



## **POLICY & PROCEDURES**

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**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#001**

**SUBJECT: ANNUAL REVIEW OF GUIDELINES**

**1. OBJECTIVE:**

To systematically review the Policy & Procedures and Plan documents 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 Firefighters' Pension Board on May 9, 2002 and amended September 1, 2002 and July 20, 2017.

**3. DIRECTION:**

The Executive Director, designated by the Firefighters' 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: Upon request of the Executive Director 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.

**5. FORMS**

None

**6. COMMITTEE RESPONSIBILITIES:**

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#001**

None

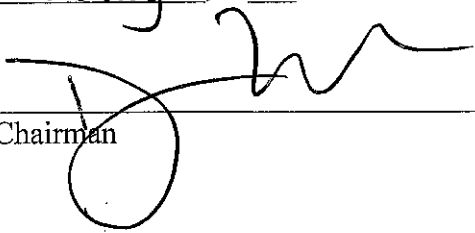
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of May 9, 2002 and amended at the meeting of August 21, 2002, July 20, 2017, and February 21, 2024

8. **EFFECTIVE DATE:**

May 9, 2002 and amended August 21, 2002, July 20, 2017, and February 21, 2024

AMENDED at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 21 day of February, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#002**

This policy was incorporated into Policy 001, effective July 20, 2017.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#003**

**SUBJECT: INDEPENDENT MEDICAL EXAMINATION**

1. **OBJECTIVE:**

Consistent with Section 175.191 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 their determination as to whether a Disability Retirement Benefit should be granted.

2. **AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board at its meeting on September 18, 2002.

3. **DIRECTION:**

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

4. **METHOD OF OPERATION:**

**POLICY:**

A. Consistent with Section 175.191 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.

B. The Board of Trustees of the Firefighters' Pension Board hereby delegates to the medical facility or medical group which from time to time provides medical and/or healthcare services 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**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#003**

- (1) The medical doctor shall be licensed in the State of Florida with an office in Orange County or surrounding counties, and not a chiropractor or psychologist, or Ph.D.; provided however, if warranted a medical doctor out of Orange County or surrounding counties may be selected.
- (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 Fire Department's counsel 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 Fire Department's counsel or applicant or applicant's counsel, upon payment of the appropriate fee.

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.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#003**

5. **FORMS:**

None

6. **COMMITTEE RESPONSIBILITIES:**

None

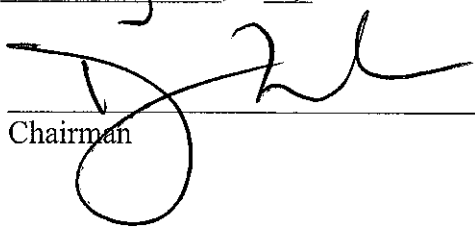
7. **REFERENCE:**

**Procedure adopted:** By motion at the Firefighters' Pension Board Meeting of September 18, 2002 and amended by motion on November 20, 2002 and amended on July 20, 2017.

8. **EFFECTIVE DATE:**

October 1, 2002 and amended on November 20, 2002 and on July 20, 2017.

AMENDED at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 21 day of February, 2024.

  
\_\_\_\_\_  
Chairman



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#004**

**SUBJECT: PROPOSED AMENDMENTS TO TRUSTEE ELECTION PROCEDURES**

**1. OBJECTIVE:**

To systematically review the Trustee Election Procedures 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 adopted by the Firefighters' Pension Board on September 3, 2002.

**3. DIRECTION:**

The Executive Director, designated by the Firefighters' 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 a bi-annual review of the Trustee Election Procedures, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent two months prior to the bi-annual election.
- B. BOARD ATTORNEY: The Board Attorney will review the Election Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.

**5. FORMS**

Memo to the Fire Chief with election details and Pension Trustee Election Procedures.

**6. COMMITTEE RESPONSIBILITIES:**

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#004**

None

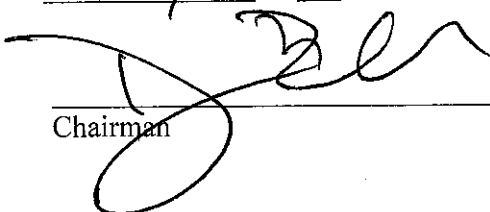
7. **REFERENCE:**

Procedure adopted by a motion at the Firefighters' Pension Board meeting of September 3, 2002 and amended July 20, 2017.

8. **EFFECTIVE DATE:**

September 3, 2002 and amended July 20, 2017.

AMENDED at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May, 2024.

  
\_\_\_\_\_  
Chairman



**Board of Trustees**

Douglas Zabin, Chairman

Jason Franklin, Vice-Chair

Quincy Schider-Heisel,  
Secretary

Mario A. Garcia, Trustee

Katrina A. Laudeman, Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane  
Pension Coordinator

August 3, 2024

**MEMORANDUM**

**To:** Chief Charlie Salazar, Orlando Fire Department

**cc:** Douglas Zabin, Chairman  
Shannon Hicks, Executive Director  
Bonni Jensen, Board Attorney  
Yolanda Bonilla, Executive Assistant

**Fr:** Michele Keane, Pension Coordinator

**Re:** Firefighters' Pension Board Trustees' Election

Pursuant to Florida Statute, Chapter 175, the two (2) elected trustees' terms for the Firefighters' Pension Board will expire on September 30, 2024. The new term will begin on October 1, 2024 - September 30, 2026.

In order to allow adequate time for an appeal or trustee run-off election, please conduct the election for your respective departments in early August. The Notice of the Election and the call for candidate applications must be posted for at least thirty days prior to the election. Each trustee must get the vote of 50% plus 1 of the total membership in order to be elected. A run-off election will need to be held if this vote total is not obtained by two of the candidates.

I am enclosing a copy of the Policy that the Board updated in 2017, which describes the process in greater detail.

If you have any questions, please don't hesitate to contact Katrina Laudeman at extension 2346 or me at extension 3410. Thank you for your cooperation in this matter.

/mk  
Enclosure

**POLICY #004**

**PENSION TRUSTEE ELECTIONS PROCEDURE**

1. The Orlando Firefighters Pension Board of Trustees (the "Board") is made up of two individuals appointed by the City Council and two members elected by a majority of the firefighters who are members of the Orlando Firefighters Pension Fund (the "Plan"). The four Board members vote on the fifth member. Trustee elections will be conducted in accordance with Florida State Statutes and the Plan contained in Chapter 12, Articles II and III 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 will oversee the trustee election and by this Policy delegates the responsibility for running the election to the Fire Department in accordance with the Policy. Only active City of Orlando firefighters may vote in the elections. This includes probationary firefighters. Retired firefighters are excluded from voting, including active firefighters who are participating in the DROP.
2. At the June meeting in the year when an election is held, the Board should set the date range for an election to be held before September 1 (30 days before term end date). At the same time, the Board shall set the date range for a run-off election to be held before September 15 (at least 15 days before term end date).
3. As soon as practical after the June meeting in the year when an election is held (at least ninety (90) days before the end of the term), the Fire Department shall take the following actions:
  - a. Notice of the election and run-off election should be given by posting a Notice on all bulletin boards in the Fire Department where notices to employees are posted, and by requesting the Department to publish the Notice in any newsletter delivered to firefighters. The Notice shall include:

- i. The date the Trustee's term expires – October 1;
  - ii. A request for candidates to submit a written notice of their candidacy to the Board of Trustees by August 1; and
  - iii. The date range for the election and, if necessary, the run-off election.
4. The voting period for the election shall last at least seven (7) days. The voting period for the run-off election shall last at least three (3) days.
5. Each prospective candidate must submit his or her name to the Plan Administrator in writing no later than August 1 before the date of the election, and no earlier than May 1, or by such other time as set by the Board. Candidates shall submit their written submissions 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).
6. By August 15, the Fire Department shall certify those prospective candidates who are full-time firefighters and eligible to be elected as a trustee. These are the only candidates eligible for election; there shall be no write-in candidates. If no more than two candidates are certified by the Fire Department, an election will not be necessary, and the Fire Department shall notify the Board and Plan members accordingly.
7. At least five (5) days prior to the start of the voting period, the Fire Department 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 period, including the dates of the voting period and the method of sending and receiving electronic ballots.
8. Candidates may issue election campaign information to members of the Plan.
9. All ballots will be sent to Plan members in an electronic format at the start of the voting period using the application Survey Monkey, Google Form, or other application chosen by the Fire Department. All candidates will be listed in alphabetical order on the ballot according to their last name. All members shall receive their ballots through their city issued email. Members shall submit their ballots electronically through the format established by the Fire Department. Absentee ballots will not be accepted since the voting period will be open for at least seven (7) days and the electronic voting process does not require physical presence at a polling location.

10. 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 the trustees to the Board.
11. At the end of the election period, the ballots shall be tabulated in public. The Fire Department shall verify that each ballot was received from an eligible voter. Any irregular ballots, including those from an ineligible email address shall not be counted, but shall be kept separately. The results of the election shall be turned over to the Board by the Fire Department with a tally of the election results.
12. The two candidates with the most votes win the election. 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. The Fire Department 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.
13. The Fire Department shall certify the results of the election and notify the plan members of the results no later than five (5) days after the end of the voting period. The outcome of the election shall be presented to the Board at the next meeting.
14. Any candidate who wishes to challenge the voting results or the election process must do so in writing within five (5) days of the notification of the election results. All challenges must be in writing and shall be submitted to the Plan Administrator. The written challenge shall indicate the specific grounds for the challenge and relief requested. The Plan Administrator shall prepare a report to the Board in the event of a challenge, detailing the basis for the challenge. A challenge shall not stop a run-off election from being held.
15. If any challenges have been submitted, the Board shall conduct a special meeting to review the challenges. At the conclusion of the special meeting the Board shall either vote to approve the election results and seat the newly elected members, or vote to uphold the challenge request. If the challenge is upheld, the Board shall issue the appropriate remedial action up to and including the holding of another election. If a new election is needed, the Fire Department will conduct the new election within thirty (30) days of the Board's decision and will do so in accordance with all procedures established in this policy. Any candidate may seek review of the pension board decision by filing a timely writ of certiorari with the Clerk of the Ninth Judicial Circuit in and for Orange County, Florida.
16. A report of the results of the electronic voting process shall be filed in the records of the Plan Administrator.

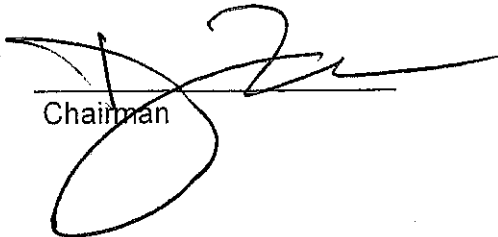
17. If a Trustee resigns, is removed, or becomes ineligible to serve, the Board shall declare, by resolution, the office of the Trustee vacated.

- a. If the vacancy is for a trustee who was elected by a majority of the firefighters who are members of the Plan, and the vacancy occurs less than ninety (90) days before the Trustee's term was due to expire, the vacancy shall be filled at the next regular election as provided by this Policy. Otherwise, the vacancy shall be filled for the unexpired portion of the term by a new election as provided in this Policy. The Board may reduce the time required for notice of the election, notice of candidacy, or other time limits to expedite a new election.

18. All days mentioned in this Policy are calendar days.

The preceding pension trustee electronic election procedures are hereby adopted by the Board of Trustees on this \_\_\_\_\_ day of \_\_\_\_\_, 2024. This policy replaces and supersedes any prior Board policies or procedures governing the electronic election process for trustees.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighter Pension Board of Trustees at Orlando, Florida the 15 day of May, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#005**

**SUBJECT: FINAL ORDERS**

**1. OBJECTIVE:**

To comply with Florida Statutes §112.66(7), and constitutional due process.

**2. AUTHORITY:**

Florida Statutes §112.66(7) provides that timely, adequate, written notice shall be given to any member or beneficiary whose claim for benefits has been denied setting forth the specific reasons for such denial.

**3. METHOD OF OPERATION:**

A. Within thirty-one (31) calendar days following a quasi-judicial hearing and vote of the Board of Trustees, the Board Attorney shall submit a proposed Final Order for signature by the Board's Chair in connection with the following:

- (1) Denial of disability benefits.
- (2) Denial of cost-of- living benefits.
- (3) Denial of line of duty death benefits.
- (4) Determination that a member who retired on pension due to permanent disability is able to perform active duty.
- (5) Denial of claim or application for any other type of benefits.
- (6) Determination that overpayment of benefits has been made.
- (7) Determination that benefits have been forfeited.
- (8) Granting disability benefits.



# CITY OF ORLANDO

## FIREFIGHTERS' PENSION BOARD

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#### #005

- (9) Any other determination by the Board that the Board deems appropriate to render a written Final Order.
- B. In connection with the denial of any claim or application for benefits, including but not limited to the denial of disability benefits, the denial of cost-of-living benefits, denial of line of duty death benefits, the reduction of benefits because of overpayment, or a determination, that a retired member is no longer disabled, the Final Order shall set forth the specific reasons for the Board's decision.
- C. If the Board's Chair determines that the proposed Final Order submitted by the Board's Attorney is consistent with the Board's determination, the Chair shall sign such Final Order as soon as possible. If the Board's Chair determines that such proposed Final Order prepared by the Board's Attorney is not consistent with the Board's determination or is incomplete, the matter shall be placed on the agenda of the next meeting of the Board of Trustees.
- D. Each Final Order shall indicate that the order constitutes the final action of the Board of Trustees of the City of Orlando Firefighters' Pension Fund acting in a quasi-judicial capacity; and that the member or beneficiary may seek review by Writ of Certiorari in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida.
- E. Once the Final Order is signed by the Chair, the Pension Coordinator shall furnish the Final Order to the affected person and/or the affected person's attorney as soon as possible via e-mail, or such other method as is deemed appropriate under the circumstances.

**4. FORMS:**

None

**5. REFERENCE:**

This Policy and Procedures was adopted by the Firefighters' Pension Board at the meeting of March 21, 2013. A motion to approve was made at the April 8, 2013 meeting.

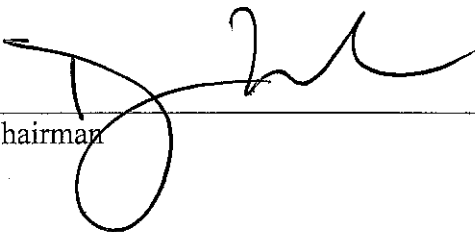
**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#005**

**6. EFFECTIVE DATE:**

March 21, 2013.

REVIEWED with no changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 21 day of February, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#006**

**SUBJECT: REPORT OF DISABILITY STATUS**

**1. OBJECTIVE:**

To periodically determine if firefighters who have retired due to permanent disability are still unable to perform active duty.

**2. AUTHORITY:**

Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan; and Policy #15005, adopted by the Firefighters' Pension Board on May 11, 2011.

**3. PLAN PROVISIONS:**

a. Section 20 provides:

"Any member of said fire department who shall have retired on pension due to permanent disability, who has less than twenty-five (25) years of service in said department, shall be subject to the call of the Orlando Firefighters' Pension Board for reexamination"

**4. DIRECTION:**

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

**5. METHOD OF OPERATION:**

A. EXECUTIVE DIRECTOR: The Executive Director shall every other year, send via regular mail, to all firefighters who have received permanent disability pension benefits (line of duty or non line of duty), for less than ten (10) years, whose combined service and retirement time is less than twenty-five (25) years of service:

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**#006**

- (1) A form letter as approved by the Board of Trustees, a copy of which form letter is attached hereto; and
  - (2) An affidavit to be completed by the member receiving disability benefits, and returned to the Pension Coordinator, a copy of which affidavit is attached hereto.
- B. The Executive Director shall review the affidavit and advise the Board of Trustees of any person receiving disability benefits which the Executive Director believes that further information should be obtained, specifying the further information to be obtained.
- C. Thereafter, the Board of Trustees shall determine what further information should be obtained and direct the Executive Director to obtain such further information.
- D. After obtaining further information, the Executive Director shall send the member who is receiving disability benefits, via certified mail, a letter indicating that the Board of Trustees will hold a hearing, specifying the date and place of the hearing, advising such member of his/her right to attend the hearing; and advising that the member will be given the opportunity to be heard, before the Board of Trustees makes a final decision.
- E. No disability benefits that a member is receiving shall cease to be paid until such time as the member receiving disability benefits has been notified and been given the opportunity to be heard at a hearing before the Board of Trustees.
- F. In determining whether the firefighter who retired on disability is currently "able to perform active duty", the Firefighters' Pension Board of Trustees shall be guided by Policy #15005, "Reexamination and Recall of Retired Permanently Disabled Firefighters" adopted May 11, 2011.
- G. The order granting a firefighter's Application for Disability Pension and the above referenced form letter shall advise the disabled firefighter that he has a duty to immediately notify the Pension Coordinator, in writing, if any of the following occurs:

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**POLICY AND PROCEDURES**

**#006**

- (1) That he/she is employed in a position which requires certification as a firefighter as a condition of employment.
- (2) That he/she is employed by or a volunteer for a fire department, or other agency or entity whose duty it is to extinguish fires, to protect life, or to protect property.
- (3) That he/she has had a procedure, including but not limited to surgery, for the medical condition for which disability pension benefits were granted.
- (4) If the disabled firefighter believes that he/she is currently able to perform active duty as a firefighter.

6. **FORMS**

- A. Form letter to be sent to above referenced members receiving disability benefits.
- B. Affidavit to be completed and returned by the above referenced member receiving disability benefits.

7. **COMMITTEE RESPONSIBILITIES:**

None

8. **REFERENCE:**

This Policy and Procedure was adopted by the Firefighters' Pension Board at the meeting of May 14, 2003 and amended by motion on May 17, 2012. Reviewed March 20, 2024.

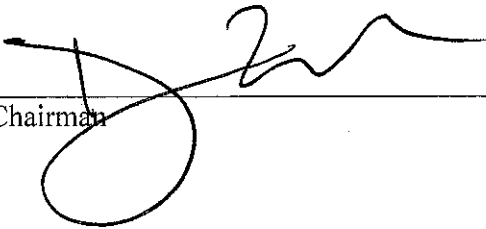
9. **EFFECTIVE DATE:**

This Policy and Procedure replaces that Policy and Procedures #06003 adopted May 14, 2003, and is effective May 17, 2012. Reviewed March 20, 2024.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#006**

REVIEWED with no changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 20 day of March, 2024.

  
\_\_\_\_\_  
Chairman



**Board of Trustees**

Douglas Zabin, Chairman

Jason Franklin, Vice Chair

Quincy Schider-Heisel,  
Secretary

Mario A. Garcia, Trustee

Katrina A. Laudemen,  
Trustee

**Pension Staff**

Shannon Hicks,  
Executive Director

Michele Keane,  
Pension Coordinator

Date

Name

Street

City, St Zip Code

Subject: Disability Retiree Annual Reporting

Dear Name,

The Firefighters' Pension Board's annual requirement for the updated "Retiree's Report of Continuing Disability" and "Authorization to Release Medical Information" (pursuant to Special Act and State Statute) forms are attached for review and completion. These documents are required to be completed for your continuing eligibility to receive a disability benefit check from the Firefighters' Pension Trust Fund. It is the Board's policy to request this information annually after being granted a pension benefit until the retiree attains age fifty-two or until the retiree's combined years of service and years in retirement equals at least twenty-five years.

Please provide the above requested documentation within 30 days of receipt of this letter to Michele Keane, Pension Coordinator, City of Orlando, 400 South Orange Avenue, 4<sup>th</sup> floor, Orlando, FL 32801 (a self-addressed envelope has been provided). The Board will be advised as to compliance with this request and, if non-responsive, you may 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.

After a detailed review, staff will advise if any additional documentation is needed. Thank you for responding to this request and please do not hesitate to contact Mrs. Keane at (407) 246-3410 if there are any questions or comments.

Sincerely,

*Shannon Hicks*

Shannon Hicks  
Executive Director

Attachments



**AFFIDAVIT OF DISABILITY STATUS**

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
who, after being first duly sworn by me, deposes and says:

1. I am known by the following names:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

2. I currently reside at

\_\_\_\_\_  
(print full street address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

\_\_\_\_\_  
(telephone #)

3. 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.: \_\_\_\_\_

4. With regards solely to the medical condition(s) which was the basis of my receiving disability benefits from the City of Orlando Firefighters' Pension Fund:

a. I:

\_\_\_\_\_ No longer suffer from such medical condition.

**OR** \_\_\_\_\_ Still suffer from such medical condition, and such condition has:

\_\_\_\_\_ Worsened \_\_\_\_\_ Become better \_\_\_\_\_ Stayed the same

b. 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: \_\_\_\_\_

c. Within the past 24 months, I:

\_\_\_\_\_ Have not been either an inpatient or outpatient of a hospital or clinic.  
**OR** \_\_\_\_\_ Have been either an inpatient or outpatient of a hospital or clinic.

I was a patient at: \_\_\_\_\_  
(full name of hospital/clinic)

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

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

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

\_\_\_\_\_ Not undergone any procedure, including surgery.  
**OR** \_\_\_\_\_ Undergone a procedure performed by Dr. \_\_\_\_\_  
(full name of physician)

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

On \_\_\_\_\_, at \_\_\_\_\_  
(date) (name of hospital/clinic)

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

e. I am presently taking the following prescription medication(s) (list below; if taking none, so state):

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

f. Are you currently under any restrictions by a physician? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

g. Has any physician given you a future date at which time you might be able to perform active duty as a firefighter? If yes, what is that date?

\_\_\_\_\_

5. \_\_\_\_\_ I believe that I am able to perform active duty in the Orlando Fire Department.

**OR**  
\_\_\_\_\_ I believe that I am not able to perform active duty in the Orlando Fire Department.

**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) (Date)

STATE OF \_\_\_\_\_

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)(l), 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**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**  
**#007**

**SUBJECT: POLICIES AND PROCEDURES ON DETERMINING CONTINUING ELIGIBILITY OF BENEFITS OF CERTAIN SURVIVING SPOUSES**

1. **OBJECTIVE:**

To periodically determine if certain surviving spouses are eligible to continue to receive monthly pension benefits pursuant to applicable provisions of the plan.

2. **AUTHORITY:**

Article III, Section 14 of the plan, as it existed from June 11, 1945 until December 31, 2007, and Policy adopted by the Firefighters' Pension Board on May 17, 2012.

3. **PLAN PROVISIONS:**

a. During the period of June 11, 1945 until December 31, 2007, Section 14 provided:

“Any pension being paid under the terms and provisions of this Act to any widow shall cease upon her remarriage.”

b. Section 14 also provides that the surviving widow of any firefighter killed in the line of duty shall not lose survivor retirement benefits if she remarries, and reinstated survivor benefits under such circumstances as of July 1, 1994.

c. Section 14 (6) provides:

“(6) Effective for any pension paid a surviving spouse which started on or after January 1, 2008, any pension being paid out of the terms and provisions of this Act to any surviving spouse shall not cease upon the surviving spouse's remarriage.”

4. **DIRECTION:**

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#007**

**5. METHOD OF OPERATION:**

A. EXECUTIVE DIRECTOR: The Executive Director shall annually send, via regular mail, to all surviving spouses who started to receive monthly pension benefits before January 1, 2008, except for those surviving spouses who were receiving monthly pension benefits as a result of a firefighter killed in the line of duty:

(1) A form letter as approved by the Board of Trustees, a copy of which form letter is attached hereto; and

(2) An affidavit to be completed by the surviving spouse and returned to the Pension Coordinator, a copy of which affidavit is attached hereto.

B. If the Executive Director believes that a surviving spouse is no longer entitled to monthly pension benefits, the Executive Director shall send the surviving spouse, via certified mail, a letter indicating that the Board of Trustees will hold a hearing, specifying the date and place of the hearing; advising the surviving spouse of his/her right to attend the hearing; and advising that the surviving spouse will be given the opportunity to be heard, before the Board of Trustees makes a final decision.

C. No surviving spouse's monthly pension benefits shall cease to be paid until such time as the surviving spouse has been notified and been given the opportunity to be heard at a hearing before the Board of Trustees.

**6. FORMS**

A. Form letter to be sent to above referenced surviving spouses.

B. Affidavit to be completed and returned by the above referenced surviving spouses.

**7. COMMITTEE RESPONSIBILITIES:**

None

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#007**

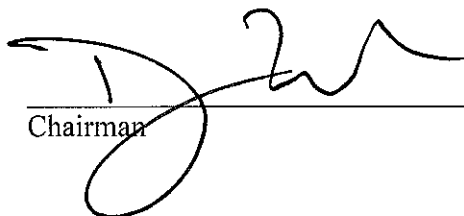
8. **REFERENCE:**

This Policy and Procedure was adopted by the Firefighters' Pension Board at the meeting of May 17, 2012.

9. **EFFECTIVE DATE:**

This Policy and Procedure replaces that Policy and Procedures #007 adopted May 14, 2003, and is effective May 17, 2012. Reviewed March 20, 2024.

REVIEWED with no changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 20 day of March, 2024.

  
\_\_\_\_\_  
Chairman



**Board of Trustees**

- Douglas Zabin, Chairman
- Jason Franklin, Vice Chair
- Quincy Schider-Heisel, Secretary
- Mario A. Garcia, Trustee
- Katrina Laudeman, Trustee

**Pension Staff**

- Shannon Hicks, Executive Director
- Michele Keane, Pension Coordinator

Re: Survivor Spouse's Pension - City of Orlando Firefighters' Pension Fund

Dear

The Orlando Firefighters' Pension Board of Trustees has a fiduciary duty to administer the pension plan. The applicable plan provision requires that "Any pension being paid under the terms and provisions of this Act to any widow shall cease upon her remarriage."

The Pension Board of Trustees requires that the attached "Affidavit of Marital Status" be completed by you because you are receiving a survivor's pension from the Orlando Firefighters' Pension Fund. The "Affidavit of Marital Status" must be returned to the **Firefighters' Pension Board, Pension Coordinator, 4<sup>th</sup> floor, P.O. Box 4990, Orlando, Florida, 32802-4990** (a self-addressed envelope has been provided) no later than 30 days from your receipt of this letter.

Please fully complete each item. Should you have any questions or need assistance in any way, please feel free to call Mrs. Keane at (407) 246-3410. If you **do not** return the "Affidavit of Marital Status" (and thereby verify your continuing eligibility to receive a survivor's pension), the Orlando Firefighters' Pension Board of Trustees may elect to suspend such pension payments until the required information is provided.

If you remarry in the future, you are required to immediately notify the Pension Coordinator of such remarriage. Failure to do so could result in the pension fund seeking repayment of pension benefits.

Thank you for promptly responding to the Board's request.

Sincerely,

*Shannon Hicks*

Shannon Hicks  
Executive Director

/mk  
Attachment



**AFFIDAVIT OF MARITAL STATUS**

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
who, after being first duly sworn by me, deposes and says:

1. I am known by the following names:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

2. I currently reside at \_\_\_\_\_  
(print full street address)

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

3. I am the surviving spouse of \_\_\_\_\_  
(Name of Deceased Firefighter)

4. Since the death of my firefighter spouse, I have remarried. Yes \_\_\_\_\_ No \_\_\_\_\_

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

6. If remarried, please state the name to whom married: \_\_\_\_\_

7. For all children under the age of 18 receiving survivor's pension benefits, please indicate:

<u>Name of Child(ren):</u>	<u>Birth Date(s):</u>	<u>Residence Address(es):</u>
1) _____	_____	_____ (City/State/Zip Code)
2) _____	_____	_____ (City/State/Zip Code)
3) _____	_____	_____ (City/State/Zip Code)
4) _____	_____	_____ (City/State/Zip Code)

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

**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)

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

STATE OF \_\_\_\_\_

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)(l), 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**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#008**

**SUBJECT: ADDITIONAL RULES AND PROCEDURES FOR THE HEARING AND DETERMINATION OF APPLICATIONS FOR DISABILITY PENSIONS**

1. **OBJECTIVE:**

To provide additional rules and procedures for the hearing and determination of applications for disability pensions.

2. **AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board on December 17, 2003.

3. **DIRECTION:**

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

4. **METHOD OF OPERATION:**

- A. In order to be entitled to an in line of duty disability pension or a not in line of duty disability pension, the applicant must prove that he/she became "permanently and totally disabled" at the time the applicant was an active member of the fire department.
- B. As part of the disability application, the applicant must complete the application and follow the Guidelines and Information Sheet to gather and compile the documents outlined there in support of the application, including completing all of the HIPAA release and other required forms.
- C. Once the documents are gathered, the applicant is required to submit to an Independent Medical Examination by a qualified medical professional, who will be selected by the board for that purpose. The board shall not select the member's treating medical professional for this purpose except in an unusual case where the board determines that it would be reasonable and prudent to do so.

# CITY OF ORLANDO

## FIREFIGHTERS' PENSION BOARD

### POLICY AND PROCEDURES

#### #008

- D. A member who voluntarily separates from employment as a firefighter with the Orlando Fire Department shall not be eligible for disability benefits unless at the time of separation from employment the member has filed a complete application for disability pension on the required form.
- E. A member who has filed a complete application for disability pension on the required form who thereafter separates from employment (either voluntarily or involuntarily) may continue to seek disability benefits, and, if eligible, may start receipt of service retirement benefits. If at a later date the member is determined by the Board of Trustees to be eligible for disability benefits, such disability benefits shall be paid retroactive to the 1<sup>st</sup> day of the month following the last day the member works prior to retiring or separating from employment.
- F. If a member is involuntarily separated from employment as a firefighter with the Orlando Fire Department, to be eligible for disability benefits, the member must file a complete application for disability pension on the required form within ten (10) calendar days of being involuntarily separated; and must submit a complete application package within thirty (30) calendar days of the date the application is filed.
- G. A member who files an application for disability benefits, who is determined by the Board of Trustees to be "permanently and totally disabled", upon request of the member made prior to the Board of Trustees determining such disability was in line of duty or not in line of duty, may be granted a reasonable continuance not to exceed one hundred eighty (180) calendar days to gather and submit evidence that such disability was directly caused by and attributable to the performance of duty as a member of the Orlando Fire Department (in line of duty). Such documentary evidence, including but not limited to, written opinions, affidavits and depositions, shall be submitted by filing with the Pension Coordinator with a copy to the Fire Department's Counsel, c/o City Attorney's Office, City of Orlando. If the member wishes to defer the decision on line-of-duty or not line-of-duty and be considered for an immediate pension based upon a not in line-of-duty benefit, the Board shall proceed with the hearing if the Fire Department has a suitable position to accommodate the member. Should the Board determine that the Fire

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#008**

Department has no position available to accommodate the member, the Board may grant a benefit equal to a not in line-of-duty pension until the continuance issue is determined. If the Board of Trustees later determines that such disability was received in the line of duty, then pension benefits shall be adjusted retroactively.

