

FPDR



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)

January 2013

MEMBER INFORMATION SUPERVISOR

Member's Legal Name:

Fire Station

Police Precinct/Shift/Scheduled Days off:

Residence Address: (include city and zip code)

Telephone: (home)

(mobile) (work)

e-mail address:

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

Faxed

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

Immediate Supervisor (Name/Rank/Unit) Date

RU commander/Battalion Chief Date

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY