



## RECOMMENDATION OF THE LOCAL BOARD REGARDING DUTY RELATED DISABILITY STATUS

State Form 55240 (R2 / 11-20)

**INDIANA PUBLIC RETIREMENT SYSTEM  
1977 POLICE OFFICERS' & FIREFIGHTERS'  
PENSION & DISABILITY FUND**  
One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

### INSTRUCTIONS

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink.
3. **Submit one copy of the findings of the local board.**
4. **Submit photocopies of any additional material that supports the determination of the local board regarding the cause of the disability. Documents may consist of any information or medical reports submitted during the disability hearing or any additional materials that explain the cause of the injury.**
5. **The following documentation is required to be submitted with this form:**
  - a. The local board's determinations, including findings of fact, with regard to the existence of a covered impairment and the class of impairment for a fund member who was hired for the first time after December 31, 1989, or who had elected coverage under [IC 36-8-8-12.5](#) and [IC 36-8-8-13.5](#) (Class 1 duty related injury, Class 2 duty related disease, and Class 3 all other covered impairments).
  - b. A copy of the written job description for the member's position.
  - c. A statement from the local board that certifies that the member cannot perform the essential functions of the job as reflected on the written job description by identifying the specific functions the member is incapable of performing.
  - d. A statement from the appointing authority that certifies that there is no suitable and available work in the member's department for which the member is or may be capable of becoming qualified, considering reasonable accommodations to the extent required by the Americans with Disabilities Act.
  - e. The local board's findings with respect to self-inflicted injury, attempted suicide, commission of felony, or preexisting conditions.
  - f. The local board's findings on whether the impairment resulted from an accidental injury.
  - g. A statement that certifies that the local board's decision was communicated, in writing, to the fund member and the appointing authority.
  - h. A transcript of the local board's hearing signed by the person doing the transcription and by the pension secretary reflecting that the transcript is a true and accurate report of the testimony and exhibits presented during the local board's hearing. Copies of all exhibits accepted by the local board must be included. Medical evaluations, tests, and examinations are to be included.
  - i. Certification by the appointing authority of years of service.
6. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### DISABILITANT INFORMATION

Member's name		Social Security number ( <i>last 4 digits</i> )*		Pension ID (PID) number	
Address ( <i>number and street</i> )			Telephone number with area code		Date of birth ( <i>mm/dd/yyyy</i> )
City	State	ZIP Code	E-mail address		
Name of local unit					

### INFORMATION REGARDING FUND AND BENEFITS

**Pension Fund:**  1925 Police  1937 Fire  1953 Police  1977 Police/Fire (*including members of Pre-1990 Disability System*)

Date local board made a determination regarding the member's disability (*mm/dd/yyyy*)

Start date for member's disability benefits (*mm/dd/yyyy*)

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**RECOMMENDATION OF THE LOCAL BOARD REGARDING THE CAUSE OF DISABILITY**

The local pension board makes the following recommendation regarding the cause of the disability of the above-named fund member:

- The disability is the direct result of a personal injury suffered while on the job.
- The disability is the direct result of an occupational disease (within the meaning of IC 22-3-7-10) or duty-related disease (as defined in the fund's governing statutes).
- The disability is the direct result of an injury that occurred while off duty, and while (in the case of a police officer) the officer was responding to an offense or reported offense, or (in the case of a firefighter) the firefighter was responding to an emergency for which the firefighter is trained.
- The disability is not the direct result of any of the above.

**STATEMENT OF CIRCUMSTANCES REGARDING THE CAUSE OF DISABILITY**

Provide a brief statement of the circumstances regarding the cause of the member's disability:

**LOCAL PENSION SECRETARY ACKNOWLEDGEMENT**

Local Pension Secretary's signature	Date (mm/dd/yyyy)
Local Pension Secretary's printed name	

**INSTRUCTIONS FOR  
RECOMMENDATION OF THE LOCAL BOARD REGARDING DUTY RELATED DISABILITY STATUS**

State Form 55240

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Entry field	Field description
<b>DISABILITANT INFORMATION</b>	
Member's name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
E-mail address	Enter the member's e-mail address, if applicable.
Name of local unit	Enter the member's local unit name.
<b>INFORMATION REGARDING NATURE OF DISABILITY</b>	
Fund membership	Select the member's fund.
Local board date of determination	Enter the date of the determination by the local board; format = mm/dd/yyyy.
Start date for beginning benefits	Enter the start date for beginning benefits; format = mm/01/yyyy.
<b>LOCAL BOARD RECOMMENDATION REGARDING THE CAUSE OF DISABILITY</b>	
Recommendation of the Local Board	Select the appropriate statement regarding the nature of disability.
<b>STATEMENT OF CIRCUMSTANCES</b>	
Brief statement	Enter a brief statement regarding the circumstances regarding the disability.
<b>LOCAL PENSION SECRETARY ACKNOWLEDGEMENT</b>	
Local Pension Secretary's signature	The Local Pension Secretary must sign this section of the form.
Date	The Local Pension Secretary must include the date the form was signed; format = mm/dd/yyyy.
Local Pension Secretary's printed name	Enter the Local Pension Secretary's printed name.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/1977 FUND</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 TaxFax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>