

FPDR



July 2014

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

DISABILITY IN LINE OF DUTY REPORT (DILD) Service-Connected/Occupational Disability



MEMBER INFORMATION

Member's Legal Name:

Print name

Residence Address (include city and zip):

E-mail:

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 Injury/Illness:

Time Off Work for Injury/Illness? Yes No (WSR is Required)

Related to Prior Injury/Illness? Yes No Unknown

If yes, date of original injury/illness:

MEDICAL PROVIDER INFORMATION (If known)

FPDR is contracted with CareMark Comp MCO (MHN) and Kaiser On-the-Job

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): If related to prior injury, describe recurrence.

Describe Cause of Injury or Illness: If related to prior injury, describe what caused the recurrence.

Location of Incident: Precinct/Station In vehicle (in transit) At scene of fire/call Training Site Other

APPLICANT'S STATEMENT: I hereby affirm the above information is true and hereby apply for disability benefits. By signing and submitting this form, I authorize medical providers and other custodians of claim records to release relevant medical records, and I AGREE TO REPAY ANY INTERIM DISABILITY BENEFIT PAID SHOULD THE CLAIM BE WITHDRAWN OR DENIED AND THE DENIAL BECOMES FINAL.

Signature Date MEMBER, PLEASE FAX THIS DILD TO FPDR AFTER SIGNING AND THEN GIVE IT TO YOUR SUPERVISOR

Faxed

ON-DUTY SUPERVISOR: SIGN AND FAX form to FPDR at 503-823-5166 DO NOT WAIT FOR ALL SIGNATURES BEFORE FAXING.

Immediate Supervisor (Name/Rank/Unit) Date

RU Commander/Battalion Chief Date

Division/Assistant Chief (Bureau Optional) Date Chief of Bureau (Bureau Optional) Date

SUPERVISOR

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY