					\$0.00
<b>Total Expense for this Trip</b>					\$0.00

### Optional Approvals:

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Department Approval)

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Department Approval)

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Department Approval)

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #012**

**SUBJECT: GUIDELINES AND INFORMATION SHEET FOR APPLICATION FOR  
DISABILITY PENSION AND APPLICATION FOR DISABILITY.**

1. **OBJECTIVE:**

To systematically review the Policy & Procedures for Application for Disability Pension document related thereto to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. **AUTHORITY:**

The Policy and Procedures adopted by the Police Pension Board on April 16, 2002, amended September 16, 2002, and revised on March 26, 2009.

3. **DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. **METHOD OF OPERATION:**

**EXECUTIVE DIRECTOR:** The Executive Director will schedule and monitor the review of the language in the Plan Document, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.

**BOARD ATTORNEY:** The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #012**

5. **FORMS**

Disability Application Packet

6. **COMMITTEE RESPONSIBILITIES:**

None

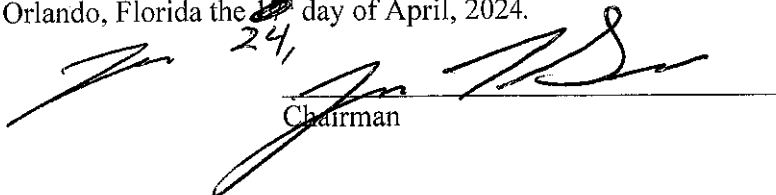
7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of April 16, 2002, amended at the meeting of September 16, 2002, amended at the meeting on March 26, 2009. Motion to amend policy on November 10, 2011.

8. **EFFECTIVE DATE:**

April 16, 2002, amended September 16, 2002, amended March 26, 2009.  
Amended November 10, 2011.

REVIEWED with no changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the ~~17~~<sup>24,</sup> day of April, 2024.

  
Chairman



**Board of Trustees**

Jay L. Smith, Chairman

Michael Fields, Vice-Chairman

Martin Carmody, Secretary

Frankie Chisari, Trustee

Katrina Laudeman, Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane,  
Pension Coordinator

**TO: APPLICANTS FOR DISABILITY PENSION**

**SUBJECT: APPLICATION REQUIREMENTS**

Attached you will find the following:

1. Guidelines and Information Sheet for Application for Disability Pension
2. Application for Disability
3. Physician's Report Form
4. Authorization to Release Medical, Psychological and Employment Information
5. Table of Contents
6. Applicant's Certification of Completion

As noted on the Guidelines and Information Sheet (Item 1), it is incumbent on **you**, the applicant, to provide all relevant information which will support your request for a disability pension **and** to provide such information in a format as directed by the Pension Board of Trustees.

In order to assist you in this process, the above-listed documents are being provided. Because these cases require a substantial amount of documentation and because the Board of Trustees requires uniformity in the process to insure a thorough and fair consideration of all applications; your adherence to these requirements is mandatory; this includes use of the forms provided **without** change or alteration. Failure to so utilize these forms will result in your application being considered incomplete and unacceptable for presentation to the Board.

Please read the "Guidelines and Information Sheet for Application for Disability Pension" and other attached documents carefully. You must first complete and file the "Application for Disability Pension." Thereafter, you must assemble your "application package" in accordance with the Table of Contents (Item 5) and complete the Applicant's Certification of Completion (Item 6), which in effect advises the Pension Board that you have completed your application process.

The original of the completed "Application Package" should be placed in a three-ring notebook, in the order following the Table of Contents and including the Applicant's Certification of Completion. Please submit two (2) completed copies of the "Application Package" on individual thumb drives. The one (1) original notebook, another copy in a 3-ring notebook and the two thumb drives must be filed with the Pension Coordinator, Office of Business and Financial Services, 4<sup>th</sup> Floor, City Hall within thirty (30) calendar days after the date you filed your application. When the Independent Medical Examination (IME) is scheduled, you will be notified of the date/time in writing. Thereafter, you will be notified of the date/time of the preliminary disability hearing before the Board of Trustees.

Questions: Please contact the Pension Coordinator at 407.246.3410.

GUIDELINES AND INFORMATION SHEET  
FOR  
APPLICATION FOR POLICE DISABILITY PENSION

1. Application for Disability Pension, whether line of duty or non-line of duty, shall be on the application form provided. *Each application will be considered and determined by the Pension Board on the application's own merits.*
2. All information must be submitted, and all questions answered fully and accurately on the form provided.
3. The ***burden is on the applicant*** to provide, at the applicant's expense, complete documentation in support of the application, including reports from physician(s) on the form provided, physicians' office notes, reports of hospitalization and/or surgery, test results, and other medical information pertaining to the medical, psychiatric or psychological condition for which the disability pension is sought.
4. Guidelines for the supporting documentation ("application package") are as follows:
  - A. The application package should be organized into a 3-ring notebook binder in the order set forth in the Table of Contents (Item 5) in this packet. Each new section should be separated and marked with a tab and EACH PAGE must be consecutively numbered at the top right-hand corner of each page. If the disability is based on multiple injuries/illnesses, Tabs 2-12 shall be completed for each injury/illness, but included in one notebook. If no documents exist for a particular section, please provide a statement to that effect under the appropriate Tab number. Once complete, compile a second notebook in another 3-ring notebook. The application package will also be copied onto two thumb drives.
  - B. Tab 1 – Application for Disability Retirement – your completed and signed application.
  - C. Tab 2 – Copy of Initial Accident/ Injury Report(s) (in chronological order).
  - D. Tab 3 – Hospitalization/Surgical Reports (in chronological order) – provide a copy of all such documents that pertain to your injury/medical condition.
  - E. Tab 4 – Physician Notes from every doctor you have seen regarding your disability injury (in chronological order) with the exception of Centra Care doctors. All physician records should be in chronological order, starting with the earliest date of treatment.
  - F. Tab 5 – Florida Hospital Centra Care Records – (in chronological order) provide a copy of the ENTIRE medical file of Centra Care including but not limited to ALL medical records, reports, office notes, treatment plans, test results, etc.
  - G. Tab 6 – Diagnostic Reports (in chronological order) – provide reports of x-rays, MRIs, CT Scans, nerve conduction studies, EEGs, EKGs, etc.
  - H. Tab 7 – Pre-employment physical.
  - I. Tab 8 – Any other supporting documentation.
  - J. Tab 9 – Authorization to Release Medical Information
  - K. Tab 10 – Certification of Completion
  - L. Tab 11 – Completed Physician's Report from Primary Physician. **The Physician's Report(s), prepared on the form provided by the City, shall not be dated more than 60 days prior to the date of submission of the application package or the Board will not consider it/them evidence.** The Report and the medical documentation **should not** be sent directly to the Board but should be included in your package.
  - M. Tab 12 – Independent Medical Evaluation – provide a section divider and Tab number for the future IME report.

## PROCEDURES

1. The application package must be submitted within thirty (30) calendar days of the date the application is filed. Two notebooks in two (2) three-ring binders and two (2) copies of the notebooks should be submitted on thumb drives. It is not the responsibility of the Pension Board to secure the information on behalf of the applicant; the applicant has the affirmative obligation to secure and provide all necessary supporting documentation in a timely fashion.
2. The two (2) completed application package notebooks and two (2) copies of the complete notebook on thumb drives in the format mandated by the Pension Board and on the forms provided by the Pension Board shall be filed with the Pension Coordinator, 4<sup>th</sup> Floor, Orlando City Hall. Upon receipt, the Pension Coordinator will review the notebook(s) and add the document to the OneDrive. The Pension Board will be notified of the receipt and the Board Attorney will review the notebook for completeness. Once the attorney is satisfied with the contents, the Pension Coordinator will arrange for Centra Care to have a courier pick up the notebook and begin the process of securing a doctor to perform the Independent Medical Examination "IME".
3. Each applicant must submit to an Independent Medical Examination with a medical doctor selected by Centra Care. If an IME cannot be scheduled in a reasonable amount of time, the Board may allow a treating physician to complete the IME.
4. Depositions may be taken, upon proper notice to the parties, in accordance with the format in Rule 1.310 of the Florida Rules of Civil Procedure. Testimony for the hearing may be by deposition and must be submitted in advance in order to give the Board more time for review and consideration.
5. After submission of the application package notebooks, requests for medical records, past or present employment records or workers compensation records, and notices of depositions shall be in writing with a copy to the other party (Applicant or Applicant's Counsel, or Department's Counsel c/o City Attorney's Office, City of Orlando) with a copy to the Pension Coordinator, 4<sup>th</sup> floor, Orlando City Hall.
6. All evidentiary materials, case histories, additional medical reports, depositions, etc. must be submitted to the Pension Coordinator, with copies to the applicant or applicant's counsel and the Police Department Advocate, no later than **seven calendar days** prior to the scheduled Disability Hearing. If materials are not submitted by that time, a Motion to Continue must be filed and the hearing may be rescheduled upon good cause shown. Any rebuttals or responses to documents would need to be filed within **three business days**.
7. Upon receipt of the report from the Independent Medical Examination an initial hearing will be scheduled by the Board with all parties.
8. The Pension Board will generally schedule a hearing on the application upon agreement of the applicant (or applicant's counsel) and the Police Department's counsel, but such hearing shall be scheduled within sixty (60) calendar days after receipt of the IME report by the applicant (or applicant's counsel) and Police Department's counsel.
9. The Pension Board may require the applicant to submit to further consultations and/or examinations by physicians selected by the Board, with the cost thereof to be borne by the Board. This option, purely at the discretion of the Board, shall not be construed to relieve the applicant from the burden of providing sufficient evidence in support of the application.

10. The applicant is entitled to be represented by legal counsel of applicant's choosing, and at applicant's expense, in the presentation of the application for disability retirement. If the applicant is to be represented by legal counsel, such attorney must file a Notice of Appearance with the Pension Coordinator, 4th Floor, Orlando City Hall with a copy of such notice to the Board Attorney. The Police Department is also entitled to be represented by legal counsel or a departmental advocate. The Board may choose to retain outside counsel to act as the Advocate to represent its interests.

11. The applicant may appear at the hearing(s) in person. The Board may take testimony, under oath, from the applicant, from the Department representatives, and other witnesses and may consider any other relevant evidence. The applicant shall be responsible for ensuring the appearance of witnesses at the hearing. Such witnesses are subject to examination and cross-examination by legal counsel for the applicant and the Department. Members of the Board and the Board's legal counsel shall also be entitled to ask questions of the witnesses.

12. The Board shall determine, based upon competent substantial evidence, whether the applicant has proven by a preponderance of the evidence the member's entitlement to a disability pension. Entitlement shall be based on the provisions governing the pension fund.

13. The hearing is a formal, quasi-judicial proceeding. The strict adherence to the rules of procedure and evidence shall not be required. The Board, by majority vote of members present, may grant the request as presented, deny the request as presented, or grant a type of disability retirement other than as requested, or take any other action in accordance with state and local laws.

14. If the Board denies the applicant a pension, the applicant may seek review by way of certiorari in the Ninth Judicial Circuit Court.

15. If the disability retirement is granted, the Board shall specify the date on which such retirement is effective and direct the Board Attorney to prepare a Final Order reflecting the Board's decisions. If the disability retirement is not granted, the Board Attorney will be directed to prepare a Final Order reflecting the Board's decision. Employee Benefits will be tasked with making the necessary computation of monthly benefits and shall authorize the Office of Business and Financial Services to make disbursements accordingly. The Board at the next regular meeting following its decision granting retirement shall confirm said computation.

Questions concerning the application process may be directed to the Pension Coordinator (407-246-3410).



**APPLICATION FOR DISABILITY PENSION**  
(Please type or print all information, except signature)

Date \_\_\_\_\_

Name \_\_\_\_\_

Other names by which you have ever been known:

\_\_\_\_\_

Employee # \_\_\_\_\_ Rank \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Current Assignment \_\_\_\_\_

Status of Employment \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Personal Email address \_\_\_\_\_



ALL QUESTIONS MUST BE COMPLETED BEFORE THE PENSION BOARD WILL CONSIDER YOUR APPLICATION. IF FURTHER SPACE IS REQUIRED FOR ANY QUESTION, ATTACH ADDITIONAL PAGES, INDICATING THE QUESTION NUMBER TO WHICH THE INFORMATION APPLIES.

IN ADDITION, THE SUPPORTING DOCUMENTATION FOR YOUR APPLICATION ("Application Package") MUST BE PROVIDED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF FILING YOUR APPLICATION AND IN THE MANNER SET FORTH IN THE BOARD'S "GUIDELINES AND INFORMATION SHEET FOR APPLICATION FOR DISABILITY PENSION."

1. TYPE OF DISABILITY PENSION APPLIED FOR:

\_\_\_\_\_ LINE-OF-DUTY \_\_\_\_\_ NON-LINE-OF-DUTY

2. MEDICAL CONDITION FOR WHICH DISABILITY PENSION SOUGHT (be specific):

---

---

---

---

3. PROVIDE SPECIFIC INFORMATION AS INDICATED:

A. Date and time of accident/injury or onset of condition:

---

---

---

---

B. Where accident/injury occurred or how condition first detected (be specific):

---

---

---

---

C. How did accident/injury occur or how was condition first detected (be specific):

---

---

---

---

D. Provide names and addresses of all witnesses:

---

---

---

---

E. Was accident/injury/condition reported to supervisor? If so, provide name and date reported.

---

---

---

---

F. List the name, business address and telephone number of each medical provider (including but not limited to, physicians, surgeons, hospitals, chiropractors, physical therapists, osteopaths) who has treated or examined you, and each medical facility where you have received any treatment or examination for the illness or injury for which you are applying for a disability retirement, or any condition that may be related to it and the dates of treatment.

---

---

---

---



G. What medications are currently being taken (be specific):

---

---

---

---

H. Was surgery recommended? If so, by whom and when?

---

---

---

---

I. Was surgery performed? If so, by whom, when and with what results?

---

---

---

---

J. Has any further treatment(s) been discussed with you? If so, what is that further treatment(s) and identify by name and address with whom you discussed further treatment(s).