- H. A member who files an application for disability benefits who is determined by the Board of Trustees not to be permanently and totally disabled who does not separate from employment as a firefighter, either voluntarily or involuntarily, may reapply for disability benefits only if there has been a change of circumstances. Change of circumstances may include, but is not limited to:
- a. Additional injury or injuries.
  - b. Additional diagnostic test or tests.
  - c. Application for disability benefits based on another medical condition.
- I. A member who reapplies for disability benefits pursuant to subsection 4F must show either in the application for disability pension or in the complete application package that there has been a change of circumstances. If the application for disability pension indicates that the applicant has previously applied for disability pension or Employee Benefits has reason to believe that the applicant has previously applied for disability pension, after the filing the application package, the matter shall be scheduled for hearing at the next meeting of the Board of Trustees to determine if the application or application packages shows on its face that there has been a change in circumstances. Until such time as the Board of Trustees makes a determination that the application or application package shows on its face a change in circumstances, the applicant shall not be scheduled for an independent medical evaluation. In connection with a reapplication, 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 reapplication 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

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#008**

the burden of proof that the reapplication is based on a change of circumstances.

- J. Any final order of the Board of Trustees in connection with an application for disability benefits shall be subject to review by way of filing a timely petition for writ of certiorari in the 9<sup>th</sup> Judicial Circuit Court. The Board of Trustees does not grant a rehearing in connection with any final order entered by the Board of Trustees, unless ordered by the court.

5. **FORMS**

Application for Disability Pension.

6. **COMMITTEE RESPONSIBILITIES:**

None

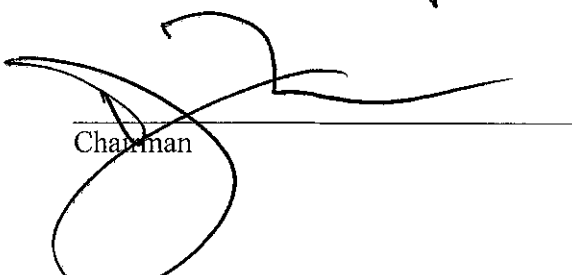
7. **REFERENCE:**

Procedure adopted by a motion at the Firefighters' Pension Board meeting of December 17, 2003. Reviewed and amended February 19, 2020. Reviewed April 17, 2024.

8. **EFFECTIVE DATE:**

December 17, 2003.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 17 day of April, 2024.

  
\_\_\_\_\_  
Chairman



TO: APPLICANTS FOR DISABILITY PENSION

SUBJECT: DISABILITY PENSION 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 documents and because the Board of Trustees requires uniformity in the process in order 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 any 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. **After one completed notebook is finished and pages numbered**, please arrange to meet with the Pension Coordinator to review the contents. The application packet will be reviewed for completeness by the Legal Counsel prior to approval by the Pension Coordinator. Once approved by the Pension Coordinator for completion, please have an electronic copy made of the "application package". Two hard copies of the notebook and two electronic copies must be filed with the Pension Coordinator, Office of Business & Financial Services, 4<sup>th</sup> floor, Orlando 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 and by telephone. Thereafter, you will be notified of the date/time of the disability hearing before the Board of Trustees.

Received by: \_\_\_\_\_ Applicant Date: \_\_\_\_\_

Questions: Please contact the Pension Coordinator at 407-246-3410.



**ORLANDO FIREFIGHTERS' PENSION BOARD  
GUIDELINES AND INFORMATION SHEET  
FOR  
APPLICATION FOR 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 complete documentation in support of the application -- 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/psychological condition for which the disability pension is sought at the applicant's expense.** If the medical condition for which disability pension is sought is tuberculosis, heart disease, hypertension, hepatitis or meningococcal meningitis, please review the provisions of Sections 112.18 and 112.181, Florida Statutes.
4. Guidelines for the supporting documentation (“application package”) are as follows:
  - a. The application package (and each copy of the package) should be organized in 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 no documents exist for a particular section, please provide a statement to that effect under the appropriate Tab number.
  - b. Tab 1 – Application for Disability Retirement – your completed and signed application.
  - c. Tab 2 – Copy of Initial Accident/Injury Report–First Notice of Injury, DWC1, Fire Report, and Patient Care Reports for each physician in chronological order.
  - d. Tab 3 – Physician’s Reports with Office Notes (in chronological order) – you should include a Physician’s Report for each medical practitioner that treated or examined you for the injury/condition for which the disability pension is sought (with the exception of the City’s occupational medical provider’s doctors, see Tab 5). Include immediately behind each Report a copy of the ENTIRE medical file (in chronological order) of the medical practitioner, including but not limited to ALL medical records, reports, office notes, treatment plans, test results, etc. It is your responsibility to collect the Physician’s Report(s) and other medical documentation and submit them in your application package. **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 included in your package.

- e. Tab 4 – Hospitalization/Surgical Reports (in chronological order by each physician) – provide a copy of all such documents that pertain to your injury/medical condition for which disability pension is sought.
  - f. Tab 5 – The City’s occupational medical provider will provide a copy of their ENTIRE medical file, including but not limited to ALL medical records, reports, office notes, treatment plans, test results, etc., that pertain to your injury/medical condition for which disability pension is sought.
  - g. Tab 6 – Diagnostic Reports and Functional Capacity Evaluations (FCE) (in chronological order for each physician or facility) - provide reports of x-rays, MRIs, CT Scans, nerve conduction studies, EEGs, EKGs, etc.; and Functional Capacity Evaluations (FCE) that pertain to your injury/medical condition for which disability pension is sought performed during the last ten (10) years.
  - h. **Tab 7 (Line of duty ONLY)**– Petitions for Workers’ Compensation Benefits from the City’s third party workers’ compensation company that pertain to your injury/medical condition for which disability pension is sought, any determinations/orders received, and any depositions taken in the workers’ compensation proceedings; and any records and reports of any experts involved in the workers’ compensation proceedings that pertain to your injury/medical condition for which disability pension is sought NOT previously included in Tab 3, Tab 5 or Tab 6.
  - i. Tab 8 - Application for Social Security Benefits – with determination if received
  - j. Tab 9– Medical records for doctors named in items 8 and 9
  - k. Tab 10 - Pre-employment physical.
  - l. Tab 11 – Any other supporting documentation
  - m. Tab 12–Authorization to Release Medical Information
  - n. Tab 13- Certification of Completion.
  - o. Tab 14-Independent Medical Evaluation (IME) – provide a section divider and Tab number for the future IME report.
5. The application package must be submitted within thirty (30) calendar days of the date the application is filed. Two hard copies of the notebook and two electronic copies are required. 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.
6. Both copies of the ~~The~~ completed application package notebook (original paper copy and one (1) electronic copy) 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.
7. Upon receipt of the application package notebook, it will be reviewed for completeness by the Fund legal counsel. If it is determined that there are missing records, the notebook will be

returned to the applicant so that the missing information can be added.

8. Each applicant must submit to an Independent Medical Examination (IME) with a medical doctor selected by the Pension Board. An IME cannot be scheduled until the application package notebook is complete.
9. Upon receipt of the IME, an informal hearing will be scheduled. At this informal hearing the Board will review the disability application on the basis of the records only. The applicant is entitled to be present, but no evidence or testimony will be taken at the ~~this~~ informal hearing stage.
10. If the Board finds that there is competent substantial evidence, the application can be granted. If there is insufficient evidence the application will be denied. 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. If the application is denied, the member has a right to appeal the decision to the Board for a formal hearing.
11. The formal hearing must be requested within 20 days of the receipt of the order. At the formal hearing, the Board will consider evidence and testimony.
12. Discovery in Preparation for Formal Hearing:
  - a. 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 submitted in the form of a deposition that was properly noticed. The Board prefers that testimony by deposition be submitted in advance in order to give the Board more time for review and consideration.
  - b. Any additional, 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, Fire 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.
13. The Pension Board will generally schedule a hearing on the application upon agreement of the applicant (or applicant's counsel) and the Fire 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 Fire Department's counsel. The hearing will proceed unless a continuance is requested upon good cause shown to the Board of Trustees and the Board, upon majority vote, continues the hearing to a later date or the Board, in its own discretion, continues the hearing to a later date.



14. 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 Fire Department's Counsel c/o City Attorney's Office, City of Orlando. The Fire Department is also entitled to be represented by legal counsel or a departmental advocate to represent the interests of the Department during the application process and at the hearing.
15. The applicant will appear at the hearing in person, unless excused by the Board. The Board may take testimony, under oath, from the applicant, from the Department representatives, and other witnesses and may consider any other evidence, which is relevant. 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.
16. 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.
17. 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, 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.
18. If the Board denies the applicant a pension, the applicant may seek review by way of certiorari in the Ninth Judicial Circuit Court.
19. If the disability retirement is granted, the Board shall specify the date on which such retirement is effective and shall direct Employee Benefits to make the necessary computation of monthly benefits and shall authorize the Accounting Department 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)



**400 SOUTH ORANGE AVENUE  
P.O. BOX 4990  
ORLANDO, FLORIDA 32802-4990  
TELEPHONE (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 \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Hire \_\_\_\_\_ Current Assignment \_\_\_\_\_

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

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

\_\_\_\_\_

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



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). \_\_\_\_\_

---

---

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

---

---

F. Dates of treatment and course of treatment (specify by whom). \_\_\_\_\_

---

---

G. 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. \_\_\_\_\_

---

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---

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

STATE OF \_\_\_\_\_  
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:



400 S. Orange Avenue  
 P.O. BOX 4990  
 Orlando, FL 32802-4990  
 Telephone  
 (407) 246-3410

**PHYSICIAN'S REPORT**

Date \_\_\_\_\_

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

**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.

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. What disability/impairment rating would you assign this medical condition (percentage of the body as a whole)?

---

---

5. Is the condition/disability partial or total? Explainfully. \_\_\_\_\_

---

6. What is the applicant's current medical status? \_\_\_\_\_

---

7. If condition or disability is PTSD or similar 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 8 through 11, please review and consider the attached Job Description.**

8. a. 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

10. a. Can the condition be controlled and/or cured by means other than medication or surgery (i.e., 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 firefighter? Explain fully. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

12. Does the medical condition render the member unfit to perform the required duties of the member's rank? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. 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 Fire Department? Explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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 Fire Department? Explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Is the present condition related to/the result of/caused by any congenital or childhood (prior to age 18) medical condition? Explain fully. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. If a condition pre-existing at the time of employment exists, is the applicant's current medical condition solely attributable to the occupational injury? Explain fully. \_\_\_\_\_

17. What medication or other treatment is presently being prescribed? Explain fully:

18. In your professional medical opinion, has the applicant adequately performed all of the recommended Treatments or the therapies to be able to perform their job duties?

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

20. In what particular "specialty" area of medicine do you practice and are you Board Certified?

**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.

*Douglas C. Zabin*

Chairman

Orlando Firefighters' Pension Board

\_\_\_\_\_  
Physician Signature

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

\_\_\_\_\_  
Date

Attachment: Firefighter-Job Description  
Presumption Status if necessary



## DISABILITY PENSION APPLICATION PACKAGE

### TABLE OF CONTENTS

<b><u>TAB NUMBER</u></b>	<b><u>TITLE OF DOCUMENTS</u></b>	<b><u>PAGE** NUMBER</u></b>
1.	Application for Disability Retirement .....	
2.	Copy of Initial Accident/Injury Report(s).....	
3.	Physician's Reports with office notes (in chronological order).....	
4.	Hospitalization/Surgical Reports (in chronological order)	
5.	City's Medical Provider's Records (in chronological order).....	
6.	Diagnostic Reports (in chronological order).....	
7.	Application for Workers' Compensation Benefits (with determination, if received).....	
8.	Application for Social Security Benefits (with determination, if received).....	
9.	Additional Doctors Records.....	
10.	Pre-employment Physical.....	
11.	Any other supporting documentation.....	
12.	Authorization to Release Medical/Psychological and Employment Information.....	
13.	Certification of Completion.....	
14.	Independent Medical Evaluation.....	

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



**ORLANDO FIREFIGHTERS' 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 Firefighter's 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)



## 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 (1) of said application package to the Pension Coordinator, 4<sup>th</sup> Floor, Orlando City Hall.

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

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

\_\_\_\_\_  
Date



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#009**

**SUBJECT: HIPAA COMPLIANT MEDICAL RELEASE**

**1. OBJECTIVE:**

A HIPAA Compliant Medical Release is to be incorporated in the Application for Disability Benefits.

**2. AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board on October 21, 2003.

**3. DIRECTION:**

The Executive Director, designated by the Firefighters' 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.

**5. FORMS**

Authorization to release medical, psychological and employment information and retiree's medical authorization to release medical, psychological and employment information (including protected health information).

**6. COMMITTEE RESPONSIBILITIES:**

None

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#009**

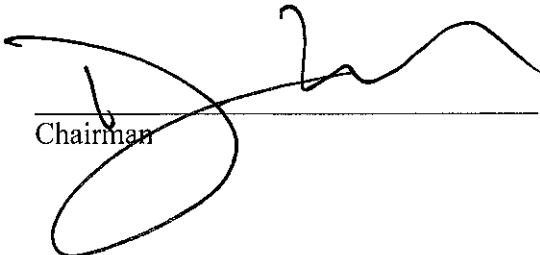
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of October 21, 2003. Reviewed March 20, 2024.

8. **EFFECTIVE DATE:**

October 21, 2003.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 20 day of March, 2024.

  
\_\_\_\_\_  
Chairman



**ORLANDO FIREFIGHTERS' 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 Firefighter's 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**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#010**

**SUBJECT: DOMESTIC RELATIONS ORDERS**

**1. OBJECTIVE:**

To provide guidance in the administration of the plan as it relates to domestic relations orders.

**2. AUTHORITY:**

A. As a governmental pension plan, the Orlando Firefighters' Pension Fund does not have authority to comply with a court order ordering an equitable distribution of marital assets (pension benefits), even if such court order is as a result of a written agreement entered into by the firefighter. See:

(1) *Board of Trustees of the City General Employees Pension Plan v. Vizcaino*, 635 So. 2d 1012, 1013 (Fla. 1st DCA 1994);

(2) *Edwards v. Edwards*, 819 So. 2d 837 (Fla. 2d DCA 2002); and

(3) *Board of Trustees of the Orlando Police Pension Plan v. Langford*, 833 So. 2d 230 (Fla. 5<sup>th</sup> DCA 2002).

B. The Orlando Firefighters' Pension Fund will honor that part of a court order ordering the payment of child support and/or alimony. See:

(1) *Alvarez v. Board of Trustees of the City Pension Fund for Firefighters and Police Officers in the City of Tampa*, 580 So. 2d 151, 154 (Fla. 1991); and

(2) Florida Statutes §175.061(7).

**3. METHOD OF OPERATION:**

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**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#010**

- A. That part of any court order which attempts to effectuate an equitable distribution of marital assets (pension benefits) will not be honored by the Orlando Firefighters' Pension Plan regardless of the title of such order (Qualified Domestic Relations Order [QDRO], Domestic Relations Order [DRO], Income Deduction Order [IDO], Apportionment Order, etc.).
- B. The Orlando Firefighters' Pension Fund will honor that part of any court order ordering the payment of child support and/or alimony, regardless of the title of the court order (usually titled Income Deduction Order [IDO] or Income Withholding Order [IWO]).
- C. As to pension benefits that may be owing upon the death of the firefighter, see Policy #16, "Effects of Dissolution of Marriage on Beneficiary Designations (Florida Statutes §732.703)".
- D. Pension benefits include, but are not necessarily limited to, monthly pension benefits, monies accrued in a Forward DROP account, monies payable to a Back DROP firefighter, and SHARE Program monies.

