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CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#001

SUBJECT: GUIDELINES AND INFORMATION SHEET FOR APPLICATION FOR DISABILITY PENSION AND APPLICATION FOR DISABILITY.

1. OBJECTIVE:
   To systematically review the Policy & Procedures for Application for Disability Pension document related thereto to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. AUTHORITY:
   The Policy and Procedures adopted by the Firefighters' Pension Board on May 9, 2002 and amended September 1, 2002.

3. DIRECTION:
   The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day to day operation of the plan.

4. METHOD OF OPERATION:
   A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor the review of the language in the Plan Document, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.

   B. BOARD ATTORNEY: The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.
5. **FORMS**  
   NONE

6. **COMMITTEE RESPONSIBILITIES:**  
   NONE

7. **REFERENCE:**  
   Procedure adopted by motion at the Firefighters' Pension Board meeting of May 9, 2002 and amended at the meeting of August 21, 2002.

8. **EFFECTIVE DATE:**  
   May 9, 2002 and Amended August 21, 2002.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#002

SUBJECT: PLAN REVIEW

1. OBJECTIVE:
   To systematically and periodically review the Plan document and procedures related thereto to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. AUTHORITY:
   The Policy and Procedures adopted by the Firefighters' Pension Board on September 18, 2002.

3. DIRECTION:
   The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day to day operation of the plan.

4. METHOD OF OPERATION:
   A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor the annual review of the language in the Plan Document, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent. Such review will occur after the Florida State Legislative session closes each year (generally in June) and to be completed in September. Any findings which may result in plan change will be promptly reported to the Board and to the Board Actuary to determine fiscal impact.

   B. BOARD ATTORNEY: The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.
CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#002

5. FORMS
NONE

6. COMMITTEE RESPONSIBILITIES:
NONE

7. REFERENCE:
Procedure adopted by a motion at the Firefighters' Pension Board meeting of September 18, 2002.

8. EFFECTIVE DATE:
September 18, 2002.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#003

SUBJECT: INDEPENDENT MEDICAL EXAMINATION

1. OBJECTIVE:
   Consistent with Section 175.191 Florida Statutes and the “Guidelines and Information Sheet for Application for Disability Pension”, each applicant must submit to an Independent Medical Examination (IME) with a medical doctor selected by the Pension Board. This IME serves to provide additional and independent documentation to the Board of Trustees for their determination as to whether a Disability Retirement Benefit should be granted.

2. AUTHORITY:
   The Policy adopted by the Firefighters’ Pension Board at its meeting on September 18, 2002.

3. DIRECTION:
   The Executive Director, appointed by the Firefighters’ Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:

   POLICY:

   A. Consistent with Section 175.191, Florida Statutes, the trustees have recently amended the “Guidelines and Information Sheet for Application for Disability Pension”. Paragraph 7 states: “7. Each applicant must submit to an Independent Medical Examination with a medical doctor selected by the Pension Board.”

   B. The Board of Trustees of the Firefighters’ Pension Board hereby delegates to the medical facility or medical group which from time to time provides medical and/or healthcare services under annual contract, the authority to select a medical doctor to perform an Independent Medical Examination it deems appropriate under the guidelines set forth below.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#003

(1) The medical doctor shall be licensed in the State of Florida with an office in Orange County or surrounding counties, and not a chiropractor or psychologist, or Ph.D.; provided however, if warranted a medical doctor out of Orange County or surrounding counties may be selected.

(2) The medical doctor shall be a specialist in the area of the claimed disability, with board certification in the specialty of the claimed disability being preferred.

(3) It is preferred that neither the medical doctor selected nor medical doctors in the same group as the medical doctor selected shall have previously examined the applicant.

C. The contracted Medical Facility or Medical Group will take the appropriate steps necessary to assure that the medical doctor selected to perform the Independent Medical Examination and issue a written report will:

(1) Review all records submitted to the IME medical doctor prior to the actual physical examination of the applicant.

(2) Answer in writing all questions submitted by the Board of Trustees, or its agent.

(3) Submit a written report in a timely fashion.

(4) Be available for deposition by the Fire Department's counsel or applicant or applicant's counsel, upon payment of the appropriate fee.

(5) Be available to attend a hearing before the Board of Trustees if requested by the Fire Department's counsel or applicant or applicant's counsel, upon payment of the appropriate fee.
CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#003

D. The Executive Director, or designee, shall work with the medical group or provider to ensure communication between the medical group or provider and the Board.

5. FORMS:
NONE

6. COMMITTEE RESPONSIBILITIES:
NONE

7. REFERENCE:

Procedure adopted: By motion at the Firefighters’ Pension Board Meeting of September 18, 2002 and amended by motion on November 20, 2002.

8. EFFECTIVE DATE:
October 1, 2002 and amended on November 20, 2002.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#004

SUBJECT: PROPOSED AMENDMENTS TO TRUSTEE ELECTION PROCEDURES

1. OBJECTIVE:
   To systematically review the Trustee Election Procedures to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. AUTHORITY:
The Policy adopted by the Firefighters' Pension Board on September 3, 2002.

3. DIRECTION:
The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:
   A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor a bi-annual review of the language in the Plan Document, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.

   B. BOARD ATTORNEY: The Board Attorney will review the Election Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#004

5. FORMS
Notice from Fire Chief with election details. Suggest that elections be held over a week instead of three days.

6. COMMITTEE RESPONSIBILITIES:
NONE

7. REFERENCE:
Procedure adopted by a motion at the Firefighters' Pension Board meeting of September 3, 2002.

8. EFFECTIVE DATE:
September 3, 2002
ORLANDO POLICE AND FIREFIGHTERS PENSION BOARDS

PENSION TRUSTEE ELECTION PROCEDURES

These procedures are promulgated under authority of the Special Acts of the Florida Legislature establishing the Orlando Police Pension Fund and the Orlando Firefighters Pension Fund for the purpose of providing uniform regulations for the conduct of annual Pension Fund Trustees elections.

I. GENERAL

1. The elections shall be conducted every two (2) years beginning in 1990 during the month of August with the goal of having the trustees elected in accordance with these procedures, prior to October 1 of the same year.

2. The specific date(s) and time(s) of the elections and the specific place(s) of voting shall be established and posted by the respective Chiefs of the Orlando Police and Fire Departments.

3. Notice of the elections and call for candidate applications shall be published at least 30 calendar days prior to said election dates and shall be posted conspicuously on all departmental bulletin boards.

4. A request to be placed on the ballot must be submitted in writing to the offices of the respective Chiefs at least 14 calendar days prior to the election.

5. Prospective candidates shall submit their application for the ballot using their proper legal names. If desired, they may also include nicknames that will appear on the ballot in parentheses between the first and last names; for example, John (Smokey) Doe.
6. Candidates will be listed alphabetically on the ballot according to their last names.

7. The respective Chiefs will post conspicuously on all departmental bulletin boards a listing of the candidates in the order they will appear on the ballots, at least 7 calendar days prior to the election.

8. On election day(s), campaigning within one hundred (100') of any polling place is prohibited.

9. Each eligible member (of the respective Departments) who is on duty during the date(s) and time(s) set for the election must vote in person; provided, however, that for those members who are not on duty during the date(s) and time(s) set for the election, such members may so certify in writing not later that the day before the election date (s) and may cast absentee ballots. Absentee ballots will bear the seal of the respective Pension Board. Absentee ballots may be acquired, in person or by mail, from the offices of the respective Chiefs. Executed absentee ballots must be received by the offices of the respective Chiefs not more than 14 calendar days prior to the beginning of the election and not later than the closing of the polls for the “in-person voting.” Ballots received after the hour set for the closing of the polls will be considered invalid and will not be opened or counted. After an absentee ballot has been marked, it shall be folded and placed in an official pension ballot envelope, sealed and returned to the offices of the respective Chiefs where it will be deposited in the sealed ballot box. Ballots not returned sealed in the official pension ballot envelope will be considered invalid and will not be opened or counted. Envelopes containing the absentee ballots will be opened, and the ballots counted, after the “in person” votes have been counted. Members who receive an
absentee ballot in person will affix their signatures on the list of eligible voters (specified in paragraph 12 below) at that time; members who are sent an absentee ballot by mail will have their names lined through on the list of eligible voters by the person mailing the absentee ballot who will affix his/her own signature next to the name of the member to whom the absentee ballot was sent. The form and content of the ballot will be the same for both in-person and absentee voting.

10. Write-in candidates will not be permitted. Any vote cast for a person’s name not pre-printed on the ballot will not be counted.

11. Each member of the respective departments may vote for no more than two (2) candidates. Ballots marked for more than two (2) candidates will be disqualified and not counted.

12. Lists of eligible voters will be provided at each polling place. A voter must present appropriate identification and affix his/her signature next to his/her name on the voter list prior to receiving a ballot.

13. Ballots will be deposited in a sealed box at each polling place. Under no circumstances will the seals be broken, or the boxes opened, during the hours of election.