---

---

---

---

K. State the date on which you reached maximum medical improvement (MMI), and identify by name and address all doctors who have advised you that you have reached maximum medical improvement (MMI).

---

---

---

---

L. Identify by name and address, all doctors who have advised you that you have not reached maximum medical impairment (MMI).

---

---

---

---

M. What limitations, if any, have been placed on physical activity (by whom and what restrictions)?

---

---

---

---

N. Have you ever had a similar accident/injury or medical condition in the past to the same part of the body for which this application is filed? If so, state date, place, and circumstances of that previous injury.

---

---

---

---

O. Did you ever have this same or a related medical condition prior to your employment with the Department? If so, state date(s) and circumstances.

---

---

---

---

P. If this application is based on a psychiatric or psychological condition, have you ever been diagnosed as having this same condition or any other psychiatric/psychological condition prior to or during your employment with the Department? If so, state what condition, diagnosed/treated by whom, when and where?

---

---

---

---

Q. Summarize why you believe you are disabled and how your illness or injury prevents you from performing your usual job duties.

---

---

---

---

4. Were you suffering any injury, disease or disability at the time of the accident(s), incident(s), or condition(s) for which you are now applying for disability retirement? If so, what was the nature of the injury, disease or disability?

---

---

---

---

5. Have you ever applied for or received Workers' Compensation, Veterans Administration (VA) benefits, or any other form of compensation or benefits (including, but not limited to, insurance proceeds or settlement, damages as a result of a lawsuit, etc.) due to/as a result of/on account of any accident, injury, or medical condition. If so, state what accident, injury or medical condition, when it occurred, when benefits were applied for or received and what compensation or benefits were applied for or received, and what compensation or benefits were applied for or received?

---

---

---

---

6. Have you ever been involved in an automobile or other vehicular accident(s) for which you sought medical treatment or were injured? If so, please provide as to each:

A. When the accident occurred. \_\_\_\_\_

B. Where the accident occurred. \_\_\_\_\_

C. How the accident occurred. \_\_\_\_\_

D. If you were injured, how? \_\_\_\_\_

E. Was the accident job-related? \_\_\_\_\_

F. Names, addresses and telephone numbers of all health care providers who treated you.

---

---

---

---

G. Dates of treatment and course of treatment (specify by whom).

---

---

---

---

H. Provide the names, addresses and telephone numbers of all persons who may have knowledge of the injuries resulting from the accident.

---

---

---

---

7. Have you ever had a fall, collision, sports injury, accident, etc. for which you sought medical treatment or were injured? If so, please provide as to each:

A. When the incident occurred. \_\_\_\_\_

B. Where the incident occurred. \_\_\_\_\_

C. How the incident occurred. \_\_\_\_\_

D. If you were injured, how?

---

---

---

---

E. Was the accident job-related?

---

---

---

---

F. Names, addresses and telephone numbers of all health care providers who treated you:

---

---

---

---

G. Dates of treatment and course of treatment (specify by whom).

---

---

---

---

H. Provide the names, addresses and telephone numbers of all persons who may have knowledge of the injuries resulting from the accident.

---

---

---

---

8. Provide the name(s), address(es) and telephone number(s) of your family physician and/or primary care provider for the last ten (10) years.

---

---

---

---

9. Other than those listed in numbers 3F or 8, list the names, business addresses and telephone numbers of all other physicians, medical facilities or other health care providers by whom or at which you have been examined or treated in the past ten (10) years; and state, as to each, the dates of examination or treatment and the condition or injury for which you were examined or treated.

---

---

---

---

10. Has your sworn statement or deposition ever been taken in connection with any claim arising out of the illness or injury for which you seek disability retirement? If so, state the date taken and by whom.

---

---

---

---

11. Provide the names, addresses and dates of all of your prior and current employers, including information as to a.) the nature of the work involved with each employment, b.) the status (i.e., terminated, continuing, etc.) of each employment, and c.) the basis or reason for such status.

---

---

---

---

12. State whether you are now or ever have been self-employed and, if so, state the name under which you did business, dates and nature of the work.

---

---

---

13. Please list any extracurricular activities and/or hobbies in which you have participated (ex. sports, bowling, hunting, motorcycle riding, weight lifting/training, running, golf, martial arts, skiing, etc.):

---

---

---

14. Please provide any other information known to you or your attorney that might be relevant to your application for disability retirement?

---

---

---

15. State here any other information you want the Pension Board's medical doctor or the Pension Board to consider in making a decision on your application.

---

---

---

---



YOU ARE REQUIRED TO SUPPLEMENT THIS QUESTIONNAIRE IMMEDIATELY IN WRITING TO THE PENSION COORDINATOR WITH ANY NEW OR ADDITIONAL INFORMATION OBTAINED BETWEEN THE TIME OF SIGNING THIS QUESTIONNAIRE AND FINAL DECISION BY THE BOARD OF TRUSTEES.

I HEREBY SWEAR OR AFFIRM that the information contained in this application, the supporting application package and any additional information provided to the Board of Trustees is true and correct to the best of my knowledge and I understand that a false statement knowingly made on my application can serve as grounds for denial of my application and, further, that I may be subject to criminal and other penalties for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

I further understand that the Pension Board and its records are subject to the Florida Public Records Act and the Government in the Sunshine Law and that a hearing on my disability application will, by law, be a public hearing and by submitting my application,

I hereby authorize the Pension Board to conduct a public discussion of my medical condition and records and, further, release the Board of Trustees, their agents, servants and employees from any liability connected therewith.

\_\_\_\_\_  
Date Signature

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Personally Known\_\_\_\_ or Type of Identification Provided\_\_\_\_\_

My Commission Expires:



**PHYSICIAN'S REPORT**

Date \_\_\_\_\_

MEDICAL/DISABILITY RETIREMENT APPLICATION OF \_\_\_\_\_

Dear Dr. \_\_\_\_\_

**The above referenced individual has applied to the Pension Board for a disability pension. This is a separate and distinct process from a workers' compensation claim.** The Board requires specific answers to the following questions in order to render a fair and equitable decision on this application. Your cooperation in **thoroughly** answering these questions is appreciated. To assist you with these questions, a copy of the current job description for a police officer is attached.

If further space is required for any question, please attach additional pages, indicating the question number to which the information applies.

The information requested herein should be furnished **directly to the applicant** (who, in turn, will be assembling an application "package" for presentation to the Board). Please do not send this Physician's Report to the Pension Board.

1. What is the injury/condition for which you saw and/or treated the applicant? Explain fully.

---

---

---

---

2. Is the current condition permanent or temporary? Explain fully.

---

---

---

---

3. Is the condition degenerative? Explain fully.

---

---

---

---

4. Is the condition/disability partial or total? Explain fully.

---

---

---

---

5. What is the applicant's current medical status?

---

---

---

---

6. If condition or disability is PTSD or a different psychological or psychiatric health issue, please detail the DSM V criteria as follows:

a. Stressor \_\_\_\_\_

---

b. Intrusion symptoms \_\_\_\_\_

---

c. Avoidance \_\_\_\_\_

---

d. Negative alterations in cognitions and mood \_\_\_\_\_

---

e. Alteration in arousal and reactivity \_\_\_\_\_

---

f. Duration \_\_\_\_\_

g. Functional significance \_\_\_\_\_

h. Exclusions \_\_\_\_\_

i. Specifications \_\_\_\_\_

**NOTE: With reference to Questions 7 through 13, please review and consider the attached Job Description.**

7. Can the condition be controlled and/or cured by the use of medication? (If YES, specify "control" or "cure", the medication, and any known side effects of such medication). Explain fully.

---

---

---

---

8. If yes, can the condition be so controlled and/or cured to the extent that the applicant can perform his/her duties as a police officer? Explain fully.

---

---

---

---

9. Can the condition be controlled and/or cured by surgery? (If YES, specify "control" or "cure" and the nature of the surgery.) Explain fully.

---

---

---

---

10. If yes, can the condition be controlled and/or cured to the extent that the applicant can perform his/her duties

as a police officer? Explain fully.

---

---

---

---

11. a. Can the condition be controlled and/or cured by means other than medication or surgery (i.e., physical therapy, exercise, weight control, stop smoking, diet, counseling, etc.)? Explain fully.

---

---

---

---

b. If yes, can the condition be controlled and/or cured to the extent that the applicant can perform his/her duties as a police officer? Explain fully.

---

---

---

---

12. In light of the present condition, what restrictions (if any) would you impose on the individual's activities, including continued employment as a police officer (see job description)?

---

---

---

---

13. Does the medical condition render the member (police officer) unfit to perform the required duties of the member's rank?

---

---

---

---

14. Based on the current condition of the applicant is he or she capable of performing the limited duty assignments listed below? If so to what extent? Please indicate your responses below.

CAN THE APPLICANT:

Yes

No

Comments

Work shift work?

\_\_\_\_\_

Work 40 hours a week?

\_\_\_\_\_

Complete police reports by (phone, hand-written or computer), interview and take statements from victims and witnesses where no suspect is present.?

\_\_\_\_\_

Respond to non-hazardous calls for service including, but not limited to investigating traffic crashes and processing crime scenes?

\_\_\_\_\_

Ride in a police vehicle and enter and exit the vehicle unassisted?

\_\_\_\_\_

Operate a police radio including use of handheld microphone or radio with foot pedal?

\_\_\_\_\_

Perform general office duties to include answering the telephone?

\_\_\_\_\_

15. Do you have any personal knowledge OR a professional medical opinion as to whether the disability is directly caused by and attributable to the performance of duty as a member of the Police Department? Explain fully.

---

---

---

16. Is the condition for which you saw and/or treated applicant related to/the result of/caused by any other medical condition, including because of or due to the aggravation of a specific injury, impairment or other medical condition pre-existing the member's employment with the Police Department? Explain fully.

---

---

---

17. Is the medical condition related to/the result of/any of the conditions referred to below?

Excessive and habitual use by the police officer of drugs, intoxicants, or narcotics;

Injury or disease sustained by the police officer while willfully and illegally participating in fights, riots, civil insurrections or while committing a crime;

Injury or disease sustained by the police officer while serving in any armed forces;

Injury or disease sustained by the police officer after employment has terminated;

Injury or disease sustained by the police officer while working for anyone other than the city and arising out of such employment. Explain fully:

---

---

---

---

---

18. Is the present condition related to/the result of/caused by any congenital or childhood medical condition?  
Explain fully:

---

---

---

---

19. Did the impairment or other medical condition for which the applicant is seeking disability benefits pre-exist the date of employment of the applicant?

Explain fully:

---

---

---

---

20. What medication or other treatment is presently being prescribed and what is the dosage *or treatment*?

Explain fully:

---

---

---

---

21. How long has the individual been under your care, for this or any other condition?

---

---

---

---

22. In what particular "specialty" area(s) of medicine do you practice? Are you Board Certified in those areas?

---

---

---

---



23. Please provide any additional comments or information that you feel is pertinent to the board's decision. You may attach additional information.

---

---

---

---

**In addition, the Pension Board will need copies of any and all test results, reports of hospitalization and/or surgery, office notes, and any other reports in your chart concerning this individual which should be requested by the applicant to be provided to the Board.**

The information requested herein should be furnished **directly to the applicant** (who, in turn, will be assembling an application "package" for presentation to the Board). Please **do not** send this Physician's Report to the Board.

Thank you for your cooperation.

Orlando Police Pension Board

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Typed or Printed Name of Physician

\_\_\_\_\_  
Date

**Attachment: Police Officer-Job Description**



ORLANDO POLICE PENSION BOARD  
TELEPHONE (407) 246-3410

400 S. ORANGE AVENUE  
P.O. BOX 4990  
ORLANDO, FL 32802-4990

**AUTHORIZATION TO RELEASE MEDICAL, PSYCHOLOGICAL  
AND EMPLOYMENT INFORMATION**  
(including PROTECTED HEALTH INFORMATION)

I, \_\_\_\_\_, hereby authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider or other person who has attended, examined, or furnished medical services to me ("My Providers") to disclose my entire medical record and any other protected health information concerning me to:

the Orlando Police Pension Board, or their authorized representatives (including Florida Hospital and Florida Hospital Centra Care), and any medical provider to whom I am referred for an Independent Medical Examination.

The protected health information authorized for release is as follows:

any and all information with respect to any illness or injury, medical history, diagnosis, consultation, prescriptions, or treatments and copies of all hospital or medical records pertaining thereto, including but not limited to intake questionnaires, reports, x-rays, diagnostic tests, films, charts, and other documents of every kind and description including psychiatric reports and/or evaluations and drug or alcohol use information.

I further hereby authorize full and complete disclosure of the records of educational institutions, military agencies/units, U.S. Veteran's Administration, current and former employers or any other person to furnish complete copies of all records of every kind or nature, including but not limited to reports, findings, charts, documents, x-rays, diagnostic tests, films and evaluations, concerning my medical history, diagnosis, treatment or care, and my employment.

The protected health information to be disclosed under this authorization is for the purpose of: This information for which I am authorizing disclosure will be used for the following purpose: To facilitate the Board of Trustees of the Fund in the carrying out its duty to review, discuss and determine my application for disability retirement. I hereby waive the right of confidentiality of medical/health records and other medical evidence in the custody of the Board of Trustees or elsewhere. I further understand that such records will be discussed during one or more public meetings and will become public record. I understand that the Board of Trustees will rely upon this waiver.

This authorization will expire at the end of my disability case before the Board. I understand that I have the right to revoke this authorization, in writing. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this authorization to disclose information about me. I further understand that if I refuse to sign this authorization to release my complete medical records or revoke this authorization, my application for disability pension will not be able to be processed and may result in adverse employment consequences.

I understand that a refusal to sign this authorization will not result in a denial of health care by My Providers. I further understand that once the protected health information is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal HIPAA privacy regulations.

A copy of this executed authorization shall be considered as effective and valid as the original.

I HAVE FULLY READ AND UNDERSTAND THIS AUTHORIZATION FOR RELEASE OF INFORMATION.

\_\_\_\_\_  
NAME OF PATIENT (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PATIENT (Signature)

\_\_\_\_\_  
PATIENT'S SSN (Last 4 digits)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF WITNESS (Print)

\_\_\_\_\_  
NAME OF WITNESS (Signature)



## DISABILITY PENSION APPLICATION PACKAGE

### TABLE OF CONTENTS

<u>TAB NUMBER</u>	<u>TITLE OF DOCUMENTS</u>	<u>PAGE** NUMBER</u>
1	Application for Disability Retirement	
2	Copy of Initial Accident/Injury Report (s)	
3	Hospitalization/Surgical Reports (in chronological order)	
4	Physician notes- from every doctor you have seen regarding your disability injury (in chronological order) with the exception of Florida Hospital/Centra Care.	
5	Florida Hospital/Centra Care Records (in chronological order)	
6	Diagnostic Reports (in chronological Order)	
7	Pre-employment Physical	
8	Any other supporting documents	
9	Authorization to Release Medical/ Psychological and Employment information.	
10	Certification of Completion	
11	Completed Physician's Report from Primary Physician	
12	Independent Medical Evaluation	

**\*\*NOTE:** Each page must be consecutively numbered  
at the top right-hand corner of each page.

**APPLICANT'S CERTIFICATION OF COMPLETION**

I, \_\_\_\_\_, hereby

(Print or Type Name)

certify that I have been made aware of the requirements for filing an Application for Disability Pension, have been furnished all required forms, have completed all such forms which I am required to complete, and have secured all medical documentation pertaining to my application.

I hereby certify that all records obtained by me have been included in this application package.

I also hereby certify that I have not made any false, fraudulent or misleading written statements and I have not withheld or concealed material information to obtain any disability benefit available under my retirement plan.

Accordingly, I hereby certify that my application package is complete and that I have furnished the original plus the required number of copies on CD (8) of said application package to the Pension Coordinator, 4<sup>th</sup> Floor City Hall.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #013**

**SUBJECT: INDEPENDENT MEDICAL EXAMINATION**

**1. OBJECTIVE:**

Consistent with Section 185 Florida Statutes and the "Guidelines and Information Sheet for Application for Disability Pension", each applicant must submit to an Independent Medical Examination (IME) with a medical doctor selected by the Pension Board. This IME serves to provide additional and independent documentation to the Board of Trustees for its determination as to whether a Disability Retirement Benefit should be granted.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board at its meeting on December 15, 2002.

**3. DIRECTION:**

The Executive Director, appointed by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

**POLICY:**

A. Each applicant must submit to an Independent Medical Examination with a medical doctor selected by the Pension Board.

B. The Board of Trustees of the Police Pension Board hereby delegates to the medical facility or medical group which from time to time provides medical and/or healthcare services to the city under annual contract, the authority to select a medical doctor to perform an Independent Medical Examination it deems appropriate under the guidelines set forth below.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #013**

- (1) The medical doctor shall be licensed in the State of Florida
- (2) The medical doctor shall be a specialist in the area of the claimed disability, with board certification in the specialty of the claimed disability being preferred.
- (3) It is preferred that neither the medical doctor selected nor medical doctors in the same group as the medical doctor selected shall have previously examined the applicant.

C. The contracted Medical Facility or Medical Group will take the appropriate steps necessary to assure that the medical doctor selected to perform the Independent Medical Examination and issue a written report will:

- (1) Review all records submitted to the IME medical doctor prior to the actual physical examination of the applicant.
- (2) Answer in writing all questions submitted by the Board of Trustees, or its agent.
- (3) Submit a written report in a timely fashion.
- (4) Be available for deposition by the Advocate or applicant or applicant's counsel, upon payment of the appropriate fee.
- (5) Be available to attend a hearing before the Board of Trustees if requested by the Advocate or applicant or applicant's counsel, upon payment of the appropriate fee.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #013**

D. The Executive Director, or designee, shall work with the medical group or provider to ensure communication between the medical group or provider and the Board.

5. **FORMS:**

Letter to IME physician with all permanent light duty position requirements submitted from the Police Department to be sent out by Florida Hospital/Centracare. Approved by trustees on November 10, 2011.

6. **COMMITTEE RESPONSIBILITIES:**

None.

7. **REFERENCE:**

**Procedure adopted:** At the Police Pension Board Meeting of December 12, 2002. Motion to amend policy on November 10, 2011.

8. **EFFECTIVE DATE:**

September 30, 2002, and amended at meeting of November 10, 2011.

REVIEWED without changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 24<sup>th</sup> day of April 2024.

  
\_\_\_\_\_  
Chairman



Subject: Disability Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Dr.

Thank you for agreeing to conduct an Independent Medical Evaluation on behalf of the Orlando Police Pension Fund.

The purpose of the medical evaluation is to assist the Board of Trustees of the Orlando Police Pension Fund to answer the following questions based on your evaluation:

- a. Whether the disability applicant is “permanently and totally disabled”, meaning does the applicant/member have a “condition which renders the member unfit to perform the required duties of the member’s rank held at the time of impairment.”
- b. Whether or not the disability is “because of or due to the aggravation of a specific injury, impairment or other medical condition pre-existing at the time of employment with the police department.”
- c. Whether or not the disability is directly caused by and attributable to the performance of duty as a member of the (police) department; and whether or not the disability was caused by the member’s “own imprudence” or other actions which are not job related incidents

In conducting your evaluation, PLEASE ADDRESS THE FOLLOWING QUESTIONS:

1. What, if any, medical condition does the disability applicant have that may influence the member’s ability to perform the required duties of the member’s rank? Included is the applicant’s position description. If so, please describe in detail, whether the medical condition is permanent or temporary; and whether any resulting disability to perform the required duties is permanent or temporary.
2. What is the disability applicant’s current medical status?
3. Are there any accommodations that might enable the disability applicant to continue to perform the members’ duties?
4. To what extent is the disability applicant likely to recover?
5. If a condition pre-existing at the time of employment exists, is there evidence that the condition causing disability has a causal relationship to a condition pre-existing at the time of employment. If so, please explain fully.

6. If the disability applicant is unable to perform the required duties, is the disability directly caused by and attributable to the applicant's performance of duty as a member of the police department?
7. What, if any, permanent physical restrictions would you place on this disability applicant?
8. Please advise whether the pension applicant is able to perform the following duties:

YES

YES WITH  
ACCOMMODATIONS  
(PLEASE EXPLAIN)

NO

1. Work 40 hours a week  
Comment:
2. Complete police reports  
Comment:
3. Interview and take statements from victims and witnesses where no perpetrator is present  
Comment:
4. Respond to non-hazardous calls for service including, but not limited to investigating traffic crashes and processing crime scenes  
Comment:
5. Ride in a police vehicle and enter and exit the vehicle unassisted.  
Comment:
6. Operate a police radio  
Comment:
7. Operate a computer, including typing on a keyboard  
Comment:

YES

YES WITH  
ACCOMMODATIONS  
(PLEASE EXPLAIN)

NO

8. Sitting for extended  
periods of time  
Comment

9. Stand for extended  
periods of time  
Comment:

10. Walk unassisted  
Comment:

Thank you for providing an Independent Medical Evaluation for the Board of Trustees of the Orlando Police Pension Fund.

We will contact you to schedule a conference if the need should arise. If you should have any questions, please contact me at (407)\_\_\_\_\_.

Sincerely,

:

Florida Hospital

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**Policy #014**

**SUBJECT: FILING OF ADDITIONAL DOCUMENTATION FOR DISABILITY HEARINGS**

**1. OBJECTIVE:**

To ensure that the Board of Trustees has ample time to review additional documentation pertaining to a disability applicant's disability hearing from the applicant, applicant's attorney, or the Police Department Advocate prior to the disability hearing.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on March 11, 2004.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

All additional documentation to be considered by the Board of Trustees at a disability hearing must be submitted to the Pension Coordinator no later than ten days prior to the disability hearing. This requirement may be waived at the discretion of the Board.

**5. FORMS**

None

**6. COMMITTEE RESPONSIBILITIES:**

None

**7. REFERENCE:**

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**Policy #014**

Procedure adopted by the Police Pension Board at the meeting of March 11, 2004, as amended May 10, 2012.

8. **EFFECTIVE DATE:**

March 11, 2004, as amended May 10, 2012.

REVIEWED without changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 24 day of April, 2024.

  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #015**

**SUBJECT: INITIAL DISABILITY HEARINGS FOR DISABILITY PENSION APPLICANTS AND THE PROSECUTORIAL POSITION OF THE DEPARTMENT ADVOCATE**

**1. OBJECTIVE:**

To systematically review the Policy & Procedures for the process of conducting Disability Pension Application Hearings.

**2. AUTHORITY:**

The Policy and Procedures adopted by the Police Pension Board on October 22, 2008 and amended on April 14, 2011.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

- A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor the review of the language in the Plan Document, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.
- B. BOARD ATTORNEY: The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #015**

5. **FORMS**

None

6. **COMMITTEE RESPONSIBILITIES:**

After a disability applicant has had his Independent Medical Examination performed and the report has been filed with the Pension Coordinator, an Initial Hearing will be scheduled with the applicant and his or her attorney, the Department Advocate, the Board of Trustees, and the Board Attorney. At this initial hearing the Department Advocate will advise if she has any concerns or questions regarding this application and if the Chief of Police is willing to provide the applicant with a permanent limited duty position without a reduction in pay or benefits

The Trustees will then determine if a Disability Hearing should be scheduled or an outside attorney should be hired to handle this application and look into obtaining further medical information or documents. The Department Advocate will no longer be required to represent the department at the disability hearings.

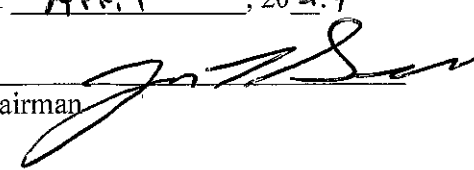
7. **REFERENCE:**

Policy enacted by the Police Pension Board at the meeting of October 22, 2008, and reviewed on April 14, 2011. No formal policy has been approved.

8. **EFFECTIVE DATE:**

November 1, 2008

REVIEWED with changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 24 day of April, 2011

Chairman 

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #016**

**SUBJECT: DISABILITY HEARINGS - MOTIONS TO CONTINUE**

**1. OBJECTIVE:**

If the Department Advocate or Attorney for Applicant should file an initial Motion to Continue a Disability Hearing with the Pension Coordinator within seven days prior to the scheduled hearing, the Chairman of the Board can approve or deny the Continuance. However, all additional Motions to Continue will be brought to the Pension Board for approval.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on January 16, 2007.

**3. DIRECTION:**

The Pension Coordinator under the direction of the Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

Department Advocate or Attorney for Applicant must file an initial Motion to Continue the Disability Hearing at least seven days prior to the scheduled hearing with the Pension Coordinator. The Pension Coordinator will notify the Chairman of the Board and he will approve or deny the initial Motion to Continue. Any additional Continuances shall be filed with the Pension Coordinator and presented to the trustees at the next pension board meeting for a vote.



**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #016**

5. **FORMS**

Guidelines and Information Sheet for Application for Disability Pension.

6. **BOARD RESPONSIBILITIES:**

To grant the Chairman of the Board the authority to approve or deny all Initial Motions to Continue, if filed at least seven days prior to the disability hearing. Any additional Motions to Continue shall be filed with the Pension Coordinator and brought to the next pension board meeting for a vote by the trustees.

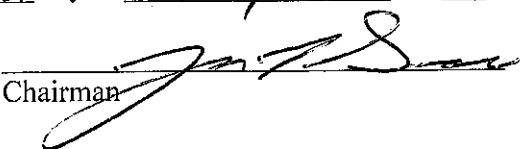
7. **REFERENCE:**

Procedure adopted by the Police Pension Board by a Motion on January 16, 2007.

8. **EFFECTIVE DATE:**

January 16, 2007

REVIEWED with changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 22 day of May, 2004.

Chairman 

GUIDELINES AND INFORMATION SHEET  
FOR  
APPLICATION FOR POLICE DISABILITY PENSION

1. Application for Disability Pension, whether line of duty or non-line of duty, shall be on the application form provided. ***Each application will be considered and determined by the Pension Board on the application's own merits.***
2. All information must be submitted, and all questions answered fully and accurately on the form provided.
3. The ***burden is on the applicant*** to provide, at the applicant's expense, complete documentation in support of the application, including reports from physician(s) on the form provided, physicians' office notes, reports of hospitalization and/or surgery, test results, and other medical information pertaining to the medical, psychiatric or psychological condition for which the disability pension is sought.
4. Guidelines for the supporting documentation (“application package”) are as follows:
  - A. The application package should be organized into a 3-ring notebook binder in the order set forth in the Table of Contents (Item 5) in this packet. Each new section should be separated and marked with a tab and EACH PAGE must be consecutively numbered at the top right-hand corner of each page. If the disability is based on multiple injuries/illnesses, Tabs 2-12 shall be completed for each injury/illness, but included in one notebook. If no documents exist for a particular section, please provide a statement to that effect under the appropriate Tab number. Once complete, compile a second notebook in another 3-ring notebook. The application package will also be copied onto two thumb drives.
  - B. Tab 1 – Application for Disability Retirement – your completed and signed application.
  - C. Tab 2 – Copy of Initial Accident/ Injury Report(s) (in chronological order).
  - D. Tab 3 – Hospitalization/Surgical Reports (in chronological order) – provide a copy of all such documents that pertain to your injury/medical condition.
  - E. Tab 4 – Physician Notes from every doctor you have seen regarding your disability injury (in chronological order) with the exception of Centra Care doctors. All physician records should be in chronological order, starting with the earliest date of treatment.
  - F. Tab 5 – Florida Hospital Centra Care Records – (in chronological order) provide a copy of the ENTIRE medical file of Centra Care including but not limited to ALL medical records, reports, office notes, treatment plans, test results, etc.
  - G. Tab 6 – Diagnostic Reports (in chronological order) – provide reports of x-rays, MRIs, CT Scans, nerve conduction studies, EEGs, EKGs, etc.
  - H. Tab 7 – Pre-employment physical.
  - I. Tab 8 – Any other supporting documentation.
  - J. Tab 9 – Authorization to Release Medical Information
  - K. Tab 10 – Certification of Completion
  - L. Tab 11 – Completed Physician's Report from Primary Physician. **The Physician's Report(s), prepared on the form provided by the City, shall not be dated more than 60 days prior to the date of submission of the application package or the Board will not consider it/them evidence.** The Report and the medical documentation **should not** be sent directly to the Board but should be included in your package.
  - M. Tab 12 – Independent Medical Evaluation – provide a section divider and Tab number for the future IME report.