**4. FORMS:**

None

**5. REFERENCE:**

This Policy and Procedures was adopted by the Firefighters' Pension Board at the meeting of March 21, 2013. Policy was brought back to the trustees on April 18, 2013 and a motion to approve was made and retroactive from March 21, 2013.

**6. EFFECTIVE DATE:**

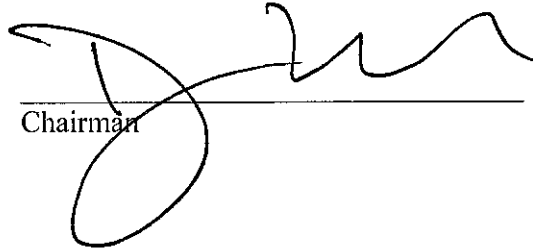
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**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#010**

March 21, 2013. Reviewed March 20, 2024.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 20 day of March, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#011**

**SUBJECT: DISABILITY PROCEDURES – IME LETTERS REGARDING  
“PRESUMPTIVE ILLNESSES”.**

**1. OBJECTIVE:**

To systematically review the Policy & Procedures for the Orlando Firefighters' 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 Firefighters' Pension Board on December 19, 2002.

**3. DIRECTION:**

The Executive Director, designated by the Firefighters' 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 Agreement, 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.

**5. FORMS**

IME LETTERS REGARDING PRESUMPTIVE ILLNESSES (heart disease, hypertension, meningococcal meningitis, tuberculosis, hepatitis, and an irrebuttable



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#011**

presumption for 21 cancers as provided for in Florida Statute 112.1816.) Supplement to Physician's Report, and the City of Orlando Cancer Claim Form.

6. **COMMITTEE RESPONSIBILITIES:**

None.

7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of December 19, 2002.

8. **EFFECTIVE DATE:**

December 19, 2002

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May 2024.

\_\_\_\_\_  
Chairman





## Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

**If you have any questions regarding benefits available, how to file your claim, or if you would like to appeal any determination, please contact Employee Benefits at 407-246-2244.**

All information must be submitted, and all questions answered, fully, and accurately on the form provided. The claim form must be completed before the City will consider your claim. If further space is required for any question, attach additional pages, indicating the question to which the information applies. The responsibility is on the applicant to provide complete documentation in support of this claim, including all information provided by the claimant's physician. Incomplete packages will be returned.

Instructions for filing cancer claims:

- Applying firefighter must submit **Section I - Claimant Information, Section II Authorization to Release Medical Information, and Section III - Attending Physician Statement** (and all required pathology and/or clinical report(s) as described in Section III) in order for claim form to be accepted. Please note: Section III should be completed by the physician who initially diagnosed the specific cancer for which you are filing this claim.
- To avoid processing delays, please complete all applicable sections entirely and accurately.
- You may hand deliver, mail, or fax this form to:  

**City of Orlando, Employee Benefits, 7<sup>th</sup> Floor**  
**400 S. Orange Ave PO Box 4990**  
**Orlando, FL 32802-4990**  
**Fax Number: 407.246.2512**
- A pathology report diagnosing cancer **must** accompany your claim for that specific diagnosis of cancer. (The hospital or doctor will furnish this report to you at your request.) If the diagnosis of cancer was made by clinical information instead of pathological means, please submit the clinical evidence that established a positive diagnosis of cancer.
- Your complete medical records from all primary care physicians you have seen in the past five (5) years **must** accompany your claim.
- Have the doctor complete **Section III - Attending Physician Statement** and attach an itemized billing showing the diagnosis, services provided, and the actual charges made to you.
- Any out-of-pocket Medical/Rx costs incurred by the firefighter, which are covered under the City's health plan and are directly related to this claim after the initial diagnosis date must be forwarded to Employee Benefits for reimbursement within 90 days of payment. A completed copy of the attached **Appendix A – Cancer Treatment Out-of-Pocket Reimbursement Request** must be included with each reimbursement request.



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## Section I – Claimant Information (To be completed by all claimants)

A claim is being filed for a covered cancer diagnosis below:

- |                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bladder            | <input type="checkbox"/> Mesothelioma            |
| <input type="checkbox"/> Brain              | <input type="checkbox"/> Multiple Myeloma        |
| <input type="checkbox"/> Breast             | <input type="checkbox"/> Non-Hodgkin’s Lymphoma  |
| <input type="checkbox"/> Cervical           | <input type="checkbox"/> Oral Cavity and Pharynx |
| <input type="checkbox"/> Colon              | <input type="checkbox"/> Ovarian                 |
| <input type="checkbox"/> Esophageal         | <input type="checkbox"/> Prostate                |
| <input type="checkbox"/> Invasive Skin      | <input type="checkbox"/> Rectal                  |
| <input type="checkbox"/> Kidney             | <input type="checkbox"/> Stomach                 |
| <input type="checkbox"/> Large Intestinal   | <input type="checkbox"/> Testicular              |
| <input type="checkbox"/> Lung               | <input type="checkbox"/> Thyroid                 |
| <input type="checkbox"/> Malignant Melanoma |                                                  |

Date of Initial Diagnosis (**must be on or after 7/1/2019**)

Male  Female

Full Time Employee  Retiree  COBRA Participant  Deceased

Employee ID

Social Security Number

First Name

Last Name

Address

City

State

Zip Code

Telephone Number

Date of Birth

Job Title

Date of Hire

Termination Date (if applicable)

Date of Rehire (if applicable)

Date of Retirement (if applicable)



# Firefighter Cancer Claim Form

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1. Are you currently covered under the City of Orlando's health plan?  Yes  No  
 United Healthcare Member ID# \_\_\_\_\_

2. Have you worked for previous agencies as a firefighter? If you have worked for multiple agencies, attach additional information as a separate sheet to your claim.  Yes  No  
 If yes, Name of Agency: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Agency Contact Name: \_\_\_\_\_  
 Agency Contact Number: \_\_\_\_\_

3. Have you been employed by City of Orlando as a firefighter for at least five (5) continuous years?  Yes  No

4. Have you used tobacco products at any time in the preceding five (5) years?  Yes  No

5. Have you been employed in any other position outside of the City of Orlando at any time in the preceding five (5) years?  Yes  No

If yes, please answer questions below for each position. Please attach additional sheets with information on each position.

Job Title \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 End Date \_\_\_\_\_

Describe the position(s) and specific nature of work performed, including the average number of hours worked per week (be specific):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When working in this other position, how many hours per week do you spend outside? \_\_\_\_\_ Hours per Week

When working in this other position, are or were there chemicals, such as pesticides,



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

fertilizers, etc. or any other harmful substances or conditions?

Yes

No

If yes, please explain (be specific)

---

---

6. Were you ever diagnosed with the same cancer indicated above prior to your employment with the City?

Yes

No

If yes, provide the date of diagnosis:

---

Describe the treatment you received for this cancer, diagnosed/treated by whom, when, and where:

---

---

---

7. Have you filed a claim or do you expect to file a claim under any workers' compensation policy for the cancer diagnosis indicated on this claim form?

Yes

No

8. Did you elect to continue coverage under the City of Orlando's health plan upon termination? (if applicable)

Yes

No

9. Have you been employed as a firefighter with another agency at any time since leaving the City of Orlando? (if applicable)

Yes

No

If yes, Name of Agency:

---

Hire Date:

Termination Date:

---

Agency Contact Name:

---

Agency Contact Number:

---

10. Provide the name(s), address(es) and telephone number(s) of all health providers you have seen in the past five (5) years (attach additional pages, if necessary).

---

---

11. Are the complete medical records from all primary care physicians you have seen in the past five (5) years included with your claim?

Yes

No



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

12. Is there any additional information that you should supply in order to fully disclose the cause or nature of your cancer diagnosis?

Yes

No

If yes, please explain (be specific and attach other information, as necessary).

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

All applicants must read the language below carefully before signing. This form must be notarized in order to be accepted.

*I, the undersigned, do hereby certify that I have read and truthfully responded to each question to the best of my ability and knowledge. The answers I have given to the questions are true and can be supported. I understand that any intentional omission, dishonesty in disclosure, or falsification of answers written on form may result in the denial of my claim. In addition, an individual may be subject to prosecution under Orlando City Code Section 43.16, False Information.*

*I voluntarily submit this statement and attached personal medical information for the purpose of applying for benefits under Florida Statute 112.1816. I authorize use of this information by the City to determine my eligibility for benefits, and understand that it will be disclosed only to those necessary to the determination and administration of benefits.*

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**For an acknowledgment in an individual capacity:**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of 20\_\_\_\_, by

\_\_\_\_\_  
(Name of person acknowledging)

(Seal)

\_\_\_\_\_  
Signature of Notary Public  
Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_  
OR Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## **Section II – Authorization to Release Medical 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 authorized personnel at the City of Orlando.

The protected health information authorized for release is as follows:

Any and all information with respect my medical history, consultation, prescriptions, and all medical treatments. This includes but is not limited to intake questionnaires, reports, x-ray, diagnostic tests, films, charts, and other documents of every kind.

The protected health information to be disclosed under this authorization is for the purpose of consideration of my claim for benefits under Florida Statute 112.1816.

This authorization will not expire until the date my applicable benefits under Florida Statute 112.1816 expire. 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 claim under Florida Statute 112.1816 will not be processed.

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 and 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**

\_\_\_\_\_  
Claimant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Last 4 Digits of Social Security #

\_\_\_\_\_  
Witness (Print)

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



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## Section III – Attending Physician Statement for Cancer Diagnosis (To be completed by Physician.)

The City requires specific answers to the following questions in order to render a fair and equitable decision on your patient’s claim under Florida Statute 112.1816. Your cooperation in thoroughly answering these questions is appreciated.

If further space is required for any question, please attach additional pages, indicating the question to which the information applies. The information requested herein should be furnished directly to the patient. Please do not send this Physician Statement to the City directly.

### A. PATIENT INFORMATION

--	--

Patient Name (please print)

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

### B. PHYSICIAN INFORMATION

--	--

Attending Physician’s Name (please print)

Phone Number

--	--

License Number

Fax Number

--	--	--	--

Street Address

City

State

Zip Code

--	--	--

SSN or EIN

Degree

Physician Specialty

### C. CANCER DIAGNOSIS VERIFICATION

1. Please verify the following diagnosis:

- |                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bladder            | <input type="checkbox"/> Mesothelioma            |
| <input type="checkbox"/> Brain              | <input type="checkbox"/> Multiple Myeloma        |
| <input type="checkbox"/> Breast             | <input type="checkbox"/> Non-Hodgkin’s Lymphoma  |
| <input type="checkbox"/> Cervical           | <input type="checkbox"/> Oral Cavity and Pharynx |
| <input type="checkbox"/> Colon              | <input type="checkbox"/> Ovarian                 |
| <input type="checkbox"/> Esophageal         | <input type="checkbox"/> Prostate                |
| <input type="checkbox"/> Invasive Skin      | <input type="checkbox"/> Rectal                  |
| <input type="checkbox"/> Kidney             | <input type="checkbox"/> Stomach                 |
| <input type="checkbox"/> Large Intestinal   | <input type="checkbox"/> Testicular              |
| <input type="checkbox"/> Lung               | <input type="checkbox"/> Thyroid                 |
| <input type="checkbox"/> Malignant Melanoma |                                                  |

2. When did symptoms first appear? Date: \_\_\_\_\_

3. When was the patient initially diagnosed? Date: \_\_\_\_\_





# Firefighter Cancer Claim Form

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4. When did the patient first consult you for this condition? Date: \_\_\_\_\_

5. How long has the patient been under your care, for this or any other condition? \_\_\_\_\_

6. Is the patient still under your care for this condition?  Yes  No

7. Has the patient ever had the same or similar condition?  Yes  No

If yes, please provide the date of diagnosis and a description: Date of Condition: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Did you refer the patient to another physician?  Yes  No

If yes, please provide the following information:

--	--

Referred Physician's Name (please print)

Phone Number

--	--

License Number

Fax Number

--	--	--	--

Street Address

City

State

Zip Code

--	--	--

SSN or EIN

Degree

Physician Specialty

A pathology report diagnosing the specific cancer specified on this form **must** accompany this statement. If the diagnosis of cancer was made by clinical information instead of pathological means, the clinical evidence that established a positive diagnosis of cancer must be submitted.

9. Is the pathology report and/or clinical evidence establishing a positive diagnosis of cancer attached to this statement?  Yes  No

10. Is the itemized billing showing the diagnosis, services provided, and the actual charges made by the patient attached to this statement?  Yes  No

11. Is there any other medically relevant information regarding this condition that should be disclosed?  Yes  No



## Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing.***

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

**-----FOR CITY OF ORLANDO EMPLOYEE BENEFITS OFFICE USE ONLY-----**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Time in Position: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Currently enrolled in City's health insurance plan?

Yes  No Member ID# \_\_\_\_\_

Has firefighter worked for another agency as a firefighter? Name of Agency: \_\_\_\_\_

Yes  No Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Has firefighter been employed in any other position outside of the City of Orlando? Hours/Week: \_\_\_\_\_

Yes  No Sun Exposure  Yes  No

Chemical Exposure:  Yes  No

Diagnosis confirmed? Diagnosis: \_\_\_\_\_

Yes  No

Date of diagnosis confirmed? Date: \_\_\_\_\_

Yes  No

Firefighter meets qualifications for \$25,000 lump sum? If no, indicate reason:

Yes  No \_\_\_\_\_ Position

\_\_\_\_\_ Time in Position

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Date of Diagnosis

\_\_\_\_\_ Other \_\_\_\_\_

Firefighter meets qualifications for reimbursement of out-of-pocket expenses? If no, indicate reason:

Yes  No \_\_\_\_\_ Position

\_\_\_\_\_ Time in Position

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Date of Diagnosis

\_\_\_\_\_ Does not have City health insurance

\_\_\_\_\_ Other \_\_\_\_\_

Is there a Request for Authorization for Outside Employment Form on file (Appendix 3 of Policies and Procedures 800.5) for the same occupation listed on the claim form? If a different occupation was listed on the form, indicate the other occupation below:

\_\_\_\_\_

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

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## APPENDIX A

### F.S. 112.1816 FIREFIGHTER CANCER BILL

### CANCER TREATMENT OUT-OF-POCKET REIMBURSEMENT REQUEST

**TO:** Employee Benefits Section

**DATE:** \_\_\_\_\_

**SUBJECT:** Request for Reimbursement of Out-of-Pocket Costs for Cancer Treatment

Attached is an itemized statement (billing) for personal out-of-pocket cancer treatment expenses (e.g. copayments) for services covered under the City of Orlando’s health plan and associated with my claim under Florida Statute 112.1816 Firefighter Cancer Bill, which has been approved by the City of Orlando. Such statement includes the patient name (my name), provider name and contact information, reason for the service provided, date of service, and amount paid by me. I request your approval for reimbursement in accordance with this statute. I certify that I have not, or will not, apply or receive reimbursement from any insurance company or other source for the amount requested below, including a Flexible Spending Account (FSA). I further certify the out-of-pocket expenses apply to cancer treatment costs incurred for covered services under the City of Orlando health insurance plan rendered specifically for myself.

Please note: Out-of-Pocket expenses resulting from balance billing (the difference between an out-of-network provider’s charge and what the City of Orlando’s Plan pays) are not eligible for reimbursement.

**TOTAL AMOUNT OF REQUEST \$** \_\_\_\_\_

--	--	--	--	--

Employee ID

--	--

First Name

Last Name

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**---FOR EMPLOYEE BENEFITS USE ONLY---**

**Approved Claim Form has been verified**

Yes

No

**Reimbursement**

Approved

Denied

\$\_\_\_\_\_ approved to be added to the regular payroll check of the above named claimant on check date \_\_\_\_\_.

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

\_\_\_\_\_  
Date

Date

Physician's Office Info

**Subject: Regarding Firefighter/EMT**

**Application for City of Orlando Firefighters' in-line-of duty Disability Pension**

Dear Dr.,

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

The purpose of the medical evaluation is to assist the Board of Trustees of the Orlando Firefighter Pension Fund in determining certain questions:

- 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 directly caused by and attributable to the performance of duty as a member of the (fire) department"; and whether or not the disability was caused by the member's "own imprudence" or other actions which are not job-related incidents.

The disability applicant has indicated that the medical condition for which disability pension is sought is \_\_\_\_\_. Florida law provides that such condition shall be presumed to have been suffered in the line of duty unless the contrary is shown is competent evidence. However, before the presumption applies, the firefighter shall have successfully passed a physical examination upon entering service as a firefighter with the City of Orlando which examination failed to reveal any evidence of any such condition.

:

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 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 fire department?

Since the disability applicant has indicated that the medical condition for which disability is sought is \_\_\_\_\_, please also address the following specific questions in answering this general question:

- a. Is the medical condition for which disability is sought heart disease or hypertension?
  - b. Did the disability applicant successfully pass the physical examination upon entering into service as a firefighter with the City of Orlando which examination failed to reveal any evidence of any heart disease or hypertension?
  - c. Is there any competent evidence that the disability was not directly caused by and attributable to the performance of duty as a firefighter with the City of Orlando?
6. What, if any, **permanent physical restrictions** would you place on this disability applicant?

**When dictating, please do the following:**

1. State the question number; then, state the question itself, followed by the answer for that specific question only.
2. Follow the same format for questions 1-6.

Again, thank you for providing an Independent Medical Evaluation for the Board of Trustees of the Orlando Firefighters' Pension Fund. Please forward the IME results to me via fax at **407-200-5473**.

We will contact you to schedule a conference if the need should arise. If you should have any questions, please contact me at 407-200-2886 (Denise Johnson)

Sincerely,

Kim Graham  
Director of Nursing  
Advent Health Centra Care Business

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#012**

**SUBJECT: AFFIDAVIT OF MARRIAGE (UPON ENROLLMENT AND UPON RETIREMENT)**

**1. OBJECTIVE:**

To systematically review the Policy & Procedures for the Orlando Firefighters' 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 Firefighters' Pension Board on April 16, 2003.

**3. DIRECTION:**

The Executive Director, designated by the Firefighters' 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 Agreement, 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**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#012**

**Page Two**

5. **FORMS**

Affidavit of Marriage (Upon Enrollment)  
Affidavit of Marriage (Upon Retirement)

6. **COMMITTEE RESPONSIBILITIES:**

None

7. **REFERENCE:**

Procedure adopted by the Firefighters' Pension Board at the meeting of April 16, 2003. **NO FORMAL MOTION MADE.**

8. **EFFECTIVE DATE:**

April 16, 2003

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 17 day of April 2024.

\_\_\_\_\_  
Chairman



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#013**

**SUBJECT: CASE SUMMARIES AT DISABILITY HEARINGS**

1. **OBJECTIVE:**

To ensure that the Board of Trustees have ample time to review additional evidence and written case summaries pertaining to a disability applicant's disability hearing from the applicant, applicant's attorney or the Fire Department Advocate prior to the Disability Hearing.

2. **AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board on February 28, 2006.

3. **DIRECTION:**

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

4. **METHOD OF OPERATION:**

All additional evidence and case summaries to be considered by the Board of Trustees at a Disability Hearing must be submitted to the Pension Coordinator no later than fifteen calendar days prior to the Disability Hearing or a Motion to Continue must be filed.

5. **FORMS**

None

6. **COMMITTEE RESPONSIBILITIES:**

None

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#013**

Page Two

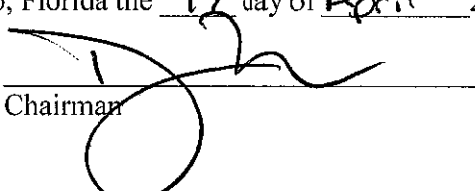
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of February 28, 2006.

8. **EFFECTIVE DATE:**

February 28, 2006

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 17 day of April 2024

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#014**

**SUBJECT: CALCULATION OF LUMP SUM PAYMENTS TO BENEFICIARIES**

1. **OBJECTIVE:**

To ensure that upon the death of an active firefighter if their beneficiary requests a lump sum payment what discounted rate should be used for the calculation.

2. **AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board on April 15, 2010.

3. **DIRECTION:**

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

4. **METHOD OF OPERATION:**

If beneficiaries request a lump sum pension benefit upon the death of a firefighter, the calculation will be based on the discounted rate currently being used by the actuary or the assumed rate of return.

5. **FORMS:**

None

6. **COMMITTEE RESPONSIBILITIES:**

None

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#014**

Page Two

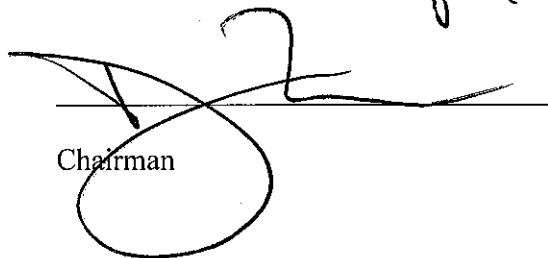
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of April 15, 2010.

8. **EFFECTIVE DATE:**

April 15, 2010.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 17 day of April, 2010

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#015**

**SUBJECT: REEXAMINATION AND RECALL OF RETIRED PERMANENTLY  
DISABLED FIREFIGHTERS**

**1. OBJECTIVE:**

To provide interpretation and guidance in the administration of Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan.

**2. AUTHORITY:**

Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan, provides:

**3. PLAN PROVISIONS:**

a. Section 20 provides:

"Any member of the said fire department who shall have retired on pension due to permanent disability, who has less than twenty-five (25) years of service in said department, shall be subject to the call of the said Orlando Firefighters Pension Board for reexamination, and if found able to perform active duty, the said board shall have the power to, with the consent of the chief of the said fire department and city commissioners of the said city, compel the return of said member to the said department and said member so returned shall enjoy the same rights that he had at the time he was placed upon pension, and in the event said member so ordered to return shall refuse to comply with said order within ten (10) days from the issuance thereof, he shall forfeit his right to his pension." (E.S.)

**4. DIRECTION:**

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#015**

**5. METHOD OF OPERATION:**

A. To stop payment of disability benefits, whether line of duty or non-line of duty, all of the following conditions must occur:

(1) The retired disabled member must have had "less than twenty-five (25) years of service" with the Orlando Fire Department. A firefighter who retired on disability with twenty-five (25) years or more of service is not subject to reexamination and recall.

(2) The Orlando Firefighters' Pension Board, upon reexamination, must find that the firefighter who retired on disability is "able to perform active duty" as a firefighter.

(3) "Consent of the Fire Chief" of the Orlando Fire Department to return the previously disabled firefighter to active duty as a firefighter must be given.

(4) "Consent of the ...City Commissioners" to return the previously disabled firefighter to active duty as a firefighter must be given.

B.

(1) The Pension Board interprets Section 20, "Reexamination and Recall of Retired Employees", to mean that the Pension Board must find that the firefighter previously retired as being permanently and totally disabled does not currently have any medical condition which would preclude him/her to perform active duty as a firefighter.

(2) A firefighter who was retired on disability because of "x" medical condition, which no longer precludes such person from performing active duty, but has "y" medical condition, which precludes him from performing active duty, would not be subject to recall.

(3) A firefighter who was retired on line of duty disability because of "x" medical condition, which no longer precludes such person from performing active duty, but has "y" medical condition, which precludes him from

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**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#015**

performing active duty, would still be eligible for line of duty disability benefits.

(4) A firefighter who is determined to be permanently and totally disabled because of "x" medical condition and "y" medical condition, one of which medical condition is determined to be in the line of duty, and the other of which medical condition is determined to be not in the line of duty, would continue to be entitled to line of duty disability benefits even if no longer disabled from the line of duty medical condition, as long as there was some other medical condition which precluded him/her from performing active duty.

**6. FORMS**

None

**7. REFERENCE:**

This policy and procedure was adopted by motion at the Firefighters' Pension Board meeting of May 11, 2011.

**8. EFFECTIVE DATE:**

This policy and procedures is effective for all firefighters who retired as being permanently and totally disabled, whether line-of- duty or not in the line-of-duty, in the past and in the future.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 17 day of April 2024.

\_\_\_\_\_  
Chairman

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**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#016**

**SUBJECT: EFFECTS OF DISSOLUTION OF MARRIAGE ON BENEFICIARY DESIGNATIONS (FLORIDA STATUTES § 732.703)**

**1. OBJECTIVE:**

To provide interpretation and guidance in the administration of payments of pension benefits upon the death of the firefighter and Florida Statutes § 732.703, effects of dissolution of marriage on beneficiary designations.

**2. AUTHORITY:**

Section 4(3), Section 32(1), Section 31(1)(b), Section 21(12)(a), and Section 36(18) of the Orlando Firefighters' Pension Plan.

**3. PLAN PROVISIONS:**

A. Section 32, "Beneficiaries", of the Orlando Firefighters' Pension Plan, provides:

(1) Each Firefighter may, on a form provided for that purpose, signed and filed with the benefits department, designate a choice of one or more persons, including a trust, named sequentially or jointly, as his beneficiary (or beneficiaries) to receive a refund of the member's accumulated contributions without interest or the remainder of the 120 monthly payments, if any, which may be payable in the event of the member's death. Each designation may be revoked or changed by such Firefighter by signing and filing with the benefits department a new designation-of-beneficiary form. Upon such change, the rights of all previously designated beneficiaries to receive benefits under the system shall cease.

(2) If a deceased Firefighter fails to name a Beneficiary in the manner prescribed in Subsection (1) above, or if the Beneficiary (or Beneficiaries) named by a deceased Firefighter predeceases the Firefighter, the refund of member's contributions or the remainder of the 120 monthly payments, if any, which may be payable with respect



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to such deceased Firefighter, except as provided by Subsection 32(4), shall be paid to the estate of the Firefighter and the benefits department, in its discretion, may direct that the commuted value of the remaining monthly income benefits be paid in a lump sum.

(3) Any payment made to any person pursuant to this section shall operate as a complete discharge of all obligations with regard to the deceased Member and any other persons with rights and shall not be subject to review by anyone but shall be final, binding and conclusive on all persons ever interested hereunder.

(4) If a member has not completed and filed with the benefits department a designation of beneficiary form and has not elected in writing and filed with the benefits department the Section 34(1)(a) life with 10 years certain option, monthly benefits that are payable upon the death of the member, if any, for the 120 month period shall be paid to the member's surviving spouse, issue in being under the age of eighteen (18), or dependent parents, in the same percentages as set forth in Section 14, "Benefits Payable Upon Death of Member"; and, if none, to the member's estate."

B. Section 31(1)(b) defines beneficiary as follows:

*"Beneficiary* means one or more persons, including a trust, named sequentially or jointly, who has or have been designated by the Member, on a form provided for that purpose, signed and filed with the benefits department to receive a refund of member's accumulated contributions without interest or to receive the remainder of the 120 monthly payments, if payable, which may be payable. If no beneficiary is named in the manner provided herein, or if no Beneficiary designated survives the Member, the refund of contributions or remainder of the 120 monthly payments, if any, shall be paid by the Board of Trustees to the estate of such deceased

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Member, provided that the benefits department, in its discretion, may direct that the commuted value of any remaining monthly benefits payments be paid in a lump sum. Each designation may be revoked by the Member by signing and filing with the benefits department a new designation of beneficiary form.”

C. Section 21, “Deferred Retirement Option Program”, in part, provides:

“(12) Death of a DROP Participant

(a) Upon the death of a DROP participant, the named DROP beneficiaries shall be entitled to apply for and receive the balance of the DROP participant's DROP account as provided in subsections (9) and (10). DROP payments to a beneficiary shall be in addition to any other retirement benefits payable to the beneficiary.”

D. Section 26, “Orlando Firefighters’ SHARE Program”, in part, provides:

“(18) Designation of Beneficiaries

(a) Each participant may, on a form provided for that purpose, signed and filed with the approved provider and third-party administrator, if any, designate a choice of one or more persons, named sequentially or jointly, as his or her beneficiary who shall receive the benefits, if any, which may be payable pursuant to this section in the event of the participant's death. If no beneficiary is named in this manner, or if no beneficiary designated by the participant survives the participant, the beneficiaries shall be the beneficiaries of the participant's estate. The board may determine the beneficiaries of the participant's estate pursuant to rules adopted by the board. Otherwise, a court order determining the beneficiaries of the participant's estate shall be required.

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- (b) A trust may be designated as a beneficiary.

**4. DIRECTION:**

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

**5. METHOD OF OPERATION:**

A. The Board of Trustees has adopted the following forms, which contain designation of beneficiaries or designation of joint pensioner and require indication of the "relationship" of the named beneficiaries or joint pensioner:

- (1) Firefighters' Share Program Designation of Beneficiary Form, for firefighters who are employed as a firefighter any time on or after July 1, 2009.
- (2) Pre-Separation Death Designation of Beneficiary Form for Refund of Contributions.
- (3) Pre-Separation Death Designation of Beneficiary Form for Monthly Benefits.
- (4) Post-Separation Death Designation of Beneficiary Form for Remainder of 120 Monthly Benefits (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
- (5) Application for Retirement Benefit.
- (6) Request to Change Joint Pensioner (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
- (7) DROP Designation of Beneficiary Form.

These forms can be obtained from the pension coordinator at [orlandofirepension@cityoforlando.net](mailto:orlandofirepension@cityoforlando.net) or (407) 246-3410; or via the internet at [www.cityoforlando.net/pension/fire\\_forms.htm](http://www.cityoforlando.net/pension/fire_forms.htm).

B. Once Share Program monies are received by the third-party administrator, Nationwide Retirement Solutions, Inc., such monies are subject to a designation of

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beneficiary form promulgated by the third-party administrator, Nationwide Retirement Solutions, Inc.

The Share Program Nationwide Beneficiary Form can be obtained via the internet at [www.cityoforlando.net/pension/fire\\_forms.htm](http://www.cityoforlando.net/pension/fire_forms.htm).

C. The following are situations where benefits may be paid on the death of the firefighter:

- (1) If a refund of contributions is owed.
- (2) If a firefighter dies before 120 monthly payments are made to the eligible firefighter (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
- (3) When a firefighter dies after naming a joint pensioner (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
- (4) When a firefighter dies while in Forward DROP.
- (5) When a firefighter dies while eligible for SHARE Program assets, before transfer of those assets to the third-party administrator, Nationwide Retirement Solutions, Inc. (Firefighters who separated prior to January 1, 1998 are not eligible for SHARE Program assets).
- (6) When a firefighter dies while SHARE Program assets are held by the third party administrator, Nationwide Retirement Solutions, Inc. (Firefighters who separated prior to January 1, 1998 are not eligible for SHARE Program assets).

