

Application for Heart & Lung Act Compensation/Benefits

Instructions:

Sheriffs and Deputy Sheriffs who seek compensation/benefits under the Heart & Lung Act must apply for such compensation/benefits utilizing this form. To receive Heart & Lung benefits, it is not sufficient that the Sheriff or Deputy Sheriff has filed a related workers' compensation claim. Heart & Lung Act claims are processed through a different mechanism than are workers' compensation claims. The original of this form should be filed with the Office of Personnel. The duplicate should be provided to the Sheriff. It is important that the form be completed in its entirety.

Name of Applicant: _____

Date: _____

1. Provide the date of the injury, or the initial date of illness, as appropriate.

2. Provide an explanation as to what occurred (i.e., why do you consider the disability to be work related?). If additional space is needed, please use, and attach, as many separate pages as are necessary to provide a thorough explanation.

3. List any witnesses relevant to your claim.

4. Provide (or attach) any medical evidence you have relating to your claim.

DRAFT MODEL POLICY

5. Explain why you believe your disability to be temporary and not permanent.*

6. Explain why you believe your disability to be totally disabling?*

7. If you have made a workers' compensation claim state the date of that claim, how it was made, and attach any documents in your possession relevant to that claim not already addressed in any of the statements or questions listed above.

Important: It is mandatory that you report work related injuries/illnesses as soon as it is possible for you to reasonably do so.

Signature of Applicant

*Heart & Lung Act benefits apply only to temporary disabilities which are totally disabling.