## PROCEDURES

1. The application package must be submitted within thirty (30) calendar days of the date the application is filed. Two notebooks in two (2) three-ring binders and two (2) copies of the notebooks should be submitted on thumb drives. It is not the responsibility of the Pension Board to secure the information on behalf of the applicant; the applicant has the affirmative obligation to secure and provide all necessary supporting documentation in a timely fashion.
2. The two (2) completed application package notebooks and two (2) copies of the complete notebook on thumb drives in the format mandated by the Pension Board and on the forms provided by the Pension Board shall be filed with the Pension Coordinator, 4<sup>th</sup> Floor, Orlando City Hall. Upon receipt, the Pension Coordinator will review the notebook(s) and add the document to the OneDrive. The Pension Board will be notified of the receipt and the Board Attorney will review the notebook for completeness. Once the attorney is satisfied with the contents, the Pension Coordinator will arrange for Centra Care to have a courier pick up the notebook and begin the process of securing a doctor to perform the Independent Medical Examination “IME”.
3. Each applicant must submit to an Independent Medical Examination with a medical doctor selected by Centra Care. If an IME cannot be scheduled in a reasonable amount of time, the Board may allow a treating physician to complete the IME.
4. Depositions may be taken, upon proper notice to the parties, in accordance with the format in Rule 1.310 of the Florida Rules of Civil Procedure. Testimony for the hearing may be by deposition and must be submitted in advance in order to give the Board more time for review and consideration.
5. After submission of the application package notebooks, requests for medical records, past or present employment records or workers compensation records, and notices of depositions shall be in writing with a copy to the other party (Applicant or Applicant’s Counsel, or Department’s Counsel c/o City Attorney’s Office, City of Orlando) with a copy to the Pension Coordinator, 4<sup>th</sup> floor, Orlando City Hall.
6. All evidentiary materials, case histories, additional medical reports, depositions, etc. must be submitted to the Pension Coordinator, with copies to the applicant or applicant’s counsel and the Police Department Advocate, no later than **seven calendar days** prior to the scheduled Disability Hearing. If materials are not submitted by that time, a Motion to Continue must be filed and the hearing may be rescheduled upon good cause shown. Any rebuttals or responses to documents would need to be filed within **three business days**.
7. Upon receipt of the report from the Independent Medical Examination an initial hearing will be scheduled by the Board with all parties.
8. The Pension Board will generally schedule a hearing on the application upon agreement of the applicant (or applicant’s counsel) and the Police Department’s counsel, but such hearing shall be scheduled within sixty (60) calendar days after receipt of the IME report by the applicant (or applicant’s counsel) and Police Department’s counsel.
9. The Pension Board may require the applicant to submit to further consultations and/or examinations by physicians selected by the Board, with the cost thereof to be borne by the Board. This option, purely at the discretion of the Board, shall not be construed to relieve the applicant from the burden of providing sufficient evidence in support of the application.

10. The applicant is entitled to be represented by legal counsel of applicant's choosing, and at applicant's expense, in the presentation of the application for disability retirement. If the applicant is to be represented by legal counsel, such attorney must file a Notice of Appearance with the Pension Coordinator, 4th Floor, Orlando City Hall with a copy of such notice to the Board Attorney. The Police Department is also entitled to be represented by legal counsel or a departmental advocate. The Board may choose to retain outside counsel to act as the Advocate to represent its interests.

11. The applicant may appear at the hearing(s) in person. The Board may take testimony, under oath, from the applicant, from the Department representatives, and other witnesses and may consider any other relevant evidence. The applicant shall be responsible for ensuring the appearance of witnesses at the hearing. Such witnesses are subject to examination and cross-examination by legal counsel for the applicant and the Department. Members of the Board and the Board's legal counsel shall also be entitled to ask questions of the witnesses.

12. The Board shall determine, based upon competent substantial evidence, whether the applicant has proven by a preponderance of the evidence the member's entitlement to a disability pension. Entitlement shall be based on the provisions governing the pension fund.

13. The hearing is a formal, quasi-judicial proceeding. The strict adherence to the rules of procedure and evidence shall not be required. The Board, by majority vote of members present, may grant the request as presented, deny the request as presented, or grant a type of disability retirement other than as requested, or take any other action in accordance with state and local laws.

14. If the Board denies the applicant a pension, the applicant may seek review by way of certiorari in the Ninth Judicial Circuit Court.

15. If the disability retirement is granted, the Board shall specify the date on which such retirement is effective and direct the Board Attorney to prepare a Final Order reflecting the Board's decisions. If the disability retirement is not granted, the Board Attorney will be directed to prepare a Final Order reflecting the Board's decision. Employee Benefits will be tasked with making the necessary computation of monthly benefits and shall authorize the Office of Business and Financial Services to make disbursements accordingly. The Board at the next regular meeting following its decision granting retirement shall confirm said computation.

Questions concerning the application process may be directed to the Pension Coordinator (407-246-3410).

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#017**

**SUBJECT: DISABILITY HEARING PROCEDURE**

**1. OBJECTIVE:**

To systematically review the policy governing the procedure to be followed by the trustees for disability hearings to determine conformance with current State and Federal Law.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on October 7, 2003 and amended on March 14, 2013.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. POLICY:**

Disability Hearing Procedure attached.

**5. FORMS:**

Outline for Police Disability Hearings

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#017**

6. **COMMITTEE RESPONSIBILITIES:**

In order to maintain consistency, the Board of Trustees will conduct the disability hearing as a formal, quasi-judicial proceeding.

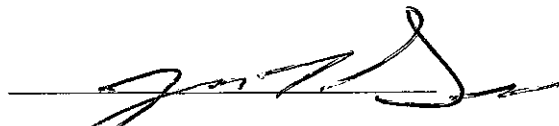
7. **REFERENCE:**

Procedure adopted by the Police Pension Board at the meeting of October 9, 2003 and amended by a motion at the meeting of March 14, 2013.

8. **EFFECTIVE DATE:**

October 9, 2003 and amended on March 14, 2013.

REVIEWED with changes at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida the 22 day of May, 20 24.

  
Chairman

**OUTLINE FOR POLICE DISABILITY HEARINGS**

1. Chair announces "This is the time set for hearing of the (line of duty) non-line of duty) disability application of \_\_\_\_\_." The Chair informs all present that this hearing is being recorded.
2. Chair announces "This hearing will be conducted in an informal manner but consistent with constitutional requirements of due process and equal protection."
3. Chair asks "Is the Applicant present? Is the Applicant represented by legal counsel? The Applicant's Counsel and the Advocate should identify themselves for the record.
4. Chair may call upon the Board's Attorney to explain the hearing process for the record if the Applicant has any questions. The Applicant should have received a handout outlining the Board's procedures with the application.
5. A. The burden is on the Applicant to prove his/her entitlement to a disability pension by competent substantial evidence and by a preponderance of the evidence.  
B. All testimony will be under oath. The Board and Board's Attorney may ask questions of the Applicant, Applicant's Counsel, any witness, or the Advocate.  
C. The Board will hear the case and, based upon the evidence in the record, will decide the case.

**HEARING**

1. Chair asks who will offer testimony during the hearing and, if any, will then ask a notary to swear all witnesses.
2. Chair will indicate that the Applicant's package and the Board's IME will be accepted into evidence at this time, unless there is an objection.
3. Chair asks Applicant or Applicant's Counsel if there is an Opening Statement.
4. Chair asks Advocate if there is an Opening Statement.
5. Chair then asks Applicant or Applicant's Counsel to proceed.
6. If Applicant/Applicant's Counsel calls a witness and engages in direct examination of such witness, upon conclusion of same Chair will ask if Advocate has any questions for witness on cross-examination.

Then back to Applicant/Applicant's Counsel for re-direct examination; then back to Department's Counsel for re-cross, etc.

;;;Board members should wait until the witness is finished  
testifying before asking any questions themselves!!!

7. Chair asks Applicant/Applicant's Counsel for any other witnesses; if any, repeat the process above.
8. Upon conclusion of Applicant's/Applicant Counsel's presentation of witnesses, Chair should ask if there are any further witnesses to be called on behalf of Applicant. If not, Chair should declare that Applicant has "rested" his/her case.
9. The Chair should then ask the Department's Counsel to proceed to present evidence including witnesses.
10. Once the Department's Counsel presents witnesses and then "rests," Chair should inquire if there is anything else either side has to offer.
11. Chair asks Applicant or Applicant's Counsel if there is a Closing Argument.
12. Chair asks Department's Counsel if there is a Closing Argument.
13. At the conclusion of ALL testimony and argument, the Chair should declare the evidence phase of the hearing CLOSED, except for testimony from the Chief of Police related to limited duty, which is to be provided later.
14. The Board should then enter the determination phase of the proceeding to make Findings of fact and conclusions of law as to the evidence presented.
  - A. Is there competent substantial evidence which proves the existence of a permanent and total disability defined by the Police Pension Act, as follows:

The term "permanently and totally disabled" shall be construed to mean and include the loss of eyes, loss of hearing in one or both ears, and any other condition which renders the member unfit to perform the required duties of the member's rank held at the time of impairment.
  - B. In determining competent substantial evidence, the Board's consideration may include, but not be limited, to the following factors:
    1. impairment rating (s);



2. specific facts which indicate whether the impairment renders the member able to or unable to perform the required duties of the member's rank;
3. documents provided by either party;
4. witness testimony;
5. any other factors which may be relevant to the Board's determination.

C. The Board shall vote upon whether or not the member has an impairment which constitutes a permanent and total disability as defined by the Pension Act. If yes, go to next section. If no, a motion should be made to deny the member a disability pension.

15. The Board shall then consider whether any of the exclusions set forth in Florida Statute Section 185.18(3) apply as follows:

"A police officer will not be entitled to receive any disability retirement income if the disability is a result of:

- (a) Excessive and habitual use by the police officer of drugs, intoxicants, or narcotics;
- (b) Injury or disease sustained by the police officer while willfully and illegally participating in fights, riots, civil insurrections or while committing a crime;
- (c) Injury or disease sustained by the police officer while serving in any armed forces;
- (d) Injury or disease sustained by the police officer after employment has terminated;
- (e) Injury or disease sustained by the police officer while working for anyone other than the city and arising out of such employment.

16. In determining the question of line/non-line of duty, the Board should consider the Pension Act definition of "line of duty" and "not in line of duty."

A. Line of Duty:

The Pension Act provides that any active member of the department "... who shall become permanently and totally disabled, if the disability is directly caused by and attributable to the performance of duty as a member of the department, shall be entitled to a monthly pension . . ." as set forth in the Pension Act. (Emphasis added.)

B. Not in line of duty:

The Pension Act provides that any active member of the department “ . . . who shall become permanently and totally disabled, if the disability was not directly caused by and attributable to the performance of duty as a member of the department and was not caused by the member’s own imprudence, shall be entitled to a monthly pension . . .” as set forth in the Pension Act. (Emphasis added.)

C. The Board shall then vote upon whether the disability is line of duty OR non-line of duty?

17. A. Board members shall then consider the following portion from the Pension Act:

Notwithstanding any other provision of this Act, a disability pension may be denied by the Board of Trustees if it is determined that: the applicant is not totally disabled to do all of the functions which can be performed by members of his/her same rank; the applicant is able to do some of the functions which can be performed by members of his/her same rank; and the Chief of Police is willing to permit the applicant to remain on the Department, performing limited duty with no reduction in pay.

\*Re-open evidence for the purpose of testimony as to the availability of limited duty. Question for Chief of Police/Designee: Is there a limited duty position with no reduction in pay or benefits available with the Department?

B. In evaluating the above, the Board shall vote upon the following:

1. Do you find the Applicant is able to perform some of the functions which can be performed by members of his/her same rank, and;
2. Is the Chief of Police willing to permit the Applicant to remain with the Department, performing limited duty with no reduction in pay or benefits? The Board may defer acting on the limited duty issue upon a reasonable request from the Advocate or Police Chief. If no, go to 18 below. If yes, Board should vote on whether to deny the member a disability pension.

18. If the disability pension is granted, a final vote shall be made setting the effective date and time.

The Chair should then thank all who attended and participated and **DECLARE THE HEARING CONCLUDED**

**DISABILITY HEARING**

**MOTIONS FOR BOARD**

I MOVE THAT

Based upon the evidence and testimony provided there is competent substantial evidence a permanent and total disability, as defined by the Police Pension Plan, does/does not exist.

I MOVE THAT

Based upon the evidence and testimony provided that the Disability injury was directly caused by and attributable to performance of duty or was not caused by and attributable to the performance of duty as a member of the Orlando Police Department.

Re-open if light duty exists.

I MOVE THAT

Based upon the evidence and testimony provided of the existence of a permanent and total disability the Board requests that a Final Order reflecting the decision of the board be prepared by the Board's attorney. In addition, the granted disability pension shall comply with Worker's Compensation offsets as may be required by the plan and the effective date of the disability shall be first day of month following this hearing or the first day of the month after separation from the Orlando Police Department.

This hearing has concluded, and we are in recess.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #018**

**SUBJECT: POLICY & PROCEDURES GOVERNING SUBSEQUENT DISABILITY APPLICATIONS-CHANGE OF CIRCUMSTANCE.**

**1. OBJECTIVE:**

The Board of Trustees does not have the legal authority to rehear or reconsider an application for disability pension in which a decision was previously rendered. However, there are times when a member might submit a subsequent application for disability pension where there has been a change of circumstance.

**2. AUTHORITY:**

The Policy adopted by the Police Pension Board on March 11, 2004.