14. At the posted closing time of the polls, the ballot boxes will be forthwith delivered to the offices of the respective Chiefs. The ballots will be counted by two election officials designated by the respective Chiefs. Said election officials shall be civilian employees of the respective Departments and otherwise ineligible to vote in the elections. The counting of the ballots will be open to observation by any pension fund member.
15. Good faith attempts shall be made to have both trustees elected by a majority of the police officers and firefighters who are members of the respective plans. In the event only one (1) candidate receives a majority as specified above, a run-off election shall be held between the next two (2) highest vote recipients; if no candidate receives a majority as specified above, a run-off election for both trustee positions shall be held between the top three (3) vote recipients. Such a run-off election shall be held as quickly as possible; provided, however, that all procedural requirements set forth in these Pension Trustee Election Procedures shall be followed as in the case of the original election. If, after a run-off election is held and no candidate or only one (1) candidate receives the required majority vote, the appropriate Pension Board shall, after notice to all candidates, hold a quasi-judicial hearing to comply with the provisions of Paragraph 18 of these procedures.

16. Within 24 hours of the conclusion of the vote count, the respective Chiefs shall prepare a Memorandum of Election Results and transmit same to the Executive Secretary of the Orlando Police and Firefighters Pension Boards and shall post the election results conspicuously on all Departmental bulletin boards.

17. Any candidate desirous of challenging the election must do so in writing within 7 calendar days of the posting of the election results. Said written challenge shall indicate with specificity the grounds of the challenge and the relief requested.

18. The Memorandum of Election Results and any challenges to the elections will be considered by the respective Pension Boards at special meetings called specifically for such purposes. At the conclusion of such consideration, the Pension Boards shall either: (1) approve the election results and seat the newly-elected members;
(2) in the event of a challenge upheld by the appropriate Pension Board, order the appropriate remedial action up to and including the holding of a new election. In the event a new election is ordered, same shall be held as quickly as possible; provided, however, that all procedural requirements set forth in these Pension Trustee Election Procedures shall be followed as in the case of the original election; (3) in the event that, after the appropriate run-off election(s) as set forth in paragraph 15 above, no candidate or only one (1) candidate received a majority of votes of members of the plan for either one or both Trustee seats, hold a quasi-judicial hearing to declare the candidate(s) receiving the highest number of votes in the final run-off election to be seated as the newly-elected member(s). The decision of the Pension Board shall be final and binding. Any candidate may seek review of the decision of the Pension Board by the filing of a timely petition for writ of certiorari with the Clerk of the Ninth Judicial Circuit in and for Orange County, Florida. Such petition must be filed within thirty (30) days of the date of the Pension Board’s final decision determining the candidates elected.

19. All ballots shall be retained, in a secure location within the offices of the respective Chiefs, until such time as the Pension Boards have approved the results of the elections.

II. POLICE PENSION FUND TRUSTEE ELECTION

In addition to the general provisions stated in Section I. above, the following special provisions shall apply to the conduct of the Police Pension Trustee Election.

1. Voting shall be conducted in the Orlando Police Headquarters Building at the Orlando Police Airport Division office at the Orlando International Airport. Specific locations for voting and the date(s) and time(s) will be designated by the Chief of Police.
in accordance with the requirements of Section I. Members assigned to the Airport Division will vote at that location; all others will vote at the Orlando Police Headquarters location.

2. All places of voting will be manned by civilian employees of the Orlando Police Department ineligible to vote in the election. These persons will be designated by the Chief of Police.

3. The polls will be open so as to cover all rotating shifts (i.e., 0600 to 1700 hours) as designated by the Chief.

4. Candidates will be permitted to distribute campaign literature in members' boxes at Orlando Police Headquarters and further will be permitted to post one (1) information sheet no larger than 8 – ½" x 11" at locations designated by the Chief.

III. FIREFIGHTER PENSION FUND TRUSTEE ELECTION

In addition to the general provisions stated in Section I. above, the following special provisions shall apply to the conduct of the Firefighter Pension Trustee Election.

1. All places of voting will be manned by personnel of the Orlando Fire Department who are not candidates in the election. The locations for voting and the date(s) and time(s) will be designated by the Chief of the Fire Department in accordance with the requirements of Section I.

2. Candidates will be permitted to distribute campaign literature in eating and recreational areas (to include TV areas). In addition, each candidate will be permitted to post one (1) information sheet no larger than 8 – ½" x 11" on each official Departmental bulletin board.
APPROVED AND ADOPTED at a regular meeting of and by the Orlando Pension Board of Trustees at Orlando, Florida, the 3rd day of September, 2002.

[Signature]
Chairman

ATTEST: [Signature]
Secretary Vice-Chairman
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#005

SUBJECT: FINAL ORDERS

1. OBJECTIVE:

To comply with Florida Statutes §112.66(7), and constitutional due process.

2. AUTHORITY:

Florida Statutes §112.66(7) provides that timely, adequate, written notice shall be given to any member or beneficiary whose claim for benefits has been denied setting forth the specific reasons for such denial.

3. METHOD OF OPERATION:

A. Within thirty-one (31) calendar days following a quasi-judicial hearing and vote of the Board of Trustees, the Board Attorney shall submit a proposed Final Order for signature by the Board's Chair in connection with the following:

   (1) Denial of disability benefits.

   (2) Denial of cost of living benefits.

   (3) Denial of line of duty death benefits.

   (4) Determination that a member who retired on pension due to permanent disability is able to perform active duty.

   (5) Denial of claim or application for any other type of benefits.

   (6) Determination that overpayment of benefits has been made.

   (7) Determination that benefits have been forfeited.

   (8) Granting disability benefits.
(9) Any other determination by the Board that the Board deems appropriate to render a written Final Order.

B. In connection with the denial of any claim or application for benefits, including but not limited to the denial of disability benefits, the denial of cost of living benefits, denial of line of duty death benefits, the reduction of benefits because of overpayment, or a determination that a retired member is no longer disabled, the Final Order shall set forth the specific reasons for the Board’s decision.

C. If the Board’s Chair determines that the proposed Final Order submitted by the Board’s Attorney is consistent with the Board’s determination, the Chair shall sign such Final Order as soon as possible. If the Board’s Chair determines that such proposed Final Order prepared by the Board’s Attorney is not consistent with the Board’s determination or is incomplete, the matter shall be placed on the agenda of the next meeting of the Board of Trustees.

D. Each Final Order shall indicate that the order constitutes the final action of the Board of Trustees of the City of Orlando Firefighters’ Pension Fund acting in a quasi-judicial capacity; and that the member or beneficiary may seek review by Writ of Certiorari in the Circuit Court of the Ninth Judicial Circuit in and for Orange County, Florida.

E. Once the Final Order is signed by the Chair, the Pension Coordinator shall furnish the Final Order to the affected person and/or the affected person’s attorney as soon as possible via e-mail, or such other method as is deemed appropriate under the circumstances.

4. FORMS:

None.
5. REFERENCES:

This Policy and Procedures was adopted by the Firefighters' Pension Board at the meeting of March 21, 2013. A motion to approve was made at the April 8, 2013 meeting.

6. EFFECTIVE DATE:

March 21, 2013.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#006

SUBJECT: REPORT OF DISABILITY STATUS

1. OBJECTIVE:

   To periodically determine if firefighters who have retired due to permanent disability are still unable to perform active duty.

2. AUTHORITY:

   Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan; and Policy #15005, adopted by the Firefighters' Pension Board on May 11, 2011.

3. PLAN PROVISIONS:

   a. Section 20 provides:

      "Any member of said fire department who shall have retired on pension due to permanent disability, who has less than twenty-five (25) years of service in said department, shall be subject to the call of the Orlando Firefighters' Pension Board for reexamination,..."

4. DIRECTION:

   The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.

5. METHOD OF OPERATION:

   A. EXECUTIVE DIRECTOR: The Executive Director shall every other year, send via regular mail, to all firefighters who have received permanent disability pension benefits (line of duty or non line of duty), for less than ten (10) years, whose combined service and retirement time is less than twenty-five (25) years of service:

      (1) A form letter as approved by the Board of Trustees, a copy of which form letter is attached hereto; and
CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#006

(2) An affidavit to be completed by the member receiving disability benefits, and returned to the Pension Coordinator, a copy of which affidavit is attached hereto.

B. The Executive Director shall review the affidavit and advise the Board of Trustees of any person receiving disability benefits which the Executive Director believes that further information should be obtained, specifying the further information to be obtained.

C. Thereafter, the Board of Trustees shall determine what further information should be obtained and direct the Executive Director to obtain such further information.

D. After obtaining further information, the Executive Director shall send the member who is receiving disability benefits, via certified mail, a letter indicating that the Board of Trustees will hold a hearing, specifying the date and place of the hearing, advising such member of his/her right to attend the hearing; and advising that the member will be given the opportunity to be heard, before the Board of Trustees makes a final decision.

E. No disability benefits that a member is receiving shall cease to be paid until such time as the member receiving disability benefits has been notified and been given the opportunity to be heard at a hearing before the Board of Trustees.

F. In determining whether the firefighter who retired on disability is currently "able to perform active duty", the Firefighters’ Pension Board of Trustees shall be guided by Policy #15005, “Reexamination and Recall of Retired Permanently Disabled Firefighters’ adopted May 11, 2011.

G. The order granting a firefighter’s Application for Disability Pension and the above referenced form letter shall advise the disabled firefighter that he has a duty to immediately notify the Pension Coordinator, in writing, if any of the following occurs:

(1) That he/she is employed in a position which requires certification as a firefighter as a condition of employment.
(2) That he/she is employed by or a volunteer for a fire department, or other agency or entity whose duty it is to extinguish fires, to protect life, or to protect property.

(3) That he/she has had a procedure, including but not limited to surgery, for the medical condition for which disability pension benefits were granted.

(4) If the disabled firefighter believes that he/she is currently able to perform active duty as a firefighter.

6. FORMS
   
   A. Form letter to be sent to above referenced members receiving disability benefits.
   
   B. Affidavit to be completed and returned by the above referenced member receiving disability benefits.

7. COMMITTEE RESPONSIBILITIES:
   
   None

8. REFERENCE:
   
   This Policy and Procedure was adopted by the Firefighters’ Pension Board at the meeting of May 14, 2003 and amended by motion on May 17, 2012.

9. EFFECTIVE DATE:

   This Policy and Procedure replaces that Policy and Procedures #06003 adopted May 14, 2003, and is effective May 17, 2012.
Subject: Reporting of Disability Status by Disability Retiree

Dear

The Orlando Firefighters’ Pension Board of Trustees has a fiduciary duty to administer the pension plan. Section 20 of the Plan provides that any member who has retired on pension due to permanent disability shall be subject to reexamination by the Pension Board to determine if such person is able to perform active duty as a firefighter.

The Pension Board of Trustees requires that the attached “Affidavit of Disability Status” be completed by you because you are receiving disability pension benefits from the Orlando Firefighters’ Pension Fund. The “Affidavit of Disability Status” must be returned to the Firefighters’ Pension Board, c/o Shelly L. Burlon, Pension Coordinator, 4th floor, P.O. Box 4990, Orlando, Florida, 32802-4990 (a self-addressed envelope has been provided) no later than 30 days from your receipt of this letter.

Please fully complete each item. Should you have any questions or need assistance in any way, please feel free to call Mrs. Burlon at (407) 246-2603. If you do not return the “Affidavit of Disability Status”, the Board of Trustees may elect to suspend such pension payments until the required information is provided.

After review, you will be advised if any additional information is required.

Pursuant to written policy adopted by the Pension Board, you are required to immediately notify the Pension Coordinator, in writing, if any of the following occurs:

1. You become employed in a position which requires certification as a firefighter as a condition of employment.
2. You become employed by or volunteer for a fire department, or other agency or entity whose duty it is to extinguish fires, to protect life, or to protect property.
3. You had a procedure, including but not limited to surgery, for the medical condition for which disability pension benefits were granted.
4. You believe that you are currently able to perform active duty as a firefighter.

Thank you for promptly responding to the Board’s requests.

Sincerely,

Christopher P. McCullion
Executive Director
AFFIDAVIT OF DISABILITY STATUS

BEFORE ME, the undersigned authority, personally appeared ____________________________
who, after being first duly sworn by me, deposes and says:

1. I am known by the following names:
   1) __________________________________________________________
   2) __________________________________________________________
   3) __________________________________________________________

2. I currently reside at

   ___________________________________________________________
   (print full street address)

   ___________________________  ___________________________  ___________________________
   (city)                     (state)                     (zip code)                  (telephone #)

3. Have you been employed (full or part-time) during the last 24 months?: ___ Yes ___ No
   If yes, Employer’s Name: ____________________________________________
    Supervisor: ________________________________________________________
    Position: __________________________________________________________
    Address: __________________________________________________________
    Telephone No.: ____________________________________________________

4. With regards solely to the medical condition(s) which was the basis of my receiving disability
   benefits from the City of Orlando Firefighters’ Pension Fund:

   a. I:
      ___ No longer suffer from such medical condition.
      OR  ___ Still suffer from such medical condition, and such condition has:
            ___ Worsened             ___ Become better               ___ Stayed the same

   b. I am presently:
      ___ Not under the care of a physician.
      OR ___ Under the care of Dr. ____________________________________________
            (Full name of physician)

   ______________________________________________________________
   (complete address of physician)
Date you last saw this physician: ____________________________

c. Within the past 24 months, I:

   ____ Have not been either an inpatient or outpatient of a hospital or clinic.

   OR  ____ Have been either an inpatient or outpatient of a hospital or clinic.

   I was a patient at: ____________________________________________________________

                  (full name of hospital/clinic)

                  ____________________________________________________________

                  (complete address of hospital/clinic)

   on ______________________, and spent ______ days in the hospital/clinic.

                  (complete date)             (days)

d. Since my last report to the Board of Trustees, I have:

   ___ Not undergone any procedure, including surgery.

   OR  ____ Undergone a procedure performed by Dr. ____________________________

                  ____________________________________________________________

                  (full name of physician)

                  ____________________________________________________________

                  (complete address of physician)

   On ______________________, at ____________________________

                  (date)             (name of hospital/clinic)

                  ____________________________________________________________

                  (complete address of hospital/clinic)

e. I am presently taking the following prescription medication(s) (list below; if taking none, so state):

                  ____________________________________________________________

                  ____________________________________________________________

   f. Are you currently under any restrictions by a physician? ___ Yes  ___ No

      If yes, please explain: ___________________________________________________

   g. Has any physician given you a future date at which time you might be able to perform active duty as a firefighter? If yes, what is that date?

                  ____________________________________________________________
5. ______ I believe that I am able to perform active duty in the Orlando Fire Department. 
OR 
______ I believe that I am not able to perform active duty in the Orlando Fire Department.

I HEREBY SWEAR OR AFFIRM that the information contained in this Affidavit is true and correct and I understand that I may be subject to criminal and other penalties, including forfeiture of the right to receive benefits under the plan, for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

__________________________________________
(Print or Type Name)

__________________________________________
(Signature) (Date)

STATE OF _____________________________

COUNTY OF ___________________________

Sworn to (or affirmed) and subscribed before me this ______ day of ______________, 20____, by

__________________________________________

Personally known

OR Produced Identification

Type of Identification Produced

__________________________________________

(SEAL)

Notary Public

PRINT, TYPE OR STAMP NAME OF NOTARY
CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#007

SUBJECT: POLICIES AND PROCEDURES ON DETERMINING CONTINUING ELIGIBILITY OF BENEFITS OF CERTAIN SURVIVING SPOUSES

1. OBJECTIVE:

To periodically determine if certain surviving spouses are eligible to continue to receive monthly pension benefits pursuant to applicable provisions of the plan.

2. AUTHORITY:

Article III, Section 14 of the plan, as it existed from June 11, 1945 until December 31, 2007, and Policy adopted by the Firefighters’ Pension Board on May 17, 2012.

3. PLAN PROVISIONS:

a. During the period of June 11, 1945 until December 31, 2007, Section 14 provided:

"Any pension being paid under the terms and provisions of this Act to any widow shall cease upon her remarriage."

b. Section 14 also provides that the surviving widow of any firefighter killed in the line of duty shall not lose survivor retirement benefits if she remarries, and reinstated survivor benefits under such circumstances as of July 1, 1994.

c. Section 14 (6) provides:

"(6) Effective for any pension paid a surviving spouse which started on or after January 1, 2008, any pension being paid out of the terms and provisions of this Act to any surviving spouse shall not cease upon the surviving spouse's remarriage."

4. DIRECTION:

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.
CITY OF ORLANDO
FIREFIGHTERS' PENSION BOARD
POLICY AND PROCEDURES
#007

5. METHOD OF OPERATION:

A. EXECUTIVE DIRECTOR: The Executive Director shall annually send, via regular mail, to all surviving spouses who started to receive monthly pension benefits before January 1, 2008, except for those surviving spouses who were receiving monthly pension benefits as a result of a firefighter killed in the line of duty:

(1) A form letter as approved by the Board of Trustees, a copy of which form letter is attached hereto; and

(2) An affidavit to be completed by the surviving spouse and returned to the Pension Coordinator, a copy of which affidavit is attached hereto.

B. If the Executive Director believes that a surviving spouse is no longer entitled to monthly pension benefits, the Executive Director shall send the surviving spouse, via certified mail, a letter indicating that the Board of Trustees will hold a hearing, specifying the date and place of the hearing; advising the surviving spouse of his/her right to attend the hearing; and advising that the surviving spouse will be given the opportunity to be heard, before the Board of Trustees makes a final decision.

C. No surviving spouse's monthly pension benefits shall cease to be paid until such time as the surviving spouse has been notified and been given the opportunity to be heard at a hearing before the Board of Trustees.

6. FORMS

A. Form letter to be sent to above referenced surviving spouses.

B. Affidavit to be completed and returned by the above referenced surviving spouses.

7. COMMITTEE RESPONSIBILITIES:

None
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#007

8. REFERENCES:

   This Policy and Procedure was adopted by a motion at the Firefighters' Pension Board meeting of May 17, 2012.

9. EFFECTIVE DATE:

   This Policy and Procedure replaces that Policy and Procedures #07003 adopted May 14, 2003, and is effective May 17, 2012.
Re: Survivor Spouse’s Pension - City of Orlando Firefighters’ Pension Fund

Dear

The Orlando Firefighters’ Pension Board of Trustees has a fiduciary duty to administer the pension plan. The applicable plan provision requires that “Any pension being paid under the terms and provisions of this Act to any widow shall cease upon her remarriage.”

The Pension Board of Trustees requires that the attached “Affidavit of Marital Status” be completed by you because you are receiving a survivor’s pension from the Orlando Firefighters’ Pension Fund. The “Affidavit of Marital Status” must be returned to the Firefighters’ Pension Board, c/o Shelly L. Burlon, Pension Coordinator, 4th floor, P.O. Box 4990, Orlando, Florida, 32802-4990 (a self-addressed envelope has been provided) no later than 30 days from your receipt of this letter.

Please fully complete each item. Should you have any questions or need assistance in any way, please feel free to call Mrs. Burlon at (407) 246-2603. If you do not return the “Affidavit of Marital Status” (and thereby verify your continuing eligibility to receive a survivor’s pension), the Orlando Firefighters’ Pension Board of Trustees may elect to suspend such pension payments until the required information is provided.

If you remarry in the future, you are required to immediately notify the Pension Coordinator of such remarriage. Failure to do so could result in the pension fund seeking repayment of pension benefits.

Thank you for promptly responding to the Board’s request.

Sincerely,

Christopher P. McCullion
Executive Director

/sb
Attachment
AFFIDAVIT OF MARITAL STATUS

BEFORE ME, the undersigned authority, personally appeared ____________________________
who, after being first duly sworn by me, deposes and says:

1. I am known by the following names:
   1) __________________________________________
   2) __________________________________________
   3) __________________________________________

2. I currently reside at ____________________________
   (print full street address)

   (city) ______  (state) ______  (zip code) ______  (telephone #) ______

3. I am the surviving spouse of ____________________________
   (Name of Deceased Firefighter)

4. Since the death of my firefighter spouse, I have remarried. Yes ______  No ______

5. If remarried, please indicate the date ____________________________ and place ____________________________.

6. If remarried, please state the name to whom married: ____________________________

7. For all children under the age of 18 receiving survivor’s pension benefits, please indicate:

<table>
<thead>
<tr>
<th>Name of Child(ren):</th>
<th>Birth Date(s):</th>
<th>Residence Address(es):</th>
</tr>
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<tbody>
<tr>
<td>1)</td>
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<td>(City/State/Zip Code)</td>
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</tr>
<tr>
<td>4)</td>
<td></td>
<td>(City/State/Zip Code)</td>
</tr>
</tbody>
</table>

8. I am attaching a photocopy of my current driver’s license.
I HEREBY SWEAR OR AFFIRM that the information contained in this Affidavit is true and correct and I understand that I may be subject to criminal and other penalties, including forfeiture of the right to receive benefits under the plan, for false, fraudulent and/or misleading oral or written statements or withholding or concealing information to obtain any benefit available under the pension plan.

______________________________
(Printed or Typed Name)

______________________________
(Signature) (Date)

STATE OF _______________________

COUNTY OF _______________________

Sworn to (or affirmed) and subscribed before me this ______ day of ______, 20____, by ____________________________

Personally known
OR Produced Identification
Type of Identification Produced

(SEAL)

______________________________
Notary Public
PRINT, TYPE OR STAMP NAME OF NOTARY
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#008

SUBJECT: ADDITIONAL RULES AND PROCEDURES FOR THE HEARING AND DETERMINATION OF APPLICATIONS FOR DISABILITY PENSIONS

1. OBJECTIVE:

To provide additional rules and procedures for the hearing and determination of applications for disability pensions.

2. AUTHORITY:

The Policy adopted by the Firefighters' Pension Board on December 17, 2003.

3. DIRECTION:

The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:

A. In order to be entitled to an in line of duty disability pension or a not in line of duty disability pension, the applicant must prove that he/she became "permanently and totally disabled" at the time the applicant was an active member of the fire department.

B. A member who voluntarily separates from employment as a firefighter with the Orlando Fire Department shall not be eligible for disability benefits unless at the time of separation from employment the member has filed a complete application for disability pension on the required form.
C. A member who has filed a complete application for disability pension on the required form who thereafter separates from employment (either voluntarily or involuntarily) may continue to seek disability benefits, and, if eligible, may start receipt of service retirement benefits. If at a later date the member is determined by the Board of Trustees to be eligible for disability benefits, such disability benefits shall be paid retroactive to the 1st day of the month following the last day the member works prior to retiring or separating from employment.

D. If a member is involuntarily separated from employment as a firefighter with the Orlando Fire Department, to be eligible for disability benefits, the member must file a complete application for disability pension on the required form within ten (10) calendar days of being involuntarily separated; and must submit a complete application package within thirty (30) calendar days of the date the application is filed.

E. A member who files an application for disability benefits, who is determined by the Board of Trustees to be "permanently and totally disabled", upon request of the member made prior to the Board of Trustees determining such disability was in line of duty or not in line of duty, may be granted a reasonable continuance not to exceed one hundred eighty (180) calendar days to gather and submit evidence that such disability was directly caused by and attributable to the performance of duty as a member of the Orlando Fire Department (in line of duty). Such documentary evidence, including but not limited to, written opinions, affidavits and depositions, shall be submitted by filing with the Pension Coordinator with a copy to the Fire Department’s Counsel, c/o City Attorney’s Office, City of Orlando. If the member wishes to defer the decision on line-of-duty or not line-of-duty and be considered for an immediate pension based upon a not in line-of-duty benefit, the Board shall proceed with the hearing to determine if a pre-existing condition exclusion applies and if the Fire Department has a suitable position to accommodate the member. Should the Board determine that no pre-existing condition is applicable and the Fire Department has no position available to accommodate the member, the Board may grant a benefit equal to a not in line-of-duty pension until the continuance issue is determined. If the Board of Trustees later
determines that such disability was received in the line of duty, then pension benefits shall be adjusted retroactively.

F. A member who files an application for disability benefits who is determined by the Board of Trustees not to be permanently and totally disabled who does not separate from employment as a firefighter, either voluntarily or involuntarily, may reapply for disability benefits only if there has been a change of circumstances. Change of circumstances may include, but is not limited to:

   a. Additional injury or injuries.

   b. Additional diagnostic test or tests.

   c. Application for disability benefits based on another medical condition.

G. A member who reapplies for disability benefits pursuant to paragraph 9 must show either in the application for disability pension or in the complete application package that there has been a change of circumstances. If the application for disability pension indicates that the applicant has previously applied for disability pension or Employee Benefits has reason to believe that the applicant has previously applied for disability pension, after the filing the application package, the matter shall be scheduled for hearing at the next meeting of the Board of Trustees to determine if the application or application packages shows on its face that there has been a change in circumstances. Until such time as the Board of Trustees makes a determination that the application or application package shows on its face a change in circumstances, the applicant shall not be scheduled for an independent medical evaluation. In connection with a reapplication, the first determination of the Board of Trustees at the full and final hearing shall be whether or not the applicant has met the burden of proof that the reapplication is based on a change of circumstances. Nothing herein shall preclude the Board of Trustees from determining at the full and final hearing that the applicant did not meet the burden of proof that the reapplication is based on a change of circumstances.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#008

H. Any final order of the Board of Trustees in connection with an application for disability benefits shall be subject to review by way of filing a timely petition for writ of certiorari in the 9th Judicial Circuit Court. The Board of Trustees does not grant a rehearing in connection with any final order entered by the Board of Trustees, unless ordered by the court.

5. FORMS

A complete Application for Disability Pension.

6. COMMITTEE RESPONSIBILITIES:

NONE

7. REFERENCE:

Procedure adopted by a motion at the Firefighters' Pension Board meeting of December 17, 2003.

8. EFFECTIVE DATE:

December 17, 2003.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#009

SUBJECT: HIPAA COMPLIANT MEDICAL RELEASE

1. OBJECTIVE:

   The State of Florida recently enacted a new HIPAA Policy which is to be used for privacy of patients when medical information is to released. A HIPAA Compliant Medical Release is to be incorporated in the Application for Disability Benefits and for the Annual Retiree's Medical Authorization.

2. AUTHORITY:

   The Policy adopted by the Firefighters' Pension Board on October 21, 2003.

3. DIRECTION:

   The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:

   A HIPPA Compliant Medical Release must be incorporated in the Application for Disability Pension Benefits and for the Annual Retiree's Medical Authorization.

5. FORMS

   Authorization to release medical, psychological and employment information and retiree's medical authorization to release medical, psychological and employment information (including protected health information).

6. COMMITTEE RESPONSIBILITIES:

   None
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of October 21, 2003.

8. **EFFECTIVE DATE:**

CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#010

SUBJECT: DOMESTIC RELATIONS ORDERS

1. OBJECTIVE:

To provide guidance in the administration of the plan as it relates to domestic relations orders.

2. AUTHORITY:

A. As a governmental pension plan, the Orlando Firefighters’ Pension Fund does not have authority to comply with a court order ordering an equitable distribution of marital assets (pension benefits), even if such court order is as a result of a written agreement entered into by the firefighter. See:

(1) Board of Trustees of the City General Employees Pension Plan v. Vizcaino, 635 So. 2d 1012, 1013 (Fla. 1st DCA 1994);

(2) Edwards v. Edwards, 819 So. 2d 837 (Fla. 2d DCA 2002); and

(3) Board of Trustees of the Orlando Police Pension Plan v. Langford, 833 So. 2d 230 (Fla. 5th DCA 2002).

B. The Orlando Firefighters’ Pension Fund will honor that part of a court order ordering the payment of child support and/or alimony. See:

(1) Alvarez v. Board of Trustees of the City Pension Fund for Firefighters and Police Officers in the City of Tampa, 580 So. 2d 151, 154 (Fla. 1991); and

(2) Florida Statutes §175.061(7).

3. METHOD OF OPERATION:

A. That part of any court order which attempts to effectuate an equitable distribution of marital assets (pension benefits) will not be honored by the Orlando Firefighters’ Pension Plan regardless of the title of such order
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

Page 2

#010

(Qualified Domestic Relations Order [QDRO], Domestic Relations Order [DRO], Income Deduction Order [IDO], Apportionment Order, etc.).

B. The Orlando Firefighters' Pension Fund will honor that part of any court order ordering the payment of child support and/or alimony, regardless of the title of the court order (usually titled Income Deduction Order [IDO]).

C. As to pension benefits that may be owing upon the death of the firefighter, see Policy #16, "Effects of Dissolution of Marriage on Beneficiary Designations (Florida Statutes §732.703)".

D. Pension benefits include, but not necessarily limited to, monthly pension benefits, monies accrued in a Forward DROP account, monies payable to a Back DROP firefighter, and SHARE Program monies.

4. FORMS:

None.

5. REFERENCE:

This Policy and Procedures was adopted by the Firefighters' Pension Board at the meeting of March 21, 2013. Policy was brought back to the trustees on April 18, 2013 and a motion to approve was made and retroactive from March 21, 2013.

6. EFFECTIVE DATE:

March 21, 2013
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#011

SUBJECT: DISABILITY PROCEDURES – IME LETTERS REGARDING “PRESUMPTIVE ILLNESSES”.

1. To systematically review the Policy & Procedures for the Orlando Firefighters' Pension Fund to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. AUTHORITY:

The Policy and Procedures adopted by the Firefighters’ Pension Board on December 19, 2002.

3. DIRECTION:

The Executive Director, designated by the Firefighters’ Pension Board of Trustees, serves the Board in the day to day operation of the plan.

4. METHOD OF OPERATION:

A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor the review of the language in Payment and Reimbursement Agreement, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.

B. BOARD ATTORNEY: The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#011

5. **FORMS**

   IME LETTERS REGARDING PRESUMPTIVE ILLNESSES (heart disease, hypertension, meningococcal meningitis, tuberculosis; and hepatitis.)

6. **COMMITTEE RESPONSIBILITIES:**

   NONE

7. **REFERENCE:**

   Procedure adopted by motion at the Firefighters' Pension Board meeting of December 19, 2002.

8. **EFFECTIVE DATE:**

   December 19, 2002
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#012

SUBJECT: AFFIDAVIT OF MARRIAGE (UPON RETIREMENT AND UPON DEATH)

1. To systematically review the Policy & Procedures for the Orlando Firefighters' Pension Fund to determine conformance with current State Law and Federal Law, to assure the procedures achieve the intent of previous and current Board administrative guidance.

2. AUTHORITY:


3. DIRECTION:

   The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day to day operation of the plan.

4. METHOD OF OPERATION:

   A. EXECUTIVE DIRECTOR: The Executive Director will schedule and monitor the review of the language, existing Policy and Procedures and Plan administration to determine compliance with applicable laws and Board intent.

   B. BOARD ATTORNEY: The Board Attorney will review the Plan document and Policies and Procedures to determine compliance with applicable laws and Board intent and report the findings in writing to the Board through the Executive Director.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#012

5. FORMS

AFFIDAVIT OF MARRIAGE (UPON RETIREMENT)
AFFIDAVIT OF MARRIAGE (UPON DEATH)

6. COMMITTEE RESPONSIBILITIES:

NONE

7. REFERENCE:

Procedure adopted by the Firefighters' Pension Board at the meeting of 2003. Policy was amended on February 21, 2013.

8. EFFECTIVE DATE:

AFFIDAVIT OF MARRIAGE
(upon retirement)

State of Florida
County of __________________________

BEFORE ME, the undersigned authority, personally appeared
__________________________ (name) who, after being first duly sworn by me, deposes
and says:

1. I, the undersigned, __________________________ am currently married

to __________________________ (name). We were married on

__________________________ (date of marriage) in the State of __________________________.

2. I have children under the age of eighteen (18) years old.

__________________________ (name of child) __________________________ (date of birth)

__________________________ (name of child) __________________________ (date of birth)

(If any additional children are to be listed, please provide on an additional sheet.)

3. Under penalties of perjury, I declare that I have read the foregoing, and the facts

alleged are true, to the best of my personal knowledge and belief.

FURTHER AFFIANT SAYETH NOT

____________________________________________________
Signature of Retiree

State of Florida
County of __________________________

On this day personally appeared before me, the undersigned authority
____________________________________________________, who (is personally known to me) or who (has produced a
driver’s license) issued by the State of Florida, License No. __________________________, or issued by the State of __________________________, License No. __________________________; and
who took an oath and acknowledged the foregoing instrument.

______________________ __________________
SWORN to and SUBSCRIBED before me, this ___________ day of ___________
20 __________.

My commission expires on: __________________________

Notary Public
AFFIDAVIT OF MARRIAGE
(Death of participant)

State of Florida
County of ___________

BEFORE ME, the undersigned authority, personally appeared ______________ who, after being first duly sworn by me, deposes and says:

1. I, the undersigned, ______________ was lawfully married to
   ______________ on ______________ (date of marriage) in the State of
   ______________, County of ______________.

2. At the time ______________ retired from the Orlando Fire Department
   and was placed on a pension from the Orlando Firefighters’ Pension Fund, I was the
   lawful spouse of ______________.

3. At the time of his/her death on ______________, I was the lawful spouse of
   ______________, a Retired Firefighter with the Orlando Fire Department.

4. My spouse had children under the age of eighteen (18) years old at the time of his/her
   death:

   ______________ (name of child) ______________ (date of birth)

   ______________ (name of child) ______________ (date of birth)

   (If any additional children are to be listed please provide on an additional sheet.)

5. Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged
   are true, to the best of my personal knowledge and belief.

FURTHER AFFIANT SAYETH NOT

_____________________
Signature of Spouse

Page 1 of 2
State Of Florida
County of ____________________

On this day personally appeared before me, the undersigned authority ___________, who (is personally known to me) or who (has produced a driver’s license) issued by the State of Florida, License No. ________________________ or issued by the State of ______________ , License No. ______________; and who took an oath and acknowledged the foregoing instrument.

SWORN to and SUBSCRIBED before me, this ___ day of ________ 20___.

___________________________________
Notary Public
State of Florida At Large

My commission expires on:
CITY OF ORLANDO

FIREFIGHTERS’ PENSION BOARD

POLICY AND PROCEDURES

#013

SUBJECT: CASE SUMMARIES AT DISABILITY HEARINGS

1. OBJECTIVE:

   To ensure that the Board of Trustees have ample time to review additional evidence and written case summaries pertaining to a disability applicant’s disability hearing from the applicant, applicant’s attorney or the Fire Department Advocate prior to the Disability Hearing.

2. AUTHORITY:


3. DIRECTION:

   The Executive Director, designated by the Firefighters’ Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:

   All additional evidence and case summaries to be considered by the Board of Trustees at a Disability Hearing must be submitted to the Pension Coordinator no later than fifteen calendar days prior to the Disability Hearing or a Motion to Continue must be filed.

5. FORMS

   None

6. COMMITTEE RESPONSIBILITIES:

   None
7. **REFERENCE:**

Procedure adopted by motion at the Firefighters' Pension Board meeting of February 28, 2006.

8. **EFFECTIVE DATE:**

February 28, 2006
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#014

SUBJECT: CALCULATION OF LUMP SUM PAYMENTS TO BENEFICIARIES

1. OBJECTIVE:

   To ensure that upon the death of an active firefighter if their beneficiary requests a lump sum payment what discounted rate should be used for the calculation.

2. AUTHORITY:

   The Policy adopted by the Firefighters' Pension Board on April 15, 2010.

3. DIRECTION:

   The Executive Director, designated by the Firefighters' Pension Board of Trustees, serves the Board in the day-to-day operation of the plan.

4. METHOD OF OPERATION:

   If beneficiaries request a lump sum pension benefit upon the death of a firefighter the calculation will be based on the discounted rate currently being used by the actuary or the assumed rate of return.

5. FORMS

   None

6. COMMITTEE RESPONSIBILITIES:

   None
7. **REFERENCE:**

   Procedure adopted by motion at the Firefighters' Pension Board meeting of April 15, 2010.

8. **EFFECTIVE DATE:**

   April 15, 2010.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#015

SUBJECT: REEXAMINATION AND RECALL OF RETIRED PERMANENTLY DISABLED FIREFIGHTERS

1. OBJECTIVE:

   To provide interpretation and guidance in the administration of Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan.

2. PLAN PROVISION:

   Section 20, "Reexamination and Recall of Retired Employees" of the Orlando Firefighters' Pension Plan, provides:

   "Any member of the said fire department who shall have retired on pension due to permanent disability, who has less than twenty-five (25) years of service in said department, shall be subject to the call of the said Orlando Firefighters Pension Board for reexamination, and if found able to perform active duty, the said board shall have the power to, with the consent of the chief of the said fire department and city commissioners of the said city, compel the return of said member to the said department and said member so returned shall enjoy the same rights that he had at the time he was placed upon pension, and in the event said member so ordered to return shall refuse to comply with said order within ten (10) days from the issuance thereof, he shall forfeit his right to his pension." (E.S.)

3. METHOD OF OPERATION:

   A. To stop payment of disability benefits, whether line of duty or non-line of duty, all of the following conditions must occur:

   (1) The retired disabled member must have had "less than twenty-five (25) years of service" with the Orlando Fire Department. A firefighter who retired on disability with twenty-five (25) years or more of service is not subject to reexamination and recall.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#015

(2) The Orlando Firefighters' Pension Board, upon reexamination, must find that the firefighter who retired on disability is “able to perform active duty” as a firefighter.

(3) “Consent of the Fire Chief” of the Orlando Fire Department to return the previously disabled firefighter to active duty as a firefighter must be given.

(4) “Consent of the …City Commissioners” to return the previously disabled firefighter to active duty as a firefighter must be given.

B. (1) The Pension Board interprets Section 20, “Reexamination and Recall of Retired Employees”, to mean that the Pension Board must find that the firefighter previously retired as being permanently and totally disabled does not currently have any medical condition which would preclude him/her to perform active duty as a firefighter.

(2) A firefighter who was retired on disability because of x medical condition, which no longer precludes such person from performing active duty, but has y medical condition, which precludes him from performing active duty, would not be subject to recall.

(3) A firefighter who was retired on line of duty disability because of x medical condition, which no longer precludes such person from performing active duty, but has y medical condition, which precludes him from performing active duty, would still be eligible for line of duty disability benefits.

(4) A firefighter who is determined to be permanently and totally disabled because of x medical condition and y medical condition, one of which medical condition is determined to be in the line of duty, and the other of which medical condition is determined to be not in the line of duty, would continue to be entitled to line of duty disability benefits even if no longer disabled from the line of duty medical condition, as long as there was some other medical condition which precluded him/her from performing active duty.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#015

4. REFERENCE:

This policy and procedure was adopted by motion at the Firefighters' Pension Board meeting of May 11, 2011.

5. EFFECTIVE DATE:

This policy and procedures is effective for all firefighters who retired as being permanently and totally disabled, whether line of duty or not in the line of duty, in the past and in the future.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

POLICY AND PROCEDURES

#016

SUBJECT: EFFECTS OF DISSOLUTION OF MARRIAGE ON BENEFICIARY DESIGNATIONS (FLORIDA STATUTES § 732.703)

1. OBJECTIVE:

To provide interpretation and guidance in the administration of payments of pension benefits upon the death of the firefighter and Florida Statutes § 732.703, effects of dissolution of marriage on beneficiary designations.

2. AUTHORITY:

Section 4(3), Section 32(1), Section 31(1)(b), Section 21(12)(a), and Section 36(18) of the Orlando Firefighters' Pension Plan.

3. PLAN PROVISIONS:

A. Section 32, "Beneficiaries", of the Orlando Firefighters' Pension Plan, provides:

"(1) Each Firefighter may, on a form provided for that purpose, signed and filed with the Board of Trustees, designate a choice of one or more persons, including a trust, named sequentially or jointly, as his beneficiary (or beneficiaries) to receive a refund of the member's accumulated contributions without interest or the remainder of the 120 monthly payments, if any, which may be payable in the event of the member's death. Each designation may be revoked or changed by such Firefighter by signing and filing with the Board of Trustees a new designation-of-beneficiary form. Upon such change, the rights of all previously designated beneficiaries to receive benefits under the system shall cease.

(2) If a deceased Firefighter fails to name a Beneficiary in the manner prescribed in Subsection (1) above, or if the Beneficiary (or Beneficiaries) named by a deceased Firefighter predeceases the Firefighter, the refund of member's contributions or the remainder of the 120 monthly payments, if any, which may be payable with respect to such deceased Firefighter, except as provided by Subsection 32(4), shall be paid to the estate of the Firefighter and the Board of
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

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Trustees, in its discretion, may direct that the commuted value of the remaining monthly income benefits be paid in a lump sum.

(3) Any payment made to any person pursuant to this section shall operate as a complete discharge of all obligations with regard to the deceased Member and any other persons with rights and shall not be subject to review by anyone but shall be final, binding and conclusive on all persons ever interested hereunder.

(4) If a member has not completed and filed with the board of trustees a designation of beneficiary form and has not elected in writing and filed with the board of trustees the Section 34(1)(a) life with 10 years certain option, monthly benefits that are payable upon the death of the member, if any, for the 120 month period shall be paid to the member's surviving spouse, issue in being under the age of eighteen (18), or dependent parents, in the same percentages as set forth in Section 14, "Benefits Payable Upon Death of Member"; and, if none, to the member's estate."

B. Section 31(1)(b) defines beneficiary as follows:

"Beneficiary means one or more persons, including a trust, named sequentially or jointly, who has or have been designated by the Member, on a form provided for that purpose, signed and filed with the Board of Trustees to receive a refund of member's accumulated contributions without interest or to receive the remainder of the 120 monthly payments, if payable, which may be payable. If no beneficiary is named in the manner provided herein, or if no Beneficiary designated survives the Member, the refund of contributions or remainder of the 120 monthly payments, if any, shall be paid by the Board of Trustees to the estate of such deceased Member, provided that the Board of Trustees, in its discretion, may direct that the commuted value of any remaining monthly benefits payments be paid in a lump sum. Each designation may be revoked by the Member by signing and filing with the Board of Trustees a new designation of beneficiary form."
C. Section 21, "Deferred Retirement Option Program", in part, provides:

"(12) Death of a DROP Participant—
(a) Upon the death of a DROP participant, the named DROP beneficiaries shall be entitled to apply for and receive the balance of the DROP participant's DROP account as provided in subsections (9) and (10). DROP payments to a beneficiary shall be in addition to any other retirement benefits payable to the beneficiary."

D. Section 26, "Orlando Firefighters' SHARE Program", in part, provides:

"(18) Designation of Beneficiaries.
(a) Each participant may, on a form provided for that purpose, signed and filed with the approved provider and third party administrator, if any, designate a choice of one or more persons, named sequentially or jointly, as his or her beneficiary who shall receive the benefits, if any, which may be payable pursuant to this section in the event of the participant's death. If no beneficiary is named in this manner, or if no beneficiary designated by the participant survives the participant, the beneficiaries shall be the beneficiaries of the participant's estate. The board may determine the beneficiaries of the participant's estate pursuant to rules adopted by the board. Otherwise, a court order determining the beneficiaries of the participant's estate shall be required.
(b) A trust may be designated as a beneficiary.

4. DIRECTION:

The Executive Director is designated by the Firefighters' Pension Board of Trustees to administer this policy.
CITY OF ORLANDO

FIREFIGHTERS' PENSION BOARD

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5. METHOD OF OPERATION:

A. The Board of Trustees has adopted the following forms, which contain designation of beneficiaries or designation of joint pensioner and require indication of the "relationship" of the named beneficiaries or joint pensioner:

(1) Firefighters' Share Program Designation of Beneficiary Form, for firefighters who are employed as a firefighter any time on or after July 1, 2009.

(2) Pre-Separation Death Designation of Beneficiary Form for Refund of Contributions.

(3) Pre-Separation Death Designation of Beneficiary Form for Monthly Benefits.

(4) Post-Separation Death Designation of Beneficiary Form for Remainder of 120 Monthly Benefits (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).

(5) Application for Retirement Benefit.

(6) Request to Change Joint Pensioner (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).

(7) DROP Designation of Beneficiary Form.

These forms can be obtained from the pension coordinator at orlandofirepension@cityoforlando.net or (407) 246-2603; or via the internet at www.cityoforlando.net/pension/fire_forms.htm.

B. Once Share Program monies are received by the third party administrator, Nationwide Retirement Solutions, Inc., such monies are subject to a designation of beneficiary form promulgated by the third party administrator, Nationwide Retirement Solutions, Inc.

The Share Program Nationwide Beneficiary Form can be obtained via the internet at www.cityoforlando.net/pension/fire_forms.htm.

C. The following are situations where benefits may be paid on the death of the firefighter:
CITY OF ORLANDO

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The SHARE Program Nationwide Beneficiary Form can be obtained via the internet at www.cityoforlando.net/pension/fire_forms.htm.

C. The following are situations where benefits may be paid on the death of the firefighter:

(1) If a refund of contributions is owed.
(2) If a firefighter dies before 120 monthly payments are made to the eligible firefighter (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
(3) When a firefighter dies after naming a joint pensioner (Firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, are not eligible for this form of payment).
(4) When a firefighter dies while in Forward DROP.
(5) When a firefighter dies while eligible for SHARE Program assets, before transfer of those assets to the third party administrator, Nationwide Retirement Solutions, Inc. (Firefighters who separated prior to January 1, 1998 are not eligible for SHARE Program assets).
(6) When a firefighter dies while SHARE Program assets are held by the third party administrator, Nationwide Retirement Solutions, Inc. (Firefighters who separated prior to January 1, 1998 are not eligible for SHARE Program assets).

D. Effective July 1, 2012, Florida Statutes § 732.703 (2) provides that a designation of a spouse made prior to dissolution of marriage is void upon the dissolution of marriage, and that the firefighter’s interest shall pass as if the former spouse predeceased the firefighter (to the contingent or secondary beneficiary), except in certain circumstances, including but not limited to:

(1) After the order of dissolution, the firefighter designates the former spouse as the beneficiary or joint pensioner (F.S. § 732.703 (4)(b)). The marital settlement agreement or order of dissolution may require this.
(2) An order of dissolution requires that the firefighter cannot unilaterally terminate or modify the ownership of the asset, or its disposition upon the death of the firefighter. This is interpreted to mean that the court order requires the firefighter to name or maintain the former spouse as the beneficiary or the joint pensioner (F.S. § 732.703 (4)(e)).
E. After July 1, 2012, if a firefighter wants a former spouse to be the primary beneficiary or contingent secondary beneficiary, or joint pensioner, or if a firefighter is required by a court order, the firefighter must complete and sign a new designation form for each applicable pension benefit payable upon the firefighter’s death, and file such with the Board of Trustees AFTER dissolution of marriage. Any active or retired firefighter who currently has a former spouse as a beneficiary or joint pensioner, who wants to maintain such designation, or who is required to do so by court order, must designate the former spouse again after July 1, 2012.

F. The Board of Trustees will follow any certified court order served upon it (pension coordinator, executive director, or any trustee) or the City of Orlando, by e-mail to the pension coordinator at orlandofirepension@cityoforlando.net, personal delivery, certified mail or by a process server. HOWEVER, for Share Program monies held by the third party administrator, Nationwide Retirement Solutions, Inc., the certified court order must be served upon Nationwide Retirement Solutions, Inc. in a method acceptable to Nationwide.

G. Firefighters who are obtaining a dissolution of marriage should make sure that any marital settlement agreement entered into and court order should be clear and specific as to who is entitled to receive each and every type of pension benefit that is to be paid upon the death of the firefighter.

H. Firefighters are encouraged to periodically review and update their beneficiary forms, particularly when there has been a change of circumstances, such as dissolution of marriage, death of named beneficiary, named beneficiary obtains age 18, etc.

I. Upon dissolution of marriage, a firefighter who elects the optional form of payment with the spouse as the joint pensioner will continue to receive the same amount of monthly pension benefit for the life of the firefighter, regardless of whether or not a certified court order, served as previously indicated, requires the former spouse to be maintained as the joint pensioner. If the court order does not require the firefighter to maintain the former spouse as the joint pensioner, the firefighter may designate a new joint pensioner in which case the amount of the monthly pension benefits will be recalculated.

J. This policy shall apply regardless of the state of residency of the firefighter or former spouse at the time of the firefighter’s death.
K. If there are competing claims for the benefits payable upon the death of the firefighter, if there is any doubt or different interpretations as to the meaning of a court order served upon the Board of Trustees, or if there is any doubt as to who is the beneficiary or beneficiaries, the Board of Trustees will hold a quasi-judicial hearing with notice to all interested persons.

L. For firefighters who entered Forward DROP or separated prior to January 1, 2008, whichever comes first, reduced monthly benefits are paid to a surviving spouse if:

(1) The spouse was the lawful spouse of the firefighter at the time of the firefighter's death, and

(2) The spouse was the lawful spouse of the firefighter at the time the firefighter "was placed on pension or entered DROP under the terms and provisions" of the plan. The plan does not require that the marriage be continuous from the time the firefighter was placed on pension until the firefighter's death.

A designation of beneficiary form does not affect this reduced surviving spouse benefit.

M. For firefighters who entered Forward DROP or separated on or after January 1, 2008, whichever comes first, the firefighter may complete and file a designation of beneficiary form, designating a beneficiary or beneficiaries to receive the remainder of the firefighter’s 120 monthly benefit payments, which beneficiary may be anyone or a trust, and is not required to be or include the firefighter’s spouse.

After 120 monthly benefit payments, or upon the firefighter’s death, whichever occurs last, reduced monthly benefits are paid to a surviving spouse if:

(1) The spouse was the lawful spouse of the firefighter at the time of the firefighter’s death, and

(2) The spouse was the lawful spouse of the firefighter at the time the firefighter “was placed on pension or entered DROP under the terms and provisions” of the plan. The plan does not require that the marriage be continuous from the time the firefighter was placed on pension until the firefighter’s death.
A designation of beneficiary form does not affect this reduced surviving spouse benefit payable after 120 monthly benefit payments, or upon the firefighter’s death, whichever occurs last.

6. FORMS

In addition to the forms referenced in paragraph 5. A, in connection with any request for the payment of any benefits payable upon the death of the firefighter, the Board of Trustees has adopted the following forms:

A. Affidavit of Marriage (By Surviving Spouse).
B. Affidavit of Marital Status (By Secondary/Contingent Beneficiary).

7. REFERENCE:

This policy and procedure was adopted by the Firefighters’ Pension Board at the meeting of October 18, 2012.

8. EFFECTIVE DATE:

This policy and procedures is effective retroactive to July 1, 2012 for all active and retired firefighters.
FIREFIGHTERS' SHARE PROGRAM
DESIGNATION OF BENEFICIARY FORM

This form is only for those firefighters who were employed as a firefighter at any time on or after July 1, 2009.

If I, ____________________________ (print name), should die before I or the third party administrator (currently Nationwide Retirement Solutions, Inc.) of the Orlando Firefighters’ Share Program, receives my SHARE PROGRAM benefits, I designate the following person(s) or trust(s) to be my beneficiary(ies) of those SHARE PROGRAM benefits that I may be entitled to receive.

I understand that this Designation of Beneficiary form will control my share of the initial allocation not received by the third party administrator (currently Nationwide Retirement Solutions, Inc.) at the time of my death, and will control my share of any annual allocation not received by the third party administrator (currently Nationwide Retirement Solutions, Inc.) at the time of my death.

I understand that once my SHARE PROGRAM benefits are received by the third party administrator (currently Nationwide Retirement Solutions, Inc.) of the Orlando Firefighters’ Share Program, that this Designation of Beneficiary Form is no longer effective as to SHARE PROGRAM benefits received by the third party administrator (currently Nationwide Retirement Solutions, Inc.), and that I have the right to designate beneficiaries on a form provided by the third party administrator (currently Nationwide Retirement Solutions, Inc.).

1. Primary Beneficiary Name: ____________________________
   DOB: ________________________________________
   Relationship: ____________________________
   Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

2. Primary Beneficiary Name: ____________________________
   DOB: ________________________________________
   Relationship: ____________________________
   Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

3. Primary Beneficiary Name: ____________________________
   DOB: ________________________________________
   Relationship: ____________________________
   Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________________________

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100% ______

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

In the event that any of the foregoing named primary beneficiaries predecease me, then the portion payable to that person(s) or trust(s) shall be payable as designated herein. [If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s).]
1. Contingent Beneficiary Name: ___________________________ DOB: ____________
   Relationship: ___________________________ Social Security No.: ___________________________
   Beneficiary’s Address: ___________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________________________

2. Contingent Beneficiary Name: ___________________________ DOB: ____________
   Relationship: ___________________________ Social Security No.: ___________________________
   Beneficiary’s Address: ___________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________________________

3. Contingent Beneficiary Name: ___________________________ DOB: ____________
   Relationship: ___________________________ Social Security No.: ___________________________
   Beneficiary’s Address: ___________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________________________

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100% __________%

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it __________

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%.
You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%.

This designation will continue to be effective unless I submit a new Designation of Beneficiary Form adopted by the Trustees.

I understand that if any designated beneficiary predeceases me it would be best if I complete and file with the Firefighters’ Pension Coordinator a new Designation of Beneficiary Form for my SHARE PROGRAM benefits not yet received by the third party administrator (currently Nationwide Retirement Solutions, Inc.).

________________________________________               ___________________________
Signature                                               Date

Social Security Number     (LAST 4 DIGITS)

STATE OF __________________________
COUNTY OF __________________________

The foregoing instrument was acknowledged before me this ____ day of ____________, 20__
by ____________________________, who is personally known to me or
who has produced ____________________________ as identification.

________________________________________
 NOTARY PUBLIC

My Commission expires on:

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Pre-Separation Death Designation of Beneficiary Form for
REFUND OF CONTRIBUTIONS

In the event that I die prior to my separation as a firefighter with the City of Orlando or entry into DROP and the circumstances of my death do not qualify for the payment of monthly pension benefits (Non-line of duty death with less than 10 years of credited service or line of duty death with less than 10 years of credited service without surviving spouse or minor child), then I direct that a refund of my contributions be paid as follows:

I understand that I may designate one or more beneficiaries, including a trust, named sequentially or jointly and in whatever percentages I deem appropriate.

I understand that if I do not designate a beneficiary or if no beneficiary designated survives me that the refund of my contributions will be paid to my estate.

I understand that at the time of my Application for Retirement Benefits (Normal Service Retirement, DROP Retirement, or Disability Retirement), I have the right to elect in writing the form of payment of how I want my monthly pension benefits paid which may include a designation of a beneficiary or a joint pensioner different than the beneficiaries designated herein.

I understand that this designation may be revoked or changed by signing and filing with the Board of Trustees (by delivery to Employee Benefits) a new Pre-Separation Death Designation of Beneficiary Form for Refund of Contributions.

PRIMARY BENEFICIARY(IES)

1. Beneficiary Name: __________________________ DOB: __________________________ %
   Relationship __________________________ Social Security No.: __________________________
   Beneficiary Address: __________________________
   City: __________________________ State: __________________________ Zip Code: __________________________

2. Beneficiary Name: __________________________ DOB: __________________________ %
   Relationship __________________________ Social Security No.: __________________________
   Beneficiary Address: __________________________
   City: __________________________ State: __________________________ Zip Code: __________________________

3. Beneficiary Name: __________________________ DOB: __________________________ %
   Relationship __________________________ Social Security No.: __________________________
   Beneficiary Address: __________________________
   City: __________________________ State: __________________________ Zip Code: __________________________

4. Beneficiary Name: __________________________ DOB: __________________________ %
   Relationship __________________________ Social Security No.: __________________________
   Beneficiary Address: __________________________
   City: __________________________ State: __________________________ Zip Code: __________________________

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100%

If a beneficiary spot is not used, please draw a line through it. Write 0% in the blank, and initial it.