D. Effective July 1, 2012, Florida Statutes § 732.703 (2) provides that a designation of a spouse made prior to dissolution of marriage is void upon the dissolution of marriage, and that the firefighter's interest shall pass as if the former spouse predeceased the firefighter (to the contingent or secondary beneficiary), except in certain circumstances, including but not limited to:

- (1) After the order of dissolution, the firefighter designates the former spouse as the beneficiary or joint pensioner (F.S. § 732.703 (4)(b)). The marital settlement agreement or order of dissolution may require this.

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(2) An order of dissolution requires that the firefighter cannot unilaterally terminate or modify the ownership of the asset, or its disposition upon the death of the firefighter. This is interpreted to mean that the court order requires the firefighter to name or maintain the former spouse as the beneficiary or the joint pensioner (F.S. § 732.703 (4)(e)).

E. After July 1, 2012, if a firefighter wants a former spouse to be the primary beneficiary or contingent secondary beneficiary, or joint pensioner, or if a firefighter is required by a court order, the firefighter must complete and sign a new designation form for each applicable pension benefit payable upon the firefighter's death, and file such with the benefits department AFTER dissolution of marriage. Any active or retired firefighter who currently has a former spouse as a beneficiary or joint pensioner, who wants to maintain such designation, or who is required to do so by court order, must designate the former spouse again after July 1, 2012.

F. The Board of Trustees will follow any certified court order served upon it (pension coordinator, executive director, or any trustee) or the City of Orlando, by e-mail to the pension coordinator at [orlandofirepension@cityoforlando.net](mailto:orlandofirepension@cityoforlando.net), personal delivery, certified mail or by a process server. HOWEVER, for Share Program monies held by the third-party administrator, Nationwide Retirement Solutions, Inc., the certified court order must be served upon Nationwide Retirement Solutions, Inc. in a method acceptable to Nationwide.

G. Firefighters who are obtaining a dissolution of marriage should make sure that any marital settlement agreement entered into and court order should be clear and specific as to who is entitled to receive each and every type of pension benefit that is to be paid upon the death of the firefighter.

H. Firefighters are encouraged to periodically review and update their beneficiary forms, particularly when there has been a change of circumstances, such as dissolution of marriage, death of named beneficiary, named beneficiary obtains age 18, etc.

I. Upon dissolution of marriage, a firefighter who elects the optional form of payment with the spouse as the joint pensioner will continue to receive the same amount

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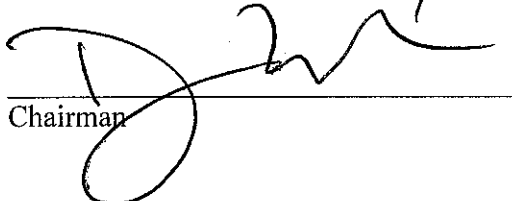
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**8. EFFECTIVE DATE:**

This policy and procedures is effective retroactive to July 1, 2012 for all active and retired firefighters.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 5 day of May 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
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**#017**

**SUBJECT: TYPES OF PAY THAT ARE PENSIONABLE**

**1. OBJECTIVE:**

To provide interpretation and guidance in the administration of the types of pay that are pensionable from which employee contributions are deducted and which are included in the calculation of monthly pension benefits.

**2. AUTHORITY:**

Section 1(1) and Section 4(3) of the Orlando Firefighters' Pension Plan.

**3. PLAN PROVISION:**

A. Section 1, "Firefighter Pension Fund", of the Orlando Firefighters' Pension Plan, in part, provides:

"(1) ...For the purposes of this Act, "salary" shall mean and include base pay, emergency medical technician (EMT) and paramedic pay, longevity pay, incentive pay, and any fixed monthly remuneration, but shall not include overtime pay, education advancement pay, and any other form of compensation not specifically included above."  
(E.S.)

The underlined language was added effective July 1, 2000.

**4. DIRECTION:**

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

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**5. METHOD OF OPERATION:**

- A. The City of Orlando shall make the appropriate percentage deduction on pay that is determined by the Board of Trustees to be "salary" as defined in Section 1(1) of the Orlando Firefighters' Pension Plan.
- B. Monthly pension benefits shall be computed by including pay determined by the Board of Trustees to be "salary" as defined in Section 1(1) of the Orlando Firefighters' Pension Plan.
- C. The following types of pay have been determined by the Board of Trustees to be "salary" as defined in Section 1(1) of the Orlando Firefighters' Pension Plan as Pensionable Pay:
  - (1) Base Pay (includes personal leave, sick pay and vacation pay)
  - (2) Emergency Medical Technician (EMT) Pay
  - (3) Paramedic (PM) Pay
  - (4) Longevity Pay
  - (5) State Funded Educational Incentive Pay
  - (6) Hours Banked Pay (HBFD)
- D. The following types of pay have been determined by the Board of Trustees **not** to be "salary" as defined in Section 1(1) of the Orlando Firefighters' Pension Plan as Non-Pensionable Pay:
  - (1) Overtime Pay (that is not part of Base Pay)
  - (2) City Funded Educational Reimbursement Pay
  - (3) Work Back Pay
  - (4) Travel Pay
  - (5) Special Teams Pay
  - (6) Uniform Allowance
  - (7) Holiday Pay
  - (8) Day Incentive Pay



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- (9) Judicial Pay
- (10) Higher Class Pay
- (11) Termination Payout of Accrued Leave
- (12) Vacation Buy Down

6. **FORMS**

None

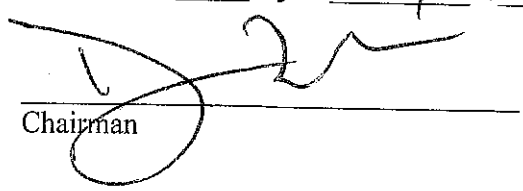
7. **REFERENCE:**

This policy and procedure was adopted by the Firefighters' Pension Board at a meeting on May 16, 2013 by a Motion.

8. **EFFECTIVE DATE:**

This policy and procedure is effective May 16, 2013.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May 20 24.

  
\_\_\_\_\_  
Chairman

# CITY OF ORLANDO

## FIREFIGHTERS' PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #018

**SUBJECT: OPPORTUNITY OF PUBLIC TO BE HEARD AT PUBLIC MEETINGS**

**1. OBJECTIVE:**

To ensure that the Fire Pension Board is in compliance with Florida Statute 286.0114, which gives members of the public reasonable opportunity to be heard at public meetings and authorizes the Board to adopt policies and procedures.

**2. AUTHORITY:**

Section 286.0114(4), Florida Statutes.

**3. DIRECTION:**

Section 286.0114, Florida Statutes, gives members of the public a reasonable opportunity to be heard at a public meeting, and permits boards to adopt policies and procedures.

**4. METHOD OF OPERATION**

**A. Regular meetings.** Public discussion shall be placed on each agenda at the beginning of each regularly scheduled meeting, unless the Chair or presiding officer decides to deviate from these policy and procedures 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 (15) 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 regularly scheduled meeting and a final vote on the pending items listed on speaker request forms described in paragraph 4.D. shall be postponed accordingly.

# CITY OF ORLANDO

## FIREFIGHTERS' PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #018

**D. Procedure for persons wanting to speak.** Members of the public who wish to speak under public discussion at either a regular or special meeting shall sign a speaker's request form containing their complete name and a brief discussion of the topic they wish to discuss. Completed forms 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, insulting, abusive, or foul language, or behave in an 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 policy and procedures shall not apply to any meeting that is exempt from Section 286.011, Florida Statutes, or to any meeting where the Board is acting in a quasi-judicial capacity.

5. **FORMS**

A. Appearance Request/Lobbyist Registration Form.

6. **COMMITTEE RESPONSIBILITIES:**

None

# CITY OF ORLANDO

## FIREFIGHTERS' PENSION BOARD

### POLICY AND PROCEDURES

#### POLICY #018

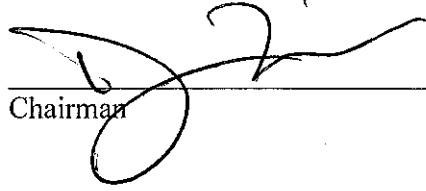
7. **REFERENCE:**

Section 286.0114, Florida Statutes, as created by Chapter 2013-227, Laws of Florida, effective October 1, 2013, and minutes of October 17, 2013.

8. **EFFECTIVE DATE:**

This Policy and Procedure was adopted by the Fire Pension Board on October 17, 2013, as is effective October 17, 2013.

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May, 2024.

  
\_\_\_\_\_  
Chairman



# CITY OF ORLANDO

## **FIREFIGHTERS' & POLICE PENSION BOARDS AND PENSION ADVISORY COMMITTEE APPEARANCE REQUEST/LOBBYIST REGISTRATION FORM**

All persons appearing before the Pension Boards **must complete** the following:

NAME: \_\_\_\_\_

COMPANY/BUSINESS NAME:  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

I wish to speak regarding Agenda Item # \_\_\_\_\_, as a proponent: \_\_\_an opponent\_\_\_ for information\_\_\_\_. (Please check one)

The matter on which I wish to speak is not on the Agenda; but the nature of my appearance is:

\_\_\_\_\_  
\_\_\_\_\_.

I will be speaking: (select one)

- \_\_\_a) on my own behalf; OR
- \_\_\_b) on behalf of another individual, firm, association, or business.

If you checked space (b) above, the Board follows City Code and Section 2.191 requires that you register as a lobbyist by completing the following information. If you fail to complete this information, you will not be permitted to speak.

Full legal name and business address of the individual, firm, association, business, or organization on whose behalf you are appearing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

**CITY OF ORLANDO**  
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**#019**

**SUBJECT: POLICY & PROCEDURES GOVERNING PORTABLE ELECTRONIC DEVICES POLICY**

**1. OBJECTIVE:**

This policy is intended to set forth the authorization and limitations of use of Board of Trustees members' portable electronic devices. For the purpose of this policy, "portable electronic devices" are defined to include cellular phones, personal digital assistants, laptops, e-readers, netbooks, notebooks or any other electronic device capable of displaying data or images and owned or supplied by the Orlando Firefighters' Pension fund ("Fund"). These guidelines apply to all members of the Board of Trustees members' portable electronic devices.

**2. AUTHORITY:**

The Policy adopted by the Firefighters' Pension Board on November 17, 2016.

**3. DIRECTION:**

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

**4. METHOD OF OPERATION:**

A. The Fund packet material is extensive. Copying, delivering, and producing the packet material is expensive. The Fund currently generates an electronic version of the Board packets. The Fund would like to facilitate the access and usage of this electronic version by allowing Board members to use Fund portable electronic devices to retrieve, store, edit and read the electronic Board packet.

Portable electronic devices are a potential security risk because they may contain private, confidential, or sensitive Fund member information, and being portable, are at risk for loss, theft, or other unauthorized access.

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Further, portable electronic devices may be more vulnerable to viruses and other such threats because the user may not regularly use virus protection software and other safeguards available to Fund desktop computers.

1. Board members must understand that their authorization to use Fund portable electronic devices, associated equipment and software is limited to and for the sole purpose of conducting Fund business. Board members further understand that they have no expectation of privacy with regard to their use of such devices.
2. Fund portable electronic devices are assigned to individual Board Members as a resource to be used in accordance with the Fund's business needs. The Fund is entitled to and will require such devices to be returned to the Fund for routine maintenance and to ensure that they are being used only in a manner that is consistent with these policies. Board members must return Fund portable electronic devices to the Pension Coordinator upon their termination of Board membership.
3. Fund portable electronic devices are not for the personal use of the Board member or any other person or entity. Board members will not permit anyone else to use this Fund property for any purpose.
4. Only the electronic versions of the Board packets will be downloaded to Fund portable electronic devices. Board members may use Fund portable electronic devices to access the internet, but only for Fund business purposes. No other data or programs (including downloads from the internet) may be downloaded to Fund portable electronic devices for any purpose, without prior written authorization from the Fund Administrator as directed by the Board.
5. Board members who have an assigned portable electronic device are responsible for the security of the device, all associated equipment and all data. Board members must immediately report any lost or stolen Fund portable electronic equipment or data to the Pension Coordinator as soon as such loss or theft is discovered. If a member of the Board loses or damages a portable electronic device and requests a

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replacement, the Board will decide at an open meeting whether to replace the lost or damaged portable electronic device.

6. In order to avoid inadvertent violations of open meeting laws, the Board members may not use portable electronic devices (whether issued by The Fund or otherwise) to communicate with each other at any time, including during a meeting of the Board.
  7. The Board may further condition or revoke the privilege of using a portable electronic device at any time.
  8. Safety precautions: Do not use the equipment anywhere there is risk of it coming in contact with water or other fluids. Do not leave the equipment continually attached to the charger. Do not use or store the equipment in any location where it may involve a risk of falling.
  9. Storage and Protection. The user shall use reasonable care to properly store and protect the equipment. The equipment is intended to be stored and secured in the kind of temperature and humidity environments as exist in a home or business office. The equipment should never be stored in a motor vehicle, or left out-of-doors, and must be secured when traveling. Never leave the laptop unattended in a public space.
  10. Security precautions. The user shall safeguard their user identification and password, and not permit anyone else to view Fund data. The device must be secured with a password.
- B. The Pension Coordinator will provide new Committee members with a portable electronic device and have them complete an Acknowledgment of Receipt form.
5. **FORMS:**
- Acknowledgment of Receipt



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6. **COMMITTEE RESPONSIBILITIES:**

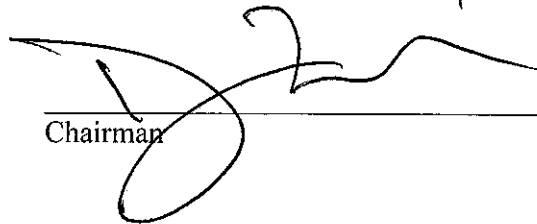
None

7. **REFERENCE:**

Procedure adopted by the Firefighters' Pension Board at the meeting of November 17, 2016.

8. **EFFECTIVE DATE: November 17, 2016**

REVIEWED with no changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May, 2024.

  
\_\_\_\_\_  
Chairman



Acknowledgment of Receipt

Product:

Issued to:

Model:

Name:

Serial Number:

Position:

Manufacturer:

Telephone Number:

Operating System:

Address:

Security Software:

City Asset Number:

The undersigned acknowledges receipt of the equipment indentified on this form, and that recipient has read and understands the Terms of Use for the equipment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Pension Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
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**#020**

**SUBJECT: EXCLUSIVE ADMINISTRATIVE REMEDIES FOR ANY CLAIMS OR DISPUTES**

**1. OBJECTIVE:**

To provide exclusive administrative remedies with the Board of Trustees in connection with ANY claim for benefits or ANY dispute or grievance as to the administration of the Orlando Firefighters' Pension Fund; to comply with Florida Statutes §112.66(7); and to provide constitutional due process.

**2. AUTHORITY:**

- A. Florida Statutes 175.071(5) provides that the sole and exclusive administration of, and the responsibilities for, the proper operation of the firefighters' pension fund and for making effective the provisions of Florida Statutes Chapter 175, Firefighter Pensions, are vested in the Board of Trustees.
- B. Section 4(3) of the Orlando Firefighters' Pension Special Act provides that the Board of Trustees is authorized to make and adopt such reasonable rules and regulations as may be necessary or convenient to carry out the duties of the board and activities of the retirement plan.
- C. Florida Statutes 175.071(3) provides that the firefighters pension board's action on all claims for retirement shall be final, provided, however, that the rules and regulations of the pension board have been complied with.
- D. Florida Statutes §112.66(7) provides that timely adequate written notice shall be given to any member or beneficiary whose claim for benefits has been denied setting forth the specific reasons for such denial; and requires the terms of the retirement system or plan shall provide for a full and fair review in those cases when a member or beneficiary has had his or her claim to benefits denied.

**3. METHOD OF OPERATION:**

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#020**

- A. In connection with ANY claim for benefits or ANY dispute or grievance as to the administration of the Orlando Firefighters' Pension Fund, an affected person must first file a written application, claim or grievance with the Board of Trustees.
- B. The Board of Trustees shall grant and hold a quasi-judicial hearing and in connection with such shall comply with constitutional due process requirements.
- C. At the conclusion of all testimony and argument at the quasi-judicial hearing, the Board of Trustees shall enter the determination phase and make votes on findings of facts and conclusions of law, setting forth the specific reasons for the board's determinations.
- D. A written Final Order shall be signed by the Chair, filed with the records of the pension fund, and distributed to the claimant, applicant or grievant.
- E. Each Final Order shall indicate that the order constitutes the final action of the Board of Trustees of the Orlando Firefighters' Pension Fund acting in a quasi-judicial capacity; and that the claimant, applicant or grievant may seek review by Writ of Certiorari in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida.
- F. Once the Final Order is signed by the Chair, the Pension Coordinator shall furnish the Final Order to the affected person and/or the affected person's attorney as soon as possible via e-mail, or such other method as is deemed appropriate under the circumstances.

**4. FORMS:**

None

**5. REFERENCE:**

This Policy and Procedures were adopted by the Firefighters' pension Board at the meeting of October 19, 2017.

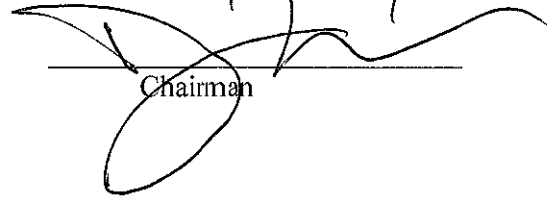
**6. EFFECTIVE DATE:**

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#020**

October 19, 2017.

REVIEWED without changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 15 day of May, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#021**

**SUBJECT: EFFECTIVE DATE OF SERVICE RETIREMENT AND DISABILITY RETIREMENT**

**1. OBJECTIVE:**

To provide interpretation and guidance in the administration of Section 17, "Effective Date of Retirement" of the Orlando Firefighters' Pension Plan.

**2. AUTHORITY:**

- A. Florida Statutes 175.071(5) provides that the sole and exclusive administration of, and the responsibilities for, the proper operation of the firefighters' pension fund and for making effective the provisions of Florida Statutes Chapter 175, Firefighter Pensions, are vested in the Board of Trustees.
- B. Section 4(3) of the Orlando Firefighters' Pension Special Act provides that the Board of Trustees is authorized to make and adopt such reasonable rules and regulations as may be necessary or convenient to carry out the duties of the board and activities of the retirement plan.
- C. Section 17, "Effective Date of Retirement" of the Orlando Firefighters Pension Plan provides: "Any retirement under this plan, whether for service or disability, will be effective on the first day of the month following the last day the member works prior to retiring or becoming a DROP participant."

**3. METHOD OF OPERATION:**

- A. The final order of the Board of Trustees granting disability retirement benefits shall specify the month and year in which disability retirement benefits will be effective, with all disability retirement benefits being effective on the first day of the specified month and year.
- B. A firefighter shall not be entitled to receive service retirement benefits or disability retirement benefits for the same day that the firefighter was eligible to

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#021**

receive "salary" as defined in Section 1(1) of the Orlando Firefighters' Pension Plan, as interpreted by Policies and Procedures #017.

- C. For a firefighter who separates from employment as a firefighter with the City of Orlando, either voluntarily or involuntarily, who is later determined to be entitled to disability retirement benefits, such disability retirement benefits shall be retroactive to the first day of the month following the last day the firefighter works.
- D. For a firefighter who is considered to still be employed as a firefighter with the City of Orlando, but who is no longer receiving "salary" as defined in Section 1 (1) of the Orlando Firefighter's Pension Plan, as interpreted by Policies and Procedures #017, who is later determined to be entitled to disability retirement benefits, such disability retirement benefits shall be retroactive to the first day of the month following the last day the firefighter works.
- E. As used in Section 17 of the Plan, "works" is interpreted to mean any day in which a firefighter is entitled to receive base pay, including personal leave pay, sick pay, and vacation pay, whether or not on a light duty status; but does not include workers compensation indemnity benefits.

**4. FORMS:**

None.

**5. REFERENCE:**

This Policy and Procedures were adopted by the Firefighters' Pension Board at the meeting of October 19, 2017.

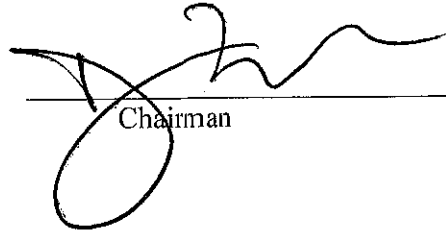
**6. EFFECTIVE DATE:**

November 16, 2017.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#021**

REVIEWED without changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 26 day of June, 2024.

  
\_\_\_\_\_  
Chairman



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#022**

**SUBJECT: CANCER PRESUMPTION**

1. **OBJECTIVE:**

This policy sets forth the Board's administrative rules for implementing S.B. 426, the Firefighter Cancer Presumption.

2. **AUTHORITY:**

A. The Florida Legislature created a firefighter cancer presumption with the adoption of S.B. 426, which is codified in Section 112.1816, Fla. Stat. The provisions of Section 112.1816, Fla. Stat., are required to be implemented and integrated within the retirement system.

B. This Plan is a Special Act Plan and it is the intent of the Pension Board to seek to incorporate this policy into the Pension Plan at the next amendment of the Plan.

3. **DIRECTION:**

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

4. **METHOD OF OPERATION:**

**Definitions:** As used in these administrative rules, the following terms shall have the following meanings:

A. The term "cancer" shall be defined by Section 112.1816(1)(a), Fla. Stat.

B. The term "firefighter" shall be defined by Section 112.1816(c), Fla. Stat., and shall only include actively employed firefighter members of the Plan, who are not participating in DROP. The term "firefighter" does not include deferred vested members, retirees, or DROP participants.

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#022**

**Application of Cancer Presumption:** A firefighter meeting the eligibility requirements set forth above shall be entitled to the following conclusive cancer presumption:

- A. **Line of duty disability benefit:** A firefighter shall be deemed totally and permanently disabled in the line of duty if the firefighter is determined to be totally and permanently disabled due to a cancer diagnosis or circumstances that arise out of the treatment of cancer.
- C. **Pre-retirement line of death benefit:** A firefighter shall be deemed to have died in the line of duty if he or she dies as a result of cancer or circumstances that arise out of the treatment of cancer.
- D. **Tax treatment:** The Plan's custodian shall not take a position as to the tax treatment of the death or disability benefit, which will be coded as "Taxable Amount Not Determined" on the Form 1099-R.
- E. **Actuarial impact:** The Plan sponsor is solely responsible for the payment of the contributions necessary to fund the increased actuarial costs associated with the implementation of this presumption.

5. **FORMS**

- A. City of Orlando Firefighter Cancer Claim Fillable Form
- B. Supplement to Physician's Report

6. **COMMITTEE RESPONSIBILITIES:**

None

7. **REFERENCE:**

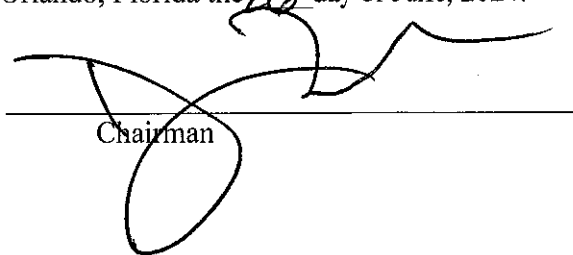
This Policy and Procedure was adopted by the Firefighters' Pension Board at the meeting of September 18, 2019.

8. **EFFECTIVE DATE:** September 18, 2019

**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#022**

REVIEWED with changes at a regular meeting of and by the Orlando Firefighters;  
Pension Board of Trustees at Orlando, Florida the 26 day of June, 2024.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a solid horizontal line.

Chairman



## Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

**If you have any questions regarding benefits available, how to file your claim, or if you would like to appeal any determination, please contact Employee Benefits at 407-246-2244.**

All information must be submitted, and all questions answered, fully, and accurately on the form provided. The claim form must be completed before the City will consider your claim. If further space is required for any question, attach additional pages, indicating the question to which the information applies. The responsibility is on the applicant to provide complete documentation in support of this claim, including all information provided by the claimant's physician. Incomplete packages will be returned.

### Instructions for filing cancer claims:

- Applying firefighter must submit **Section I - Claimant Information**, **Section II Authorization to Release Medical Information**, and **Section III - Attending Physician Statement** (and all required pathology and/or clinical report(s) as described in Section III) in order for claim form to be accepted. Please note: Section III should be completed by the physician who initially diagnosed the specific cancer for which you are filing this claim.
- To avoid processing delays, please complete all applicable sections entirely and accurately.
- You may hand deliver, mail, or fax this form to:
 

**City of Orlando, Employee Benefits, 7<sup>th</sup> Floor**  
**400 S. Orange Ave PO Box 4990**  
**Orlando, FL 32802-4990**  
**Fax Number: 407.246.2512**
- A pathology report diagnosing cancer **must** accompany your claim for that specific diagnosis of cancer. (The hospital or doctor will furnish this report to you at your request.) If the diagnosis of cancer was made by clinical information instead of pathological means, please submit the clinical evidence that established a positive diagnosis of cancer.
- Your complete medical records from all primary care physicians you have seen in the past five (5) years **must** accompany your claim.
- Have the doctor complete **Section III - Attending Physician Statement** and attach an itemized billing showing the diagnosis, services provided, and the actual charges made to you.
- Any out-of-pocket Medical/Rx costs incurred by the firefighter, which are covered under the City's health plan and are directly related to this claim after the initial diagnosis date must be forwarded to Employee Benefits for reimbursement within 90 days of payment. A completed copy of the attached **Appendix A – Cancer Treatment Out-of-Pocket Reimbursement Request** must be included with each reimbursement request.



**Firefighter Cancer Claim Form**  
 112.1816, Florida Statutes effective July 1, 2019

**Section I – Claimant Information** (To be completed by all claimants)

A claim is being filed for a covered cancer diagnosis below:

- |                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bladder            | <input type="checkbox"/> Mesothelioma            |
| <input type="checkbox"/> Brain              | <input type="checkbox"/> Multiple Myeloma        |
| <input type="checkbox"/> Breast             | <input type="checkbox"/> Non-Hodgkin’s Lymphoma  |
| <input type="checkbox"/> Cervical           | <input type="checkbox"/> Oral Cavity and Pharynx |
| <input type="checkbox"/> Colon              | <input type="checkbox"/> Ovarian                 |
| <input type="checkbox"/> Esophageal         | <input type="checkbox"/> Prostate                |
| <input type="checkbox"/> Invasive Skin      | <input type="checkbox"/> Rectal                  |
| <input type="checkbox"/> Kidney             | <input type="checkbox"/> Stomach                 |
| <input type="checkbox"/> Large Intestinal   | <input type="checkbox"/> Testicular              |
| <input type="checkbox"/> Lung               | <input type="checkbox"/> Thyroid                 |
| <input type="checkbox"/> Malignant Melanoma |                                                  |

Date of Initial Diagnosis (must be on or after 7/1/2019)

- Male    Female  
 Full Time Employee    Retiree    COBRA Participant    Deceased

Employee ID

 -  - 

Social Security Number

First Name

Last Name

Address

City

State

Zip Code

Telephone Number

Date of Birth

Job Title

Date of Hire

Termination Date (if applicable)

Date of Rehire (if applicable)

Date of Retirement (if applicable)



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

1. Are you currently covered under the City of Orlando's health plan?  Yes  No  
 United Healthcare Member ID# \_\_\_\_\_

2. Have you worked for previous agencies as a firefighter? If you have worked for multiple agencies, attach additional information as a separate sheet to your claim.  Yes  No  
 If yes, Name of Agency: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Agency Contact Name: \_\_\_\_\_  
 Agency Contact Number: \_\_\_\_\_

3. Have you been employed by City of Orlando as a firefighter for at least five (5) continuous years?  Yes  No

4. Have you used tobacco products at any time in the preceding five (5) years?  Yes  No

5. Have you been employed in any other position outside of the City of Orlando at any time in the preceding five (5) years?  Yes  No

If yes, please answer questions below for each position. Please attach additional sheets with information on each position.

Job Title \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 End Date \_\_\_\_\_

Describe the position(s) and specific nature of work performed, including the average number of hours worked per week (be specific):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When working in this other position, how many hours per week do you spend outside? \_\_\_\_\_ Hours per Week

When working in this other position, are or were there chemicals, such as pesticides,



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

fertilizers, etc. or any other harmful substances or conditions?

Yes

No

If yes, please explain (be specific)

---

---

6. Were you ever diagnosed with the same cancer indicated above prior to your employment with the City?

Yes

No

If yes, provide the date of diagnosis:

---

Describe the treatment you received for this cancer, diagnosed/treated by whom, when, and where:

---

---

---

7. Have you filed a claim or do you expect to file a claim under any workers' compensation policy for the cancer diagnosis indicated on this claim form?

Yes

No

8. Did you elect to continue coverage under the City of Orlando's health plan upon termination? (if applicable)

Yes

No

9. Have you been employed as a firefighter with another agency at any time since leaving the City of Orlando? (if applicable)

Yes

No

If yes, Name of Agency:

---

Hire Date:

Termination Date:

---

Agency Contact Name:

---

Agency Contact Number:

---

10. Provide the name(s), address(es) and telephone number(s) of all health providers you have seen in the past five (5) years (attach additional pages, if necessary).

---

---

11. Are the complete medical records from all primary care physicians you have seen in the past five (5) years included with your claim?

Yes

No



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

12. Is there any additional information that you should supply in order to fully disclose the cause or nature of your cancer diagnosis?

Yes

No

If yes, please explain (be specific and attach other information, as necessary).

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

All applicants must read the language below carefully before signing. This form must be notarized in order to be accepted.

*I, the undersigned, do hereby certify that I have read and truthfully responded to each question to the best of my ability and knowledge. The answers I have given to the questions are true and can be supported. I understand that any intentional omission, dishonesty in disclosure, or falsification of answers written on form may result in the denial of my claim. In addition, an individual may be subject to prosecution under Orlando City Code Section 43.16, False Information.*

*I voluntarily submit this statement and attached personal medical information for the purpose of applying for benefits under Florida Statute 112.1816. I authorize use of this information by the City to determine my eligibility for benefits, and understand that it will be disclosed only to those necessary to the determination and administration of benefits.*

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**For an acknowledgment in an individual capacity:**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of 20\_\_\_\_, by

\_\_\_\_\_  
(Name of person acknowledging)

(Seal)

\_\_\_\_\_  
Signature of Notary Public  
Print, Type/Stamp Name of Notary

Personally known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_





**Firefighter Cancer Claim Form**

112.1816, Florida Statutes effective July 1, 2019

**Section II – Authorization to Release Medical 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 authorized personnel at the City of Orlando.