**3. DIRECTION:**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION:**

A. A Member who filed an application for disability benefits in which a determination was made by the Board and who does not separate from employment as a police officer, either voluntarily or involuntarily, may submit a subsequent application for disability benefits only if there has been a change of circumstances. Change of circumstances may include, but is not limited to:

- Additional injury or injuries.
- Additional diagnostic test or tests.
- Application for disability benefits based on another medical condition.
- Failure of a fitness for duty examination or functional capacity examination.
- Loss of a limited duty assignment consistent with the member's medical limitations resulting in failure to maintain fitness for duty.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #018**

- B. A member who submits a subsequent application for disability benefits as indicated in paragraph 1 above must show either in the application for disability pension or in the complete application package that there has been a change of circumstances.
- C. If the Application for disability pension indicates that the applicant has previously applied for disability pension or staff has reason to believe that the applicant has previously applied for disability pension, the matter shall be scheduled for hearing at the next meeting of the Board of Trustees after the filing of the application package so that the Board can determine if the application package shows on its face that there has been a change in circumstances.
- D. Until such time as the Board of Trustees makes a determination that the application or application packages shows on its face a change in circumstances, the applicant shall not be scheduled for an independent medical evaluation.
- E. In connection with a subsequent application for disability benefits, the first determination of the Board of Trustees at the full and final hearing shall be whether or not the applicant has met the burden of proof that the subsequent application is based on a change of circumstances. Nothing herein shall preclude the Board of Trustees from determining at the full and final hearing that the applicant did not meet the burden of proof that the subsequent application is based on a change of circumstances.

5. **FORMS**

A complete Application for Disability Pension.

6. **COMMITTEE RESPONSIBILITIES:**

None.

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #018**

7. **REFERENCE:**

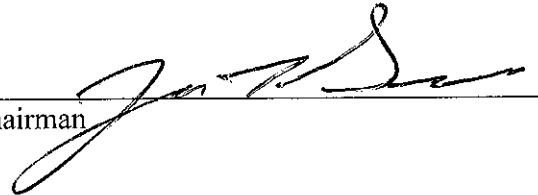
Motion to adopt policy at the Police Pension Board meeting of March 11, 2004.

8. **EFFECTIVE DATE:**

March 11, 2004 and amended September 12, 2019.

REVIEWED without changes at a regular meeting of and by the Orlando Police Pension Board of trustees at Orlando, Florida, the 22 day of May, 2024

Chairman





**TO: APPLICANTS FOR DISABILITY PENSION**

**SUBJECT: APPLICATION REQUIREMENTS**

Attached you will find the following:

1. Guidelines and Information Sheet for Application for Disability Pension
2. Application for Disability
3. Physician's Report Form
4. Authorization to Release Medical, Psychological and Employment Information
5. Table of Contents
6. Applicant's Certification of Completion

As noted on the Guidelines and Information Sheet (Item 1), it is incumbent on **you**, the applicant, to provide all relevant information which will support your request for a disability pension **and** to provide such information in a format as directed by the Pension Board of Trustees.

In order to assist you in this process, the above-listed documents are being provided. Because these cases require a substantial amount of documentation and because the Board of Trustees requires uniformity in the process to insure a thorough and fair consideration of all applications; your adherence to these requirements is mandatory; this includes use of the forms provided **without** change or alteration. Failure to so utilize these forms will result in your application being considered incomplete and unacceptable for presentation to the Board.

Please read the "Guidelines and Information Sheet for Application for Disability Pension" and other attached documents carefully. You must first complete and file the "Application for Disability Pension." Thereafter, you must assemble your "application package" in accordance with the Table of Contents (Item 5) and complete the Applicant's Certification of Completion (Item 6), which in effect advises the Pension Board that you have completed your application process.

The original of the completed "Application Package" should be placed in a three-ring notebook, in the order following the Table of Contents and including the Applicant's Certification of Completion. Please submit two (2) completed copies of the "Application Package" on individual thumb drives. The one (1) original notebook, another copy in a 3-ring notebook and the two thumb drives must be filed with the Pension Coordinator, Office of Business and Financial Services, 4<sup>th</sup> Floor, City Hall within thirty (30) calendar days after the date you filed your application. When the Independent Medical Examination (IME) is scheduled, you will be notified of the date/time in writing. Thereafter, you will be notified of the date/time of the preliminary disability hearing before the Board of Trustees.

Questions: Please contact the Pension Coordinator at 407.246.3410.

**Board of Trustees**

Jay L. Smith, Chairman

Michael Fields, Vice-Chairman

Martin Carmody, Secretary

Frankie Chisari, Trustee

Katrina Laudeman, Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane,  
Pension Coordinator

GUIDELINES AND INFORMATION SHEET  
FOR  
APPLICATION FOR POLICE DISABILITY PENSION

1. Application for Disability Pension, whether line of duty or non-line of duty, shall be on the application form provided. *Each application will be considered and determined by the Pension Board on the application's own merits.*
2. All information must be submitted, and all questions answered fully and accurately on the form provided.
3. The ***burden is on the applicant*** to provide, at the applicant's expense, complete documentation in support of the application, including reports from physician(s) on the form provided, physicians' office notes, reports of hospitalization and/or surgery, test results, and other medical information pertaining to the medical, psychiatric or psychological condition for which the disability pension is sought.
4. Guidelines for the supporting documentation (“application package”) are as follows:
  - A. The application package should be organized into a 3-ring notebook binder in the order set forth in the Table of Contents (Item 5) in this packet. Each new section should be separated and marked with a tab and EACH PAGE must be consecutively numbered at the top right-hand corner of each page. If the disability is based on multiple injuries/illnesses, Tabs 2-12 shall be completed for each injury/illness, but included in one notebook. If no documents exist for a particular section, please provide a statement to that effect under the appropriate Tab number. Once complete, compile a second notebook in another 3-ring notebook. The application package will also be copied onto two thumb drives.
  - B. Tab 1 – Application for Disability Retirement – your completed and signed application.
  - C. Tab 2 – Copy of Initial Accident/ Injury Report(s) (in chronological order).
  - D. Tab 3 – Hospitalization/Surgical Reports (in chronological order) – provide a copy of all such documents that pertain to your injury/medical condition.
  - E. Tab 4 – Physician Notes from every doctor you have seen regarding your disability injury (in chronological order) with the exception of Centra Care doctors. All physician records should be in chronological order, starting with the earliest date of treatment.
  - F. Tab 5 – Florida Hospital Centra Care Records – (in chronological order) provide a copy of the ENTIRE medical file of Centra Care including but not limited to ALL medical records, reports, office notes, treatment plans, test results, etc.
  - G. Tab 6 – Diagnostic Reports (in chronological order) – provide reports of x-rays, MRIs, CT Scans, nerve conduction studies, EEGs, EKGs, etc.
  - H. Tab 7 – Pre-employment physical.
  - I. Tab 8 – Any other supporting documentation.
  - J. Tab 9 – Authorization to Release Medical Information
  - K. Tab 10 – Certification of Completion
  - L. Tab 11 – Completed Physician's Report from Primary Physician. **The Physician's Report(s), prepared on the form provided by the City, shall not be dated more than 60 days prior to the date of submission of the application package or the Board will not consider it/them evidence.** The Report and the medical documentation **should not** be sent directly to the Board but should be included in your package.
  - M. Tab 12 – Independent Medical Evaluation – provide a section divider and Tab number for the future IME report.



## PROCEDURES

1. The application package must be submitted within thirty (30) calendar days of the date the application is filed. Two notebooks in two (2) three-ring binders and two (2) copies of the notebooks should be submitted on thumb drives. It is not the responsibility of the Pension Board to secure the information on behalf of the applicant; the applicant has the affirmative obligation to secure and provide all necessary supporting documentation in a timely fashion.
2. The two (2) completed application package notebooks and two (2) copies of the complete notebook on thumb drives in the format mandated by the Pension Board and on the forms provided by the Pension Board shall be filed with the Pension Coordinator, 4<sup>th</sup> Floor, Orlando City Hall. Upon receipt, the Pension Coordinator will review the notebook(s) and add the document to the OneDrive. The Pension Board will be notified of the receipt and the Board Attorney will review the notebook for completeness. Once the attorney is satisfied with the contents, the Pension Coordinator will arrange for Centra Care to have a courier pick up the notebook and begin the process of securing a doctor to perform the Independent Medical Examination “IME”.
3. Each applicant must submit to an Independent Medical Examination with a medical doctor selected by Centra Care. If an IME cannot be scheduled in a reasonable amount of time, the Board may allow a treating physician to complete the IME.
4. Depositions may be taken, upon proper notice to the parties, in accordance with the format in Rule 1.310 of the Florida Rules of Civil Procedure. Testimony for the hearing may be by deposition and must be submitted in advance in order to give the Board more time for review and consideration.
5. After submission of the application package notebooks, requests for medical records, past or present employment records or workers compensation records, and notices of depositions shall be in writing with a copy to the other party (Applicant or Applicant’s Counsel, or Department’s Counsel c/o City Attorney’s Office, City of Orlando) with a copy to the Pension Coordinator, 4<sup>th</sup> floor, Orlando City Hall.
6. All evidentiary materials, case histories, additional medical reports, depositions, etc. must be submitted to the Pension Coordinator, with copies to the applicant or applicant’s counsel and the Police Department Advocate, no later than **seven calendar days** prior to the scheduled Disability Hearing. If materials are not submitted by that time, a Motion to Continue must be filed and the hearing may be rescheduled upon good cause shown. Any rebuttals or responses to documents would need to be filed within **three business days**.
7. Upon receipt of the report from the Independent Medical Examination an initial hearing will be scheduled by the Board with all parties.
8. The Pension Board will generally schedule a hearing on the application upon agreement of the applicant (or applicant’s counsel) and the Police Department’s counsel, but such hearing shall be scheduled within sixty (60) calendar days after receipt of the IME report by the applicant (or applicant’s counsel) and Police Department’s counsel.
9. The Pension Board may require the applicant to submit to further consultations and/or examinations by physicians selected by the Board, with the cost thereof to be borne by the Board. This option, purely at the discretion of the Board, shall not be construed to relieve the applicant from the burden of providing sufficient evidence in support of the application.

10. The applicant is entitled to be represented by legal counsel of applicant's choosing, and at applicant's expense, in the presentation of the application for disability retirement. If the applicant is to be represented by legal counsel, such attorney must file a Notice of Appearance with the Pension Coordinator, 4th Floor, Orlando City Hall with a copy of such notice to the Board Attorney. The Police Department is also entitled to be represented by legal counsel or a departmental advocate. The Board may choose to retain outside counsel to act as the Advocate to represent its interests.

11. The applicant may appear at the hearing(s) in person. The Board may take testimony, under oath, from the applicant, from the Department representatives, and other witnesses and may consider any other relevant evidence. The applicant shall be responsible for ensuring the appearance of witnesses at the hearing. Such witnesses are subject to examination and cross-examination by legal counsel for the applicant and the Department. Members of the Board and the Board's legal counsel shall also be entitled to ask questions of the witnesses.

12. The Board shall determine, based upon competent substantial evidence, whether the applicant has proven by a preponderance of the evidence the member's entitlement to a disability pension. Entitlement shall be based on the provisions governing the pension fund.

13. The hearing is a formal, quasi-judicial proceeding. The strict adherence to the rules of procedure and evidence shall not be required. The Board, by majority vote of members present, may grant the request as presented, deny the request as presented, or grant a type of disability retirement other than as requested, or take any other action in accordance with state and local laws.

14. If the Board denies the applicant a pension, the applicant may seek review by way of certiorari in the Ninth Judicial Circuit Court.

15. If the disability retirement is granted, the Board shall specify the date on which such retirement is effective and direct the Board Attorney to prepare a Final Order reflecting the Board's decisions. If the disability retirement is not granted, the Board Attorney will be directed to prepare a Final Order reflecting the Board's decision. Employee Benefits will be tasked with making the necessary computation of monthly benefits and shall authorize the Office of Business and Financial Services to make disbursements accordingly. The Board at the next regular meeting following its decision granting retirement shall confirm said computation.

Questions concerning the application process may be directed to the Pension Coordinator (407-246-3410).



**APPLICATION FOR DISABILITY PENSION**  
(Please type or print all information, except signature)

Date \_\_\_\_\_

Name \_\_\_\_\_

Other names by which you have ever been known:

\_\_\_\_\_

Employee # \_\_\_\_\_ Rank \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire \_\_\_\_\_

Current Assignment \_\_\_\_\_

Status of Employment \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Personal Email address \_\_\_\_\_



ALL QUESTIONS MUST BE COMPLETED BEFORE THE PENSION BOARD WILL CONSIDER YOUR APPLICATION. IF FURTHER SPACE IS REQUIRED FOR ANY QUESTION, ATTACH ADDITIONAL PAGES, INDICATING THE QUESTION NUMBER TO WHICH THE INFORMATION APPLIES.

IN ADDITION, THE SUPPORTING DOCUMENTATION FOR YOUR APPLICATION (“Application Package”) MUST BE PROVIDED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF FILING YOUR APPLICATION AND IN THE MANNER SET FORTH IN THE BOARD’S “GUIDELINES AND INFORMATION SHEET FOR APPLICATION FOR DISABILITY PENSION.”

1. TYPE OF DISABILITY PENSION APPLIED FOR:

\_\_\_\_\_ LINE-OF-DUTY \_\_\_\_\_ NON-LINE-OF-DUTY

2. MEDICAL CONDITION FOR WHICH DISABILITY PENSION SOUGHT (be specific):

---

---

---

---

3. PROVIDE SPECIFIC INFORMATION AS INDICATED:

A. Date and time of accident/injury or onset of condition:

---

---

---

---

B. Where accident/injury occurred or how condition first detected (be specific):

---

---

---

---

C. How did accident/injury occur or how was condition first detected (be specific):

---

---

---

---

D. Provide names and addresses of all witnesses:

---

---

---

---

E. Was accident/injury/condition reported to supervisor? If so, provide name and date reported.

---

---

---

---

F. List the name, business address and telephone number of each medical provider (including but not limited to, physicians, surgeons, hospitals, chiropractors, physical therapists, osteopaths) who has treated or examined you, and each medical facility where you have received any treatment or examination for the illness or injury for which you are applying for a disability retirement, or any condition that may be related to it and the dates of treatment.

