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January 2013

Bureau of Fire and Police Disability and Retirement

1800 SW First Avenue, Suite 450, Portland, OR 97201
503-823-6823; FAX – 503-823-5166; B236/450

NON SERVICE-CONNECTED DISABILITY REPORT

(For Injury/Illnesses Not in the Line of Duty)

MEMBER INFORMATION

Member's Legal Name:

_____

Residence Address:
(include city and zip code)

e-mail address: _____

☐ **Fire** Station

☐ **Police** Precinct/Shift/Scheduled Days off**:**

Telephone: (home)_____

(mobile)_____**(work)**_____

OUTSIDE EMPLOYMENT

Do you have employment outside of the Fire/Police Bureau? ___YES ___NO

Do you own or intend to own a business? ___YES ___NO

(If Yes, you must complete "Report of Earnings form)

INJURY/ILLNESS TIME LOSS DATES

Date of Current Injury/Illness:_____

Dates off duty: 1st Day off Work:_____
(WSR is Required)

Return to Work:_____

Related to Prior Injury/Illness? Yes ☐ No ☐
If yes, date of original injury/illness:_____

MEDICAL PROVIDER INFORMATION (If known)

Name of Attending Physician:_____

Physician's Address:_____

(include city, state & zip code) _____

Physician's Telephone:_____

Name of Hospital, if any:_____

INJURY/ILLNESS DESCRIPTION (If injury/illness has resulted in member's death, please contact FPDR for a "Death Claim Report" form.)

Describe Injury or Illness (body part/condition):

APPLICANT'S STATEMENT: I hereby affirm the above information is true and hereby apply for disability benefits. By signing and submitting this form, I agree and **authorize medical providers and other custodians of claim records to release relevant medical records.**

Signature_____ **Date**_____

SUPERVISOR

☐ **Faxed**

Supervisors: Do not wait for all bureau signatures before faxing form to FPDR (503-823-5166)

_____
Immediate Supervisor (Name/Rank/Unit)

_____
RU commander/Battalion Chief