The protected health information authorized for release is as follows:

Any and all information with respect my medical history, consultation, prescriptions, and all medical treatments. This includes but is not limited to intake questionnaires, reports, x-ray, diagnostic tests, films, charts, and other documents of every kind.

The protected health information to be disclosed under this authorization is for the purpose of consideration of my claim for benefits under Florida Statute 112.1816.

This authorization will not expire until the date my applicable benefits under Florida Statute 112.1816 expire. 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 claim under Florida Statute 112.1816 will not be processed.

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 and 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**

\_\_\_\_\_  
Claimant Name (Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Claimant Signature \_\_\_\_\_  
Last 4 Digits of Social Security #

\_\_\_\_\_  
Witness (Print) \_\_\_\_\_  
Witness (Signature)



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## Section III – Attending Physician Statement for Cancer Diagnosis (To be completed by Physician.)

The City requires specific answers to the following questions in order to render a fair and equitable decision on your patient’s claim under Florida Statute 112.1816. Your cooperation in thoroughly answering these questions is appreciated.

If further space is required for any question, please attach additional pages, indicating the question to which the information applies. The information requested herein should be furnished directly to the patient. Please do not send this Physician Statement to the City directly.

### A. PATIENT INFORMATION

Patient Name (please print)	Date of Birth

-			-								
Social Security Number											

### B. PHYSICIAN INFORMATION

Attending Physician's Name (please print)	Phone Number

License Number	Fax Number

Street Address	City	State	Zip Code

SSN or EIN	Degree	Physician Specialty

### C. CANCER DIAGNOSIS VERIFICATION

1. Please verify the following diagnosis:

- |                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bladder            | <input type="checkbox"/> Mesothelioma            |
| <input type="checkbox"/> Brain              | <input type="checkbox"/> Multiple Myeloma        |
| <input type="checkbox"/> Breast             | <input type="checkbox"/> Non-Hodgkin's Lymphoma  |
| <input type="checkbox"/> Cervical           | <input type="checkbox"/> Oral Cavity and Pharynx |
| <input type="checkbox"/> Colon              | <input type="checkbox"/> Ovarian                 |
| <input type="checkbox"/> Esophageal         | <input type="checkbox"/> Prostate                |
| <input type="checkbox"/> Invasive Skin      | <input type="checkbox"/> Rectal                  |
| <input type="checkbox"/> Kidney             | <input type="checkbox"/> Stomach                 |
| <input type="checkbox"/> Large Intestinal   | <input type="checkbox"/> Testicular              |
| <input type="checkbox"/> Lung               | <input type="checkbox"/> Thyroid                 |
| <input type="checkbox"/> Malignant Melanoma |                                                  |

2. When did symptoms first appear? Date: \_\_\_\_\_

3. When was the patient initially diagnosed? Date: \_\_\_\_\_



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

4. When did the patient first consult you for this condition? Date: \_\_\_\_\_

5. How long has the patient been under your care, for this or any other condition? \_\_\_\_\_

6. Is the patient still under your care for this condition?  Yes  No

7. Has the patient ever had the same or similar condition?  Yes  No

If yes, please provide the date of diagnosis and a description: Date of Condition: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Did you refer the patient to another physician?  Yes  No

If yes, please provide the following information:

Referred Physician's Name (please print)	Phone Number
------------------------------------------	--------------

License Number	Fax Number
----------------	------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

SSN or EIN	Degree	Physician Specialty
------------	--------	---------------------

A pathology report diagnosing the specific cancer specified on this form **must** accompany this statement. If the diagnosis of cancer was made by clinical information instead of pathological means, the clinical evidence that established a positive diagnosis of cancer must be submitted.

9. Is the pathology report and/or clinical evidence establishing a positive diagnosis of cancer attached to this statement?  Yes  No

10. Is the itemized billing showing the diagnosis, services provided, and the actual charges made by the patient attached to this statement?  Yes  No

11. Is there any other medically relevant information regarding this condition that should be disclosed?  Yes  No



**Firefighter Cancer Claim Form**  
112.1816, Florida Statutes effective July 1, 2019

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Remember, it is a crime to fill out this form with facts you know are false or to leave out facts you know are relevant and important. Check to be sure that all information is correct before signing.***

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

-----FOR CITY OF ORLANDO EMPLOYEE BENEFITS OFFICE USE ONLY-----

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Time in Position: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Currently enrolled in City's health insurance plan?

Yes  No

Member ID# \_\_\_\_\_

Has firefighter worked for another agency as a firefighter?

Name of Agency: \_\_\_\_\_

Yes  No

Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Has firefighter been employed in any other position outside of the City of Orlando?

Hours/Week: \_\_\_\_\_

Yes  No

Sun Exposure  Yes  No

Chemical Exposure:  Yes  No

Diagnosis confirmed?

Yes  No

Diagnosis: \_\_\_\_\_

Date of diagnosis confirmed?

Yes  No

Date: \_\_\_\_\_

Firefighter meets qualifications for \$25,000 lump sum?

If no, indicate reason:

Yes  No

\_\_\_ Position

\_\_\_ Time in Position

\_\_\_ Diagnosis

\_\_\_ Date of Diagnosis

\_\_\_ Other \_\_\_\_\_

Firefighter meets qualifications for reimbursement of out-of-pocket expenses?

If no, indicate reason:

Yes  No

\_\_\_ Position

\_\_\_ Time in Position

\_\_\_ Diagnosis

\_\_\_ Date of Diagnosis

\_\_\_ Does not have City health insurance

\_\_\_ Other \_\_\_\_\_

Is there a Request for Authorization for Outside Employment Form on file (Appendix 3 of Policies and Procedures 800.5) for the same occupation listed on the claim form?

If a different occupation was listed on the form, indicate the other occupation below:

Yes  No

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

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



# Firefighter Cancer Claim Form

112.1816, Florida Statutes effective July 1, 2019

## APPENDIX A

### F.S. 112.1816 FIREFIGHTER CANCER BILL

#### CANCER TREATMENT OUT-OF-POCKET REIMBURSEMENT REQUEST

**TO:** Employee Benefits Section

**DATE:** \_\_\_\_\_

**SUBJECT:** Request for Reimbursement of Out-of-Pocket Costs for Cancer Treatment

Attached is an itemized statement (billing) for personal out-of-pocket cancer treatment expenses (e.g. copayments) for services covered under the City of Orlando's health plan and associated with my claim under Florida Statute 112.1816 Firefighter Cancer Bill, which has been approved by the City of Orlando. Such statement includes the patient name (my name), provider name and contact information, reason for the service provided, date of service, and amount paid by me. I request your approval for reimbursement in accordance with this statute. I certify that I have not, or will not, apply or receive reimbursement from any insurance company or other source for the amount requested below, including a Flexible Spending Account (FSA). I further certify the out-of-pocket expenses apply to cancer treatment costs incurred for covered services under the City of Orlando health insurance plan rendered specifically for myself.

Please note: Out-of-Pocket expenses resulting from balance billing (the difference between an out-of-network provider's charge and what the City of Orlando's Plan pays) are not eligible for reimbursement.

**TOTAL AMOUNT OF REQUEST \$** \_\_\_\_\_

--	--	--	--	--

Employee ID

--	--

First Name

Last Name

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

**---FOR EMPLOYEE BENEFITS USE ONLY---**

Approved Claim Form has been verified  Yes  No

Reimbursement  Approved  Denied

\$ \_\_\_\_\_ approved to be added to the regular payroll check of the above named claimant on check date \_\_\_\_\_.

\_\_\_\_\_  
Employee Benefits Signature Date

**SUPPLEMENT TO PHYSICIAN'S REPORT**  
**Florida Statutes 112.1816 Cancer Presumption questionnaire**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Attached is Florida Statutes 112.1816 which provides that 21 specified cancers arise in the line of duty for a Firefighter. The cancers are listed below. Please check the line next to the Applicant's cancer type.

- |                         |       |                                |       |
|-------------------------|-------|--------------------------------|-------|
| Bladder cancer          | _____ | Mesothelioma                   | _____ |
| Brain cancer            | _____ | Multiple myeloma               | _____ |
| Breast cancer           | _____ | Non-Hodgkin's lymphoma         | _____ |
| Cervical cancer         | _____ | Oral cavity and pharynx cancer | _____ |
| Colon cancer            | _____ | Ovarian cancer                 | _____ |
| Esophageal cancer       | _____ | Prostate cancer                | _____ |
| Invasive skin cancer    | _____ | Rectal cancer                  | _____ |
| Kidney cancer           | _____ | Stomach cancer                 | _____ |
| Large intestinal cancer | _____ | Testicular cancer              | _____ |
| Lung cancer             | _____ | Thyroid cancer                 | _____ |
| Malignant melanoma      | _____ |                                |       |

1. If the Applicant does not have one of the above 21 cancers, check here: \_\_\_\_\_

And please list the type of cancer that the Applicant has: \_\_\_\_\_

\_\_\_\_\_

2. Is the Applicant disabled from performing the duties of a Firefighter as a result of

**SUPPLEMENT TO PHYSICIAN'S REPORT**

**Florida Statutes 112.1816 Cancer Presumption questionnaire**

**Page 2 of 2**

the cancer? \_\_\_\_\_

3. Is the Applicant disabled from performing the duties of a Firefighter as a result of the treatment for the cancer? \_\_\_\_\_
4. Is there any treatment for the cancer that could render the Applicant able to render useful and efficient service as a Firefighter? \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

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

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PENSION OFFICE:**

Is Applicant entitled to the statutory benefits provided by Florida Statutes 112.1816(2)?

\_\_\_\_\_ If not, why not? \_\_\_\_\_



**CITY OF ORLANDO**  
**FIREFIGHTERS' PENSION BOARD**  
**POLICY AND PROCEDURES**

**#023**

**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

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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 Firefighters' 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

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6. **COMMITTEE RESPONSIBILITIES**

None

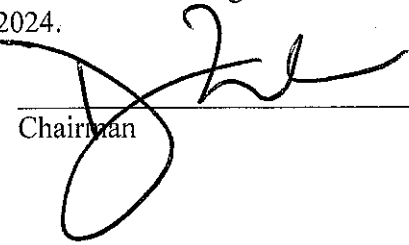
7. **REFERENCE**

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 Firefighters' Pension Board of Trustee at Orlando, Florida the 21 day of August, 2024.

  
\_\_\_\_\_  
Chairman

**CITY OF ORLANDO**  
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**#024**

**SUBJECT:**

**ACTUARIAL EQUIVALENCE AND ACTUARIAL EQUIVALENT DEFINITION**

**1. OBJECTIVE:**

This statement of policy is set forth in keeping with the actuarial requirements under existing federal and state laws. Its purpose is to define the terms Actuarial Equivalence and Actuarial Equivalent according to which the Plan Administrator will make certain calculations.

**2. "ACTUARIAL EQUIVALENCE" AND "ACTUARIAL EQUIVALENT" DEFINITION:**

The Pension Plan document defines "Actuarial Equivalent" as follows:

**Sec. 31. - Definitions.**

(1) As used herein, unless otherwise defined or required by the context, the following words and phrases shall have the meaning indicated:

- (a) *Actuarial Equivalent* means a benefit or amount of equal value, based upon actuarial assumptions and an interest rate as determined by the Board of Trustees after advice by the Fund's Actuary.

**3. BACKGROUND:**

"Actuarial Equivalence" and "Actuarial Equivalent" mean, in practice, that any benefit payable under the terms of the Orlando Firefighters' Pension Fund in a form other than the normal form of benefit shall have the same actuarial present value on the date payment commences as the normal form of benefit. The mathematical calculation to determine such equivalence requires the use of specific mortality table and an interest rate.

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Periodically, the Pension Plan changes the interest rate and the mortality table<sup>1</sup> for the purposes of the actuarial valuation, which determines the City of Orlando's annual contribution. Likewise, the Actuary periodically reviews the relationship between the interest rate and mortality table used to determine Actuarial Equivalence.

By letter dated April 28, 2021, Nyhart, the Pension Plan's Actuary, recommended the change of the mortality table and the interest rate.

**3. AUTHORITY:**

Section 4(3) of the Plan provides that the Board of Trustees is authorized to make and adopt such reasonable rules and regulations as may be necessary or convenient to carry out the duties of the Board and activities of the retirement plan. The definition of "Actuarial Equivalence" specifically provides authority to the Board to set the actuarial assumptions and interest rate based on advice from the Actuary.

**4. POLICY:**

- Effective October 1, 2021, for purposes of determining Actuarial Equivalence, the Board of Trustees of the Pension Plan adopts the Pub-2010 Public Safety amount-weighted mortality table, with a mortality improvement projection scale MP-2020 to 2035, and with an interest rate of 7.25% for non-COLA-eligible benefits and 5.50% for those COLA-eligible. The mortality rates utilized for this purpose will be male rates for members and female rates for beneficiaries, regardless of actual sex.

**5. FORMS:**

None.

**6. COMMITTEE RESPONSIBILITIES:**

None.

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<sup>1</sup> Pursuant to Florida Statutes §112.63(1)(f), the Pension Plan must use the mortality table used by the Florida Retirement System.

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7. **OTHER CONSIDERATIONS:**

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. Nothing in this Administrative Rule creates a contractual or substantive right for benefits from the Plan.

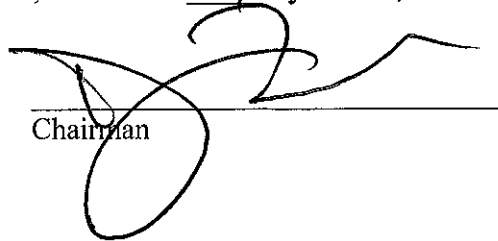
8. **REFERENCE:**

Recommendation adopted by the Firefighters' Pension Board at the meeting of July 21, 2021 based on the April 28, 2021 letter from Nyhart.

9. **EFFECTIVE DATE:**

October 1, 2021

REVIEWED without changes at a regular meeting of and by the Orlando Firefighters' Pension Board of Trustees at Orlando, Florida the 26 day of June, 2024.

  
\_\_\_\_\_  
Chairman

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**# 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 Firefighters' Pension Board on January 17, 2024 in accordance with the powers granted to them under Sec. 4 of Article III of Chapter 12 of the City of Orlando Charter.
3. **DIRECTION:**  
The Executive Director, designated by the Firefighters' 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 agrees 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;

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- 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 small 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

## FIREFIGHTERS' PENSION BOARD

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#### # 025

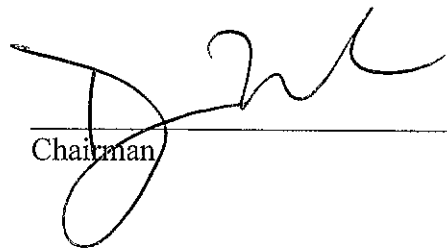
- c. Florida Statutes §287.133 - prohibiting the hiring of or consideration of a proposal or bid for hiring of a business that has been placed on the convicted vendor list.
  - d. Florida Statutes §448.095 - requiring contractors of public employers to register and use the E-verify system beginning January 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

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1. 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.
2. This policy will be reviewed at least once in every five years.
5. **FORMS**  
None.
6. **COMMITTEE RESPONSIBILITIES:**  
None
7. **REFERENCE:**  
Procedure adopted by the Firefighters' Pension Board at the meeting on January 17, 2024
8. **EFFECTIVE DATE:**  
February 1, 2024

  
\_\_\_\_\_  
Chairman