---

---

---

---

G. What medications are currently being taken (be specific):

---

---

---

---

H. Was surgery recommended? If so, by whom and when?

---

---

---

---

I. Was surgery performed? If so, by whom, when and with what results?

---

---

---

---

J. Has any further treatment(s) been discussed with you? If so, what is that further treatment(s) and identify by name and address with whom you discussed further treatment(s).

---

---

---

---

K. State the date on which you reached maximum medical improvement (MMI), and identify by name and address all doctors who have advised you that you have reached maximum medical improvement (MMI).

---

---

---

---

L. Identify by name and address, all doctors who have advised you that you have not reached maximum medical impairment (MMI).

---

---

---

---

M. What limitations, if any, have been placed on physical activity (by whom and what restrictions)?

---

---

---

---

N. Have you ever had a similar accident/injury or medical condition in the past to the same part of the body for which this application is filed? If so, state date, place, and circumstances of that previous injury.

---

---

---

---

O. Did you ever have this same or a related medical condition prior to your employment with the Department? If so, state date(s) and circumstances.

---

---

---

---

P. If this application is based on a psychiatric or psychological condition, have you ever been diagnosed as having this same condition or any other psychiatric/psychological condition prior to or during your employment with the Department? If so, state what condition, diagnosed/treated by whom, when and where?

---

---

---

---

Q. Summarize why you believe you are disabled and how your illness or injury prevents you from performing your usual job duties.

---

---

---

---

4. Were you suffering any injury, disease or disability at the time of the accident(s), incident(s), or condition(s) for which you are now applying for disability retirement? If so, what was the nature of the injury, disease or disability?

---

---

---

---



5. Have you ever applied for or received Workers' Compensation, Veterans Administration (VA) benefits, or any other form of compensation or benefits (including, but not limited to, insurance proceeds or settlement, damages as a result of a lawsuit, etc.) due to/as a result of/on account of any accident, injury, or medical condition. If so, state what accident, injury or medical condition, when it occurred, when benefits were applied for or received and what compensation or benefits were applied for or received, and what compensation or benefits were applied for or received?

---

---

---

---

6. Have you ever been involved in an automobile or other vehicular accident(s) for which you sought medical treatment or were injured? If so, please provide as to each:

A. When the accident occurred. \_\_\_\_\_

B. Where the accident occurred. \_\_\_\_\_

C. How the accident occurred. \_\_\_\_\_

D. If you were injured, how? \_\_\_\_\_

E. Was the accident job-related? \_\_\_\_\_

F. Names, addresses and telephone numbers of all health care providers who treated you.

---

---

---

---

G. Dates of treatment and course of treatment (specify by whom).

---

---

---

---

H. Provide the names, addresses and telephone numbers of all persons who may have knowledge of the injuries resulting from the accident.

---

---

---

---

7. Have you ever had a fall, collision, sports injury, accident, etc. for which you sought medical treatment or were injured? If so, please provide as to each:

A. When the incident occurred. \_\_\_\_\_

B. Where the incident occurred. \_\_\_\_\_

C. How the incident occurred. \_\_\_\_\_

D. If you were injured, how?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Was the accident job-related?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Names, addresses and telephone numbers of all health care providers who treated you:

---

---

---

---

G. Dates of treatment and course of treatment (specify by whom).

---

---

---

---

H. Provide the names, addresses and telephone numbers of all persons who may have knowledge of the injuries resulting from the accident.

---

---

---

---

8. Provide the name(s), address(es) and telephone number(s) of your family physician and/or primary care provider for the last ten (10) years.

---

---

---

---

9. Other than those listed in numbers 3F or 8, list the names, business addresses and telephone numbers of all other physicians, medical facilities or other health care providers by whom or at which you have been examined or treated in the past ten (10) years; and state, as to each, the dates of examination or treatment and the condition or injury for which you were examined or treated.

---

---

---

---

10. Has your sworn statement or deposition ever been taken in connection with any claim arising out of the illness or injury for which you seek disability retirement? If so, state the date taken and by whom.

---

---

---

---

11. Provide the names, addresses and dates of all of your prior and current employers, including information as to a.) the nature of the work involved with each employment, b.) the status (i.e., terminated, continuing, etc.) of each employment, and c.) the basis or reason for such status.

---

---

---

---

12. State whether you are now or ever have been self-employed and, if so, state the name under which you did business, dates and nature of the work.

---

---

---

13. Please list any extracurricular activities and/or hobbies in which you have participated (ex. sports, bowling, hunting, motorcycle riding, weight lifting/training, running, golf, martial arts, skiing, etc.):

---

---

---

14. Please provide any other information known to you or your attorney that might be relevant to your application for disability retirement?

---

---

---

15. State here any other information you want the Pension Board's medical doctor or the Pension Board to consider in making a decision on your application.

---

---

---

YOU ARE REQUIRED TO SUPPLEMENT THIS QUESTIONNAIRE IMMEDIATELY IN WRITING TO THE PENSION COORDINATOR WITH ANY NEW OR ADDITIONAL INFORMATION OBTAINED BETWEEN THE TIME OF SIGNING THIS QUESTIONNAIRE AND FINAL DECISION BY THE BOARD OF TRUSTEES.

I HEREBY SWEAR OR AFFIRM that the information contained in this application, the supporting application package and any additional information provided to the Board of Trustees is true and correct to the best of my knowledge and I understand that a false statement knowingly made on my application can serve as grounds for denial of my application and, further, that I may be subject to criminal and other penalties for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

I further understand that the Pension Board and its records are subject to the Florida Public Records Act and the Government in the Sunshine Law and that a hearing on my disability application will, by law, be a public hearing and by submitting my application,

I hereby authorize the Pension Board to conduct a public discussion of my medical condition and records and, further, release the Board of Trustees, their agents, servants and employees from any liability connected therewith.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

Personally Known \_\_\_ or Type of Identification Provided \_\_\_\_\_

My Commission Expires:



**PHYSICIAN'S REPORT**

Date \_\_\_\_\_

MEDICAL/DISABILITY RETIREMENT APPLICATION OF \_\_\_\_\_

Dear Dr. \_\_\_\_\_

**The above referenced individual has applied to the Pension Board for a disability pension. This is a separate and distinct process from a workers' compensation claim.** The Board requires specific answers to the following questions in order to render a fair and equitable decision on this application. Your cooperation in **thoroughly** answering these questions is appreciated. To assist you with these questions, a copy of the current job description for a police officer is attached.

If further space is required for any question, please attach additional pages, indicating the question number to which the information applies.

The information requested herein should be furnished **directly to the applicant** (who, in turn, will be assembling an application "package" for presentation to the Board). Please do not send this Physician's Report to the Pension Board.

1. What is the injury/condition for which you saw and/or treated the applicant? Explain fully.

---

---

---

---

2. Is the current condition permanent or temporary? Explain fully.

---

---

---

---

3. Is the condition degenerative? Explain fully.

---

---

---

---

4. Is the condition/disability partial or total? Explain fully.

---

---

---

---

5. What is the applicant's current medical status?

---

---

---

---

6. If condition or disability is PTSD or a different psychological or psychiatric health issue, please detail the DSM V criteria as follows:

a. Stressor\_\_\_\_\_

---

b. Intrusion symptoms\_\_\_\_\_

---

c. Avoidance\_\_\_\_\_

---

d. Negative alterations in cognitions and mood\_\_\_\_\_

---

e. Alteration in arousal and reactivity\_\_\_\_\_

---

f. Duration\_\_\_\_\_



---

g. Functional significance \_\_\_\_\_

---

h. Exclusions \_\_\_\_\_

---

i. Specifications \_\_\_\_\_

**NOTE: With reference to Questions 7 through 13, please review and consider the attached Job Description.**

7. Can the condition be controlled and/or cured by the use of medication? (If YES, specify "control" or "cure", the medication, and any known side effects of such medication). Explain fully.

---

---

---

---

8. If yes, can the condition be so controlled and/or cured to the extent that the applicant can perform his/her duties as a police officer? Explain fully.

---

---

---

---

9. Can the condition be controlled and/or cured by surgery? (If YES, specify "control" or "cure" and the nature of the surgery.) Explain fully.

---

---

---

---

10. If yes, can the condition be controlled and/or cured to the extent that the applicant can perform his/her duties

as a police officer? Explain fully.

---

---

---

---

11. a. Can the condition be controlled and/or cured by means other than medication or surgery (i.e., physical therapy, exercise, weight control, stop smoking, diet, counseling, etc.)? Explain fully.

---

---

---

---

b. If yes, can the condition be controlled and/or cured to the extent that the applicant can perform his/her duties as a police officer? Explain fully.

---

---

---

---

12. In light of the present condition, what restrictions (if any) would you impose on the individual's activities, including continued employment as a police officer (see job description)?

---

---

---

---

13. Does the medical condition render the member (police officer) unfit to perform the required duties of the member's rank?

---

---

---

---

14. Based on the current condition of the applicant is he or she capable of performing the limited duty assignments listed below? If so to what extent? Please indicate your responses below.

**CAN THE APPLICANT:**

Yes

No

Comments

Work shift work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work 40 hours a week?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete police reports by (phone, hand-written or computer), interview and take statements from victims and witnesses where no suspect is present.?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Respond to non-hazardous calls for service including, but not limited to investigating traffic crashes and processing crime scenes?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ride in a police vehicle and enter and exit the vehicle unassisted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Operate a police radio including use of handheld microphone or radio with foot pedal?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Perform general office duties to include answering the telephone?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Do you have any personal knowledge OR a professional medical opinion as to whether the disability is directly caused by and attributable to the performance of duty as a member of the Police Department? Explain fully.

---

---

---

---

16. Is the condition for which you saw and/or treated applicant related to/the result of/caused by any other medical condition, including because of or due to the aggravation of a specific injury, impairment or other medical condition pre-existing the member's employment with the Police Department? Explain fully.

---

---

---

---

17. Is the medical condition related to/the result of/any of the conditions referred to below?

Excessive and habitual use by the police officer of drugs, intoxicants, or narcotics;

Injury or disease sustained by the police officer while willfully and illegally participating in fights, riots, civil insurrections or while committing a crime;

Injury or disease sustained by the police officer while serving in any armed forces;

Injury or disease sustained by the police officer after employment has terminated;

Injury or disease sustained by the police officer while working for anyone other than the city and arising out of such employment. Explain fully:

---

---

---

---

---

---

18. Is the present condition related to/the result of/caused by any congenital or childhood medical condition?  
Explain fully:

---

---

---

---

19. Did the impairment or other medical condition for which the applicant is seeking disability benefits pre-exist the date of employment of the applicant?

Explain fully:

---

---

---

---

20. What medication or other treatment is presently being prescribed and what is the dosage *or treatment*?

Explain fully:

---

---

---

---

21. How long has the individual been under your care, for this or any other condition?

---

---

---

---

22. In what particular "specialty" area(s) of medicine do you practice? Are you Board Certified in those areas?

---

---

---

---

23. Please provide any additional comments or information that you feel is pertinent to the board's decision. You may attach additional information.

---

---

---

---

**In addition, the Pension Board will need copies of any and all test results, reports of hospitalization and/or surgery, office notes, and any other reports in your chart concerning this individual which should be requested by the applicant to be provided to the Board.**

The information requested herein should be furnished **directly to the applicant** (who, in turn, will be assembling an application "package" for presentation to the Board). Please **do not** send this Physician's Report to the Board.

Thank you for your cooperation.

Orlando Police Pension Board

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Typed or Printed Name of Physician

\_\_\_\_\_  
Date

**Attachment: Police Officer-Job Description**



**ORLANDO POLICE PENSION BOARD**  
**TELEPHONE (407) 246-3410**

**400 S. ORANGE AVENUE**  
**P.O. BOX 4990**  
**ORLANDO, FL 32802-4990**

**AUTHORIZATION TO RELEASE MEDICAL, PSYCHOLOGICAL**  
**AND EMPLOYMENT INFORMATION**  
(including PROTECTED HEALTH INFORMATION)

I, \_\_\_\_\_, hereby authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider or other person who has attended, examined, or furnished medical services to me (“My Providers”) to disclose my entire medical record and any other protected health information concerning me to:

the Orlando Police Pension Board, or their authorized representatives (including Florida Hospital and Florida Hospital Centra Care), and any medical provider to whom I am referred for an Independent Medical Examination.

The protected health information authorized for release is as follows:

any and all information with respect to any illness or injury, medical history, diagnosis, consultation, prescriptions, or treatments and copies of all hospital or medical records pertaining thereto, including but not limited to intake questionnaires, reports, x-rays, diagnostic tests, films, charts, and other documents of every kind and description including psychiatric reports and/or evaluations and drug or alcohol use information.

I further hereby authorize full and complete disclosure of the records of educational institutions, military agencies/units, U.S. Veteran’s Administration, current and former employers or any other person to furnish complete copies of all records of every kind or nature, including but not limited to reports, findings, charts, documents, x-rays, diagnostic tests, films and evaluations, concerning my medical history, diagnosis, treatment or care, and my employment.

The protected health information to be disclosed under this authorization is for the purpose of: This information for which I am authorizing disclosure will be used for the following purpose: To facilitate the Board of Trustees of the Fund in the carrying out its duty to review, discuss and determine my application for disability retirement. I hereby waive the right of confidentiality of medical/health records and other medical evidence in the custody of the Board of Trustees or elsewhere. I further understand that such records will be discussed during one or more public meetings and will become public record. I understand that the Board of Trustees will rely upon this waiver.

This authorization will expire at the end of my disability case before the Board. I understand that I have the right to revoke this authorization, in writing. I understand that a revocation is not effective to the extent that any of My Providers have already relied on this authorization to disclose information about me. I further understand that if I refuse to sign this authorization to release my complete medical records or revoke this authorization, my application for disability pension will not be able to be processed and may result in adverse employment consequences.

I understand that a refusal to sign this authorization will not result in a denial of health care by My Providers. I further understand that once the protected health information is disclosed, it may be re-disclosed to individuals or organizations that are not subject to the federal HIPAA privacy regulations.

A copy of this executed authorization shall be considered as effective and valid as the original.

I HAVE FULLY READ AND UNDERSTAND THIS AUTHORIZATION FOR RELEASE OF INFORMATION.

\_\_\_\_\_  
NAME OF PATIENT (Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PATIENT (Signature)

\_\_\_\_\_  
PATIENT'S SSN (Last 4 digits)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME OF WITNESS (Print)

\_\_\_\_\_  
NAME OF WITNESS (Signature)





## DISABILITY PENSION APPLICATION PACKAGE

### TABLE OF CONTENTS

<u>TAB NUMBER</u>	<u>TITLE OF DOCUMENTS</u>	<u>PAGE** NUMBER</u>
1	Application for Disability Retirement	
2	Copy of Initial Accident/Injury Report (s)	
3	Hospitalization/Surgical Reports (in chronological order)	
4	Physician notes- from every doctor you have seen regarding your disability injury (in chronological order) with the exception of Florida Hospital/Centra Care.	
5	Florida Hospital/Centra Care Records (in chronological order)	
6	Diagnostic Reports (in chronological Order)	
7	Pre-employment Physical	
8	Any other supporting documents	
9	Authorization to Release Medical/ Psychological and Employment information.	
10	Certification of Completion	
11	Completed Physician's Report from Primary Physician	
12	Independent Medical Evaluation	

\*\*NOTE: Each page must be consecutively numbered at the top right-hand corner of each page.

## APPLICANT'S CERTIFICATION OF COMPLETION

I, \_\_\_\_\_, hereby

(Print or Type Name)

certify that I have been made aware of the requirements for filing an Application for Disability Pension, have been furnished all required forms, have completed all such forms which I am required to complete, and have secured all medical documentation pertaining to my application.

I hereby certify that all records obtained by me have been included in this application package.

I also hereby certify that I have not made any false, fraudulent or misleading written statements and I have not withheld or concealed material information to obtain any disability benefit available under my retirement plan.

Accordingly, I hereby certify that my application package is complete and that I have furnished the original plus the required number of copies on CD (8) of said application package to the Pension Coordinator, 4<sup>th</sup> Floor City Hall.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Date

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #019**

**SUBJECT: DENIAL OF DISABILITY PENSION**

**1. OBJECTIVE:**

To ensure that a "Final Order" denying an award of disability benefit is developed, reviewed, and submitted in good form for approval by the Board of Trustees in a timely manner.

**2. AUTHORITY:**

The Policy and Procedures adopted by the Police Pension Board on November 12, 2008.

**3. DIRECTION:**

The Executive Director, appointed by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION**

- a. After a decision is made by the Board of Trustees in a disability proceeding, a Final Order shall be drafted either granting or denying the disability. The Final Order shall be drafted and entered in accordance with the requirements of Florida law. The Board of Trustees may direct either the Board attorney or the Pension Staff to draft the Final Order. The Final Order shall be executed by the Chairman of the Board and served upon the disability applicant and/or his/her attorney.

**5. FORMS**

NONE

**5. COMMITTEE RESPONSIBILITIES:**

NONE

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #019**

6. **REFERENCE:**

**Procedure adopted:** At the Police Pension Board Meeting of November 12, 2008. Amended by a motion at the meeting of February 14, 2013.

7. **EFFECTIVE DATE:** November 12, 2008 and amended on February 14, 2013.

REVIEWED without changes at a regular meeting of and by the Orlando Police Pension Board of trustees at Orlando, Florida, the 22 day of May, 2024.

  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**# 020**

**SUBJECT: ADMINISTRATIVE RULES GOVERNING PUBLIC PARTICIPATION**

1. **OBJECTIVE:**

To ensure that the Police Pension Board is in compliance with Florida Statute 286.0114, which requires public participation at public meetings, and authorizes the Board to adopt rules relating to the same.

2. **AUTHORITY:**

The Policy adopted by the Police Pension Board on October 10, 2013.

3. **DIRECTION:**

Background: Senate Bill 50, Chapter 2013-207 Laws of Florida, as was adopted effective October 30, 2013. Senate Bill 50 governs most public meetings, requires a reasonable opportunity to be heard, provides for payment of attorneys' fees in certain cases enforcing SB 50, and permits boards to adopt administrative rules in compliance with Section 286.0114(4). Florida Statutes.

4. **METHOD OF OPERATION:**

- (a) **Regular meetings.** Public discussion shall be placed on each agenda at the beginning of each scheduled meeting, unless the Chair or presiding officer decides to deviate from these rules on a case-by-case basis.
- (b) **Special Meetings.** Public comments at special meetings shall be limited only to the items and matters referred to on the agenda for such special meeting. The Chair or presiding officer may disallow any and all public comments on matters not specifically referred to on the agenda for a special meeting.
- (c) **Order on agenda:** The first agenda item at each regular meeting shall be "public discussion" for fifteen minutes. The Board, by a majority vote, may authorize the extension of time for public discussion until a "time certain." In the event that members of the public are excluded from speaking due to time limitations, such members of the public shall be entitled to address the Board at the next regular meeting and a final vote on

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**# 020**

the pending items listed on speaker request cards described in section (d) shall be postponed accordingly.

- (d) **Procedure for persons wanting to speak.** Members of the public who wish to speak under public discussion for either a regular or special meeting shall sign a speaker's request card containing their complete name and a brief discussion of the topic they wish to discuss. Completed cards shall be transmitted to the Chair or presiding officer prior to public discussion and shall be preserved as public records by the Board pursuant to applicable records retention policies.
- (e) **Time limitation.** Public discussion shall be limited to three (3) minutes maximum per person during either a regular or special meeting. The Chair or presiding officer may, in their discretion, authorize the extension of such three-minute timeframe after due consideration for the substance, content and relative importance of such discussion.
- (f) **Decorum.** No person shall interrupt or disrupt an individual who is addressing the Board or use loud, offensive, disorderly, threatening, abusive, or insulting manner, or make personal, impertinent, slanderous, or profane remarks during the meeting. To maintain decorum and order, individuals who disturb the conduct of meetings, or who refuse to conform their discussion to items set in the agenda, may be ejected by the Chair or presiding officer. All remarks shall be addressed to the Board as a body and not to any member thereof. No person other than a Board member or the person having the floor shall be permitted to enter into any discussion, without the permission of the Chair or presiding officer. All questions to the Board shall be directed through the Chair or presiding officer.
- (g) **Scope.** These rules shall not apply to any meeting that is exempt from Section 286.01 I, Florida Statutes, or to any meeting where the Board is acting in a quasi-judicial capacity.

5. **FORMS**

None

6. **COMMITTEE RESPONSIBILITIES:**

None

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**# 020**

7. **REFERENCE:**

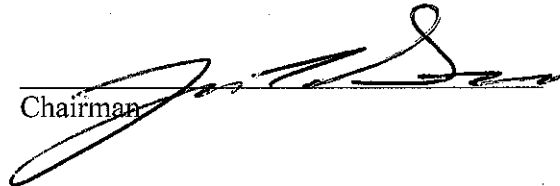
Senate Bill 50, Chapter 2013-207 Law of Florida, adopted effective October 30, 2013.

8. **EFFECTIVE DATE:**

Adopted by a Motion at the meeting of October 10, 2013.

REVIEWED with changes at a regular meeting of and by the Orlando Police Pension Board of trustees at Orlando, Florida, the 13 day of June, 2024.

Chairman



**CITY OF ORLANDO**

**POLICE PENSION BOARD**

**POLICY AND PROCEDURES**

**POLICY #021**

**SUBJECT: ADMINISTRATIVE RULES GOVERNING INTERVENING MILITARY SERVICE CREDIT**

**1. OBJECTIVE:**

To ensure that the Pension Fund complies with Federal and Florida law related to granting service credit to participants who have performed intervening military service.

USERRA applies to persons who perform duty, voluntarily or involuntarily, in the "uniformed services," which include the Army, Navy, Marine Corps, Air Force, Coast Guard, and Public Health Service commissioned corps, as well as the reserve components of each of these services. Federal training or service in the Army National Guard and Air National Guard also gives rise to rights under USERRA. In addition, under the Public Health Security and Bioterrorism Response Act of 2002, certain disaster response work (and authorized training for such work) is considered "service in the uniformed services."

USERRA also provides that uniformed service includes active duty, active duty for training, inactive duty training (such as drills), initial active duty training, and funeral honors duty performed by National Guard and reserve members, as well as the period for which a person is absent from a position of employment for the purpose of an examination to determine fitness to perform any such duty. The Board of Trustees adopts the provisions of USERRA related to "uniformed services" in determining acceptable types of military service.

**2. AUTHORITY:**

The Policy and Procedure adopted by the Police Pension Board on January 10, 2014.

**3. DIRECTION:**

This policy sets forth the safeguards the Board should employ in determining acceptable proof of military service that must be filed with the Board prior to the participant being granted creditable service for military time served.



# CITY OF ORLANDO

## POLICE PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #021

4. Any other form prepared by a military unit of the United States of America which is used to document retirement points in the military which the Board finds acceptable.
5. USERRA also provides that the following may be used as acceptable proof of military service: discharge papers, leave and earnings statements, school completion certificate, endorsed orders, or a letter from a proper military authority.

4. **METHOD OF OPERATION**

5. **FORMS**  
NONE

6. **COMMITTEE RESPONSIBILITIES:**  
NONE

7. **REFERENCE:**  
Florida Statute 185.02  
USERRA

8. **EFFECTIVE DATE:**  
Adopted by a Motion at the meeting of January 10, 2014.

REVIEWED without changes at a regular meeting of and by the Orlando Police Pension Board of trustees at Orlando, Florida, the 13 day of June, 2024

  
Chairman

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION FUND**  
**POLICIES AND PROCEDURES**

**#022**

**SUBJECT: ADMINISTRATIVE RULE GOVERNING RECOGNITION OF SAME SEX MARRIAGES**

1. **OBJECTIVE:**

To ensure that the Pension Fund complies with Federal and Florida law relating to recognition of same sex marriages lawfully entered into in other States for Pension Fund benefit purposes.

2. **AUTHORITY:**

The Policy and Procedure adopted by the Police Pension Board on April 10, 2014.

3. **DIRECTION:**

- A. City of Orlando Police Officer's Pension Fund provisions provide in certain instances for benefit payments to be made to a spouse or widow/widower. This administrative rule requires the Pension Fund to recognize and grant benefit payments to a legally married same sex spouse or widow/widower of a member of the Pension Fund, in the same manner that legally married opposite sex spouse or widow/widower benefits are granted.

The decision of the United States Supreme Court in U.S. v. Windsor, 133 S.Ct. 2675 (2013), decided June 26, 2013, effectively requires recognition by the City of Orlando Police Officers Pension Fund of same gender marriages which were lawful in the state where made, even if the State of Florida prohibits same gender marriages. In Windsor, the Supreme Court struck down the provisions of the Federal Defense of Marriage Act which purported to allow states to refuse to honor same gender marriages from other states. Article IV, Section 1 of the U.S. Constitution requires each state to give "full faith and credit" to the laws and judicial decisions of every other state. The Supreme Court in Windsor recognized that marriage is a purely state law concern and Congress could not adopt a law which had the effect of invalidating a state marriage law.

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION FUND**  
**POLICIES AND PROCEDURES**

**#022**

Nothing in the Windsor decision requires a state to alter its marriage laws. If a plan statute or ordinance permits benefit payments to a "spouse," however, that must be interpreted to give "full faith and credit" to a marriage formed in any state which was valid in that state. Every state is required to recognize a common law marriage that was valid in the state where formed. Same gender marriage must receive the same treatment.

The Federal Treasury Department and the Internal Revenue Service honor lawful state same gender marriages. IRS Notice 2013-61, IRS Notice 2014-1, and Revenue Ruling 2013-17 make it clear that the IRS recognizes "marriage" to include a same gender marriage created in those jurisdictions which recognize them. In light of the Windsor decision and the interpretations which have followed, failure to recognize a same gender marriage which was lawfully made in a different state may jeopardize the qualified status of a public pension plan.

- B. The Board of Trustees requires that, at the time of retirement, satisfactory evidence of the legality of the same sex marriage be presented to the Board prior to recognition of the same sex marriage for benefit purposes. Benefits will not be granted until this event occurs.
- C. The following documents, after being reviewed by the Board to determine their legitimacy, may constitute proof of the legality of the same sex marriage for purposes of granting spousal or widow/widower benefits in the Pension Fund:
  - 1. Original or Certified Certificate of Marriage- The original certificate of marriage, or a certified copy of (or statement as to) a public record of marriage, certified by the applicable custodian of the record.
  - 2. Original or Certified Copy or Statement of a Religious Record of Marriage- A copy or statement of a religious record of marriage, certified by the custodian of the record. An original religious certificate of marriage showing the date and place of the ceremony,

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION FUND**  
**POLICIES AND PROCEDURES**

**#022**

completed and signed by the officiating clergyman, and given to the couple at the time of the ceremony, is acceptable as proof of ceremonial marriage. A photocopy of the original marriage record or an extract from the record is acceptable as proof of marriage if it is certified by the custodian of the religious records in his/her official capacity. The record custodian must attest to the document's authenticity and accuracy by a signed or stamped statement executed at the time the photocopy/extract is made; or by affixing his/her seal of office to the photocopy/extract. The custodian must indicate his/her official status, and his/her relationship to the records, by the use of the organization's letterhead or seal, or his/her own seal of office. In some cases, there may be no printed letterhead, but the name of the church or religious entity will be typed or handwritten in the appropriate space on the document.

4. METHOD OF OPERATION:

5. FORMS:

None

6. COMMITTEE RESPONSIBILITIES:

None

7. REFERENCE:

- A. U.S. v. Windsor, 133 S. Ct. 2675 (2013), decided June 26, 2013
- B. IRS Notice 2013-61, IRS Notice 2014-1, IRS Notice 2014-19, and Revenue Ruling 2013-17

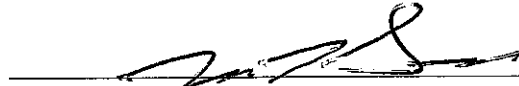
8. EFFECTIVE DATE:

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION FUND**  
**POLICIES AND PROCEDURES**

**#022**

Adopted by a Motion at the meeting of April 10, 2014, effective June 26, 2013.

REVIEWED with changes at a regular meeting of and by the Orlando Pension board of Trustees at Orlando, Florida the 13 day of June, 2014.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**POLICE PENSION FUND**  
**POLICIES AND PROCEDURES**  
**POLICY #023**

**SUBJECT: REQUEST / AGREEMENT TO HOLD FUNDS ON BEHALF OF A MINOR UNTIL AGE OF MAJORITY IS REACHED**

**1. OBJECTIVE:**

To ensure that the Pension Fund complies with Florida law, Statute 744.301 (2) relating to holding funds due to a minor that exceeds the aggregate amount of \$15,000, when a guardian is not appointed through the Courts.

**2. AUTHORITY:**

The Policy and Procedure adopted by the Police Pension Board on April 10, 2014.

**3. DIRECTION:**

The City of Orlando Police Officer's Pension Fund provisions provide in certain instances for benefit payments to be made to a minor.

**4. METHOD OF OPERATION:**

**5. FORMS:**

Request / Agreement to hold funds on behalf of minor until age of majority reached

**6. COMMITTEE RESPONSIBILITIES:**

None

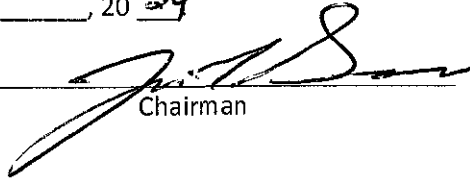
**7. REFERENCE:**

None

**8. EFFECTIVE DATE:**

Adopted by a Motion at the meeting of June 26, 2017.

REVIEWED with changes at a regular meeting of and by the Orlando Pension board of Trustees at Orlando, Florida the 13 day of June, 20 24

  
Chairman

**CITY OF ORLANDO POLICE PENSION FUND  
REQUEST/AGREEMENT TO HOLD FUNDS ON BEHALF OF MINOR  
UNTIL AGE OF MAJORITY REACHED**

This is to advise you that a minor is due benefits from the City of Orlando Police Pension Fund in the amount of \_\_\_\_\_. In accordance with Florida Statute Section 744.301(2), where an amount due to a minor exceeds in the aggregate the amount of \$15,000, appointment of a guardian is required by Florida law in order to make the distribution. I have chosen not to seek appointment as guardian of the minor at this time through the Courts, but instead request that the Pension Fund hold all monies on behalf of the minor until such time that he/she reaches the age of majority (18). I understand that no interest will accrue to the amount due the minor. I understand that should I be appointed legal guardian at anytime prior to the interested minor reaching the age of majority, that I can file the guardianship documents with the Pension Fund and be entitled to the benefits due to the minor prior to him/her reaching the age of majority.

Minor's Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

\*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

In consideration for the Pension Fund agreeing to hold all monies due to the minor until the age of majority is reached, I hereby release and waive any and all claims, including the right to interest, that I may have against the Pension Fund, its trustees, employees and/or agents related to this matter.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship to Minor)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**I HEREBY SWEAR OR AFFIRM** that the information contained in this Affidavit is true and correct and I understand that I may be subject to criminal and other penalties, including forfeiture of the right to receive benefits under the plan, for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Signature) STATE OF \_\_\_\_\_

(Date)

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by me by means of  physical



presence or online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_  
Personally Known OR \_\_\_\_\_Produced  
Identification (Type of Identification Produced) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)  
*In accordance with the provisions of Florida*

*Statutes, §117.04(4)(1), Notary name must printed, typed or stamped below Notary's  
signature; seal must be stamped next to signature or below printed name:*

REV 03/20/2024

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#024**

**SUBJECT: GOVERNING THE USE OF AUDIO-VIDEO CONFERENCING OR TELECONFERENCING TO CONDUCT VIRTUAL PUBLIC BOARD OF TRUSTEE MEETINGS**

**1. OBJECTIVE:**

To provide rules and procedures for audio-conferencing and teleconferencing of virtual public board of trustee meetings.

**BACKGROUND:**

Florida Statute, §286.011 governs Florida's Sunshine law. Pursuant to this section, "[a]ll meetings of any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting. . .";

The *2024 Government-In-The Sunshine Manual* advises that "both the Florida Constitution and the Sunshine Law require that, unless exempt by law, meetings of a government board must be "public meetings" that are "open to the public," neither provision requires that members of the public board be physically present during the meeting." However, the Attorney General's Office has advised that for local boards that if a quorum is required to conduct business, the quorum must be physically present unless they are authorized to conduct meetings virtually by law or the in-person requirement for constituting a quorum is lawfully suspended during a state of emergency. AGO 20-03. If a quorum of a local board is physically present, "the participation of an absent member by telephone conference or other interactive electronic technology is permissible when such absence is due to extraordinary circumstances such as illness[;] . . . [w]hether the absence of a member due to a scheduling conflict constitutes such a circumstance is a determination that must be made in the good judgment of the board." AGO 03-41

**2. AUTHORITY**

Florida Statutes §286.011.

City Charter, Chapter 12, Article 1, Section 3 vests control, management, operation and administration of the Plan in the Board of Trustees (the "Board"). The Board is also authorized to adopt administrative policies necessary for the proper

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#024**

operation of the Plan. Section 3 provides that the Board may adopt such reasonable rules and regulations as may be necessary to carry out the duties of the Board.

**3. DIRECTION**

The Executive Director, designated by the Police Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

**4. METHOD OF OPERATION**

- a. If a quorum of Trustees is physically present in the room, the Board may conduct its meetings via audio-video conferencing and or teleconferencing (collectively, "virtual meeting").
- b. If the meeting is conducted via audio-video conferencing, the software used should allow for maximum public participation and access. The public will be advised by the meeting notice of the access information for the meeting.
- c. The meeting notice for a virtual meeting will provide an e-mail address where the public can submit questions and or comments. Any such comments or questions will be read aloud during the public comment section of the meeting agenda, provided the comment is not a prank.
- d. In the event the available technology is insufficient to permit all interested parties to attend and participate, the virtual meeting must be terminated until such time as the problem has been resolved. There is no obligation for the Board to provide communication devices for public use.
- e. The Board reserves the right to amend this Administrative Policy from time to time as it deems appropriate. The Board shall retain the right to exercise its discretion in interpreting this rule and in resolving any disputes that may arise hereunder.

**5. FORMS**

None

**CITY OF ORLANDO**  
**POLICE PENSION BOARD**  
**POLICY AND PROCEDURES**

**#024**

6. **COMMITTEE RESPONSIBILITIES**

None

7. **REFERENCE**

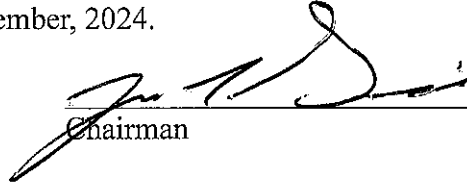
Florida Statutes §286.011, *2024 Government-In-The Sunshine Manual*, and Attorney General Opinions.

8. **EFFECTIVE DATE**

This Policy will be effective upon adoption.

---

ADOPTED at the regular meeting of and by the Orlando Police Pension Board of Trustee at \_\_\_\_\_  
Orlando, Florida the 19 day of September, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION BOARD**  
**POLICY AND PROCEDURES**  
**POLICY #025**

**SUBJECT: CONTRACTUAL PROVISIONS FOR INVESTMENT MANAGERS**

1. **OBJECTIVE:**

To ensure a level of consistency with the provisions of the contractual agreements.

2. **AUTHORITY:**

The Policy adopted by the Police Officers' Pension Board on April 24, 2024, in accordance with the powers granted to them under Sec. 2 of Article I of Chapter 12 of the City of Orlando Charter.

3. **DIRECTION:**

The Executive Director, designated by the Police Officers' Pension Board of Trustees, serves the Board in the day-to-day operation of the plan and the legal counsel for the Board negotiates agreements with Investment Managers. Future Investment Manager agreements should comply with this policy.

4. **METHOD OF OPERATION:**

1. This policy covers contracts for Investment Managers, including commingled investment trusts, partnerships, and other commingled products for the Plan. Mutual Funds purchased on the open market are not generally subject to this policy, except where specifically mentioned.

2. All contracts for Investment Management services, excluding Mutual Funds, will contain a provision acknowledging a fiduciary relationship to the Plan under Florida Statutes 112.656, 518.11 and 518.112 as applicable. Mutual Funds that the Plan invests in are expected to contain a provision that the Manager has a fiduciary relationship to the Mutual Fund itself.

a. Investment Managers should be an Investment Manager as defined in the Employee Retirement Income Security Act of 1974 (also known as ERISA) as incorporated in Florida Statutes 112.661:

i. who has the power to manage, acquire, or dispose of any asset of a plan;

# CITY OF ORLANDO

## POLICE OFFICERS' PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #025

- ii. who is registered as an investment adviser under the Investment Advisers Act of 1940; is a bank, as defined in that Act; or is an insurance company qualified to invest under the laws of more than one State; and
    - iii. has acknowledged in writing that it is a fiduciary with respect to the plan.
    - iv. Has acknowledged that the Plan is a governmental plan, but the Investment Manager will accept this responsibility even if the assets are not "plan assets" as defined in ERISA.
  - b. Investment Manager should be authorized to do business in the State of Florida.
  - c. The Manager will provide the Form ADV and any updates in a timely manner.
3. The Board will seek a most favored nations clause with terms equal to investors of equal or smaller size as a provision of every Investment Manager agreement.
4. No agreement for an investment will contain a provision for indemnification for another party's acts. The Board may agree to fulfill their capital commitments but not to add additional assets for the purpose of indemnification.
5. Agreements entered into by the Board cannot waive any sovereign immunity defense.
6. The Investment Manager agreements will be supplemented by the Investment Policy Guidelines of the Board. For commingled investments with their own investment guidelines, the Plan will seek to have the option to avoid prohibited investments in commingled vehicles. At a minimum, the Investment Managers will be informed of the scrutinized company provisions of Florida Statutes §215.473 and the Valuation of Illiquid investments of §112.661(17).
7. All agreements will contain the requirements of Florida law:
  - a. Florida Statutes §119.0701 - requiring contractor compliance with the public records law.
  - b. Florida Statutes §286.011 - requiring all meetings to be held in public.

**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #025**

- c. Florida Statutes §287.133 - prohibiting the hiring of or consideration of a proposal or bid for hiring of a business that has been placed on the convicted vendor list.
  - d. Florida Statutes §448.095 - requiring contractors of public employers to register and use the E-verify system beginning January 1, 2021.
  - e. Florida Statutes §112.662, §215.4755, and §215.855.
    - i. requiring disclaimer on any communication that discusses social, political, or ideological interests; subordinates the interests of the company's shareholders to the interest of another entity; or advocates for the interest of an entity other than the company's shareholders providing:

"The views and opinions expressed in this communication are those of the sender and do not reflect the views and opinions of the people of the State of Florida.";
    - ii. requiring Investment Managers to cooperate in providing information to assist the Board in its responsibility to file a comprehensive and detailed report;
    - iii. in accordance with the Investment Policy Guidelines, provide confirmation of compliance with statutes, as applicable.
8. Agreements will be subject to interpretation under Florida law and venue will be in Orange County.
9. Fees will be payable in arrears.
10. Each Investment Manager will agree to:
- a. Vote Proxies;
    - i. When proxy voting, only "pecuniary factors" can be considered.
    - ii. As used in this policy, pecuniary factors are defined as a factor that an investment fiduciary "prudently determines is expected to have a material effect on the risk or returns of an investment based on appropriate investment horizons consistent with the investment objectives and funding policy of the retirement system. The term does not include the consideration of the furtherance of any social, political, or ideological interests."
  - b. Execute trades on a best execution basis; and

# CITY OF ORLANDO

## POLICE OFFICERS' PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #025

- c. Accept directed brokerage arrangements, provided best execution can be achieved.
  - d. Provide reports at least quarterly which will:
    - i. Show returns both gross and net of all fees and transaction costs and shall be time weighted.
    - ii. Outline the overall position of the portfolio with a complete listing of each security showing the cost, market value and yield at the close of the reporting period.
    - iii. Include all portfolio transactions during the preceding quarter.
    - iv. Include a listing of all trades, broker utilized and the cost of the trade.
    - v. When applicable, include a listing of the votes on all proxies showing the date each proxy was voted, the issue as to which each proxy was voted, and how each proxy was voted. If a proxy was not voted, the Investment Manager will provide a written statement indicating the reason that a particular proxy was not voted.
11. Investment Manager agreements will provide that the Manager will notify the Plan as soon as reasonably possible but within 10 days of:
- a. Changes in personnel reasonably likely to materially impact management of the investment, the company, or the fund;
  - b. Any civil, criminal, Securities and Exchange Commission ("SEC"), U.S. Department of Labor (the "Department") or other governmental investigation (which does not include routine examinations, audits or reviews), disciplinary proceeding, or administrative action finding a material violation by Investment Manager, General Partner or an Affiliate thereof of a violation of an investment related statute or regulation;
  - c. Any civil, criminal, SEC, Department or other governmental investigation, disciplinary proceeding, report or administrative action related to or involving the Board's investment in the Fund;
  - d. Any order or finding by a court of a violation by Investment Manager, General Partner or an Affiliate thereof of an investment related statute or regulation.
  - e. The decision to delay or suspend valuation of interests or a previously reported valuation is adjusted.



**CITY OF ORLANDO**  
**POLICE OFFICERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**POLICY #025**

12. Any individual provision of an Agreement may be contrary to this policy based on the Board's business judgment weighing the offered variation of the policy from the Investment Manager with the value of that particular investment.
13. This policy will be reviewed at least once every five years.
5. **FORMS**  
None.
6. **COMMITTEE RESPONSIBILITIES:**  
None
7. **REFERENCE:**  
Procedure adopted by the Police Pension Board at the meeting on April 24, 2024
8. **EFFECTIVE DATE:**  
April 24, 2024

  
Chairman