In the event that the foregoing person(s) predeceases me, then the portion payable to that person(s) shall be payable as designated herein. If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s):

CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name: __________________________ DOB: __________________________ %
   Relationship __________________________ Social Security No.: __________________________
   Beneficiary Address: __________________________
   City: __________________________ State: __________________________ Zip Code: __________________________
2. Beneficiary Name: ___________________________ DOB: __________% 
   Relationship ___________________________ Social Security No.: _______________
   Beneficiary Address: ___________________________ State: _______________ Zip Code: ___________

3. Beneficiary Name: ___________________________ DOB: __________% 
   Relationship ___________________________ Social Security No.: _______________
   Beneficiary Address: ___________________________ State: _______________ Zip Code: ___________

4. Beneficiary Name: ___________________________ DOB: __________% 
   Relationship ___________________________ Social Security No.: _______________
   Beneficiary Address: ___________________________ State: _______________ Zip Code: ___________

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100% 

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Contingent beneficiaries will receive only the percentage of predeceased primary beneficiaries.

_________________________________________  ___________________________
Print Name                                                                 Signature

______________________________ ___________________________
STATE OF FLORIDA  County of ORANGE  Date

The foregoing instrument was acknowledged before me this _____ day of ____________, 20____ by
_________________________________________ as identification.

_________________________________________  ___________________________
NOTARY PUBLIC

My Commission Expires on:

F:\WP\Orlando Fire\Ch. 99-1\Forms\Designation of Beneficiary-Refund 01.21.08.doc
Pre-Separation Death Designation of Beneficiary Form for MONTHLY BENEFITS

In the event that I die prior to my separation as a firefighter with the City of Orlando or entry into DROP and the circumstances of my death qualifies for the payment of monthly pension benefits (Non-line of duty death with 10 or more years of credited service or line of duty death with 10 or more years of credited service), then I direct that the monthly pension benefits be paid as follows:

I understand that if I die in the line of duty before completing 10 years of credited service, that monthly benefits will be paid to my surviving spouse and/or minor children, or dependent parents, pursuant to Section 33(1)(b), "Pre-Separation Death" regardless of any designation.

I understand that if I die after completing 10 years of credited service regardless of whether my death was in the line of duty or not in the line of duty, then 120 monthly pension benefits in the amount of my accrued benefit will be paid beginning immediately as designated hereon.

I understand that after 120 monthly pension benefits have been paid, that the appropriate percentage of my accrued benefit will be paid to my surviving spouse and/or minor children, or dependent parents.

I understand that I may designate one or more beneficiaries, including a surviving spouse, minor children and/or adult children, a parent or parents, or any other person, or a trust, named sequentially or jointly and in whatever percentages I deem appropriate to receive the 120 monthly pension payments.

I understand that if I do not designate a beneficiary or if no beneficiary designated survives me that monthly pension benefits will be paid to my estate.

I understand that at the time of my Application for Retirement Benefits (Normal Service Retirement, DROP Retirement, or Disability Retirement), I have the right to elect in writing the form of payment of how I want my monthly pension benefits paid which may include a designation of a beneficiary or a joint pensioner different than the beneficiaries designated herein.

I understand that this designation may be revoked or changed by signing and filing with the Board of Trustees (by delivery to Employee Benefits) a new Pre-Separation Death Designation of Beneficiary Form for Monthly Benefits.

For the 120 monthly pension benefits payable immediately following my death, I designate the following beneficiary(ies) (select only one)

1. My surviving spouse to whom I was married at the time of my death.

2. My children living or in gestation at the time of my death in equal percentages.

3. The following:

   PRIMARY BENEFICIARY(IES)

1. Beneficiary Name: ___________________________ DOB: ___________________________
   Relationship: ___________________________ Social Security No.: ___________________________
   Beneficiary Address: ___________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________________________
2. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

3. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

4. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100%

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

In the event that the foregoing person(s) predeceases me, then the portion payable to that person(s) shall be payable as designated herein. If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s):

CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

2. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

3. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

4. Beneficiary Name: ___________________________ DOB: ________________ %
   Relationship: ___________________________ Social Security No.: __________
   Beneficiary Address: ___________________________ State: __________ Zip Code: __________
   City: ___________________________ State: __________ Zip Code: __________

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Contingent beneficiaries will receive only the percentage of predeceased primary beneficiaries.

Print Name ___________________________ Signature ___________________________

Date ___________________________

Page 2 of 3
STATE OF FLORIDA  
COUNTY OF ORANGE  

The foregoing instrument was acknowledged before me this ___ day of __________, 20___ by 
________________________________________, who is personally known to me or who has produced 
________________________________________ as identification.

___________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES ON:
City of Orlando Firefighters Pension Fund
POST-Separation Death Designation of Beneficiary Form
For Remainder of 120 Monthly Benefits

I am separating from employment as a firefighter after completing ten (10) years of pension credited service, or entering DROP, or am retiring on a line of duty disability retirement.

I have not elected the life only [OPTION 3] or joint pensioner [OPTION 4] optional forms of payment of retirement benefits.

I have elected either OPTION 1A or OPTION 2 of the optional forms of payment of retirement benefits.

I understand that if I die before receiving 120 monthly pension benefits that the remainder of the 120 monthly pension benefits in the amount of my accrued benefit will be paid beginning immediately as designated hereon.

I understand that after the remainder of the 120 monthly pension benefits have been paid, that the appropriate percentage of my accrued benefit will be paid to my surviving spouse and/or minor children, or dependent parents.

I understand that I may designate one or more beneficiaries, including a surviving spouse, minor and/or adult children, a parent or parents, or any other person, or a trust, named sequentially or jointly and in whatever percentages I deem appropriate to receive the remainder of the 120 monthly pension payments, if any.

I understand that if I do not designate a beneficiary or if no beneficiary designated survives me, that the remainder of the 120 monthly pension benefits, if any, will be paid to my estate.

I understand that this designation may be revoked or changed by signing and filing with the Board of Trustees (by delivery to Employee Benefits) a new POST-Separation Death Designation of Beneficiary Form for Remainder of 120 Monthly Benefits.

For the remainder of the 120 monthly pension benefits, if any, payable immediately following my death, I designate the following beneficiary(ies):

**PRIMARY BENEFICIARY(IES)**

1. Beneficiary Name: ___________________________ Social Security No.: ________________
   Relationship: ___________________________ DOB: ___________________________%
   Beneficiary Address: ___________________________
   City: ___________________________ State: ___________ Zip Code: ___________

2. Beneficiary Name: ___________________________ Social Security No.: ________________
   Relationship: ___________________________ DOB: ___________________________%
   Beneficiary Address: ___________________________
   City: ___________________________ State: ___________ Zip Code: ___________

3. Beneficiary Name: ___________________________ Social Security No.: ________________
   Relationship: ___________________________ DOB: ___________________________%
   Beneficiary Address: ___________________________
   City: ___________________________ State: ___________ Zip Code: ___________

4. Beneficiary Name: ___________________________ Social Security No.: ________________
   Relationship: ___________________________ DOB: ___________________________%
   Beneficiary Address: ___________________________
   City: ___________________________ State: ___________ Zip Code: ___________

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100% ___________ %
If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

In the event that the foregoing person(s) predeceases me, then the portion payable to that person(s) shall be payable as designated herein. If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s):

CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name: ___________________________ DOB: ______________% 
   Relationship ______________________ Social Security No.: ___________________________
   Beneficiary Address: ___________________________________________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________

2. Beneficiary Name: ___________________________ DOB: ______________% 
   Relationship ______________________ Social Security No.: ___________________________
   Beneficiary Address: ___________________________________________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________

3. Beneficiary Name: ___________________________ DOB: ______________% 
   Relationship ______________________ Social Security No.: ___________________________
   Beneficiary Address: ___________________________________________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________

4. Beneficiary Name: ___________________________ DOB: ______________% 
   Relationship ______________________ Social Security No.: ___________________________
   Beneficiary Address: ___________________________________________________________
   City: ___________________________ State: ___________________________ Zip Code: ___________

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100% __________%

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Contingent beneficiaries will receive only the percentage of predeceased primary beneficiaries.

______________________________
Print Name

______________________________
Signature

______________________________
Date

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this ___ day of ____________, 20__ by
______________________________ who is personally known to me or who has produced
______________________________ as identification.

______________________________
NOTARY PUBLIC

My commission expires on:

F:\WP\Orlando Fire\Ch. 99-1\Forms\Designation of Beneficiary-Post-Separation Monthly Benefit 01.30.08.doc
FIREFIGHTERS' PENSION FUND
APPLICATION FOR RETIREMENT BENEFITS

Member Name ________________________________ Member SSN ________________
Position Title ________________________________ Birth Date ______/____/____
Home Mailing Address__________________________ Work Phone __________________
                      ____________________________ Home Phone __________________
                      ____________________________ Date of Hire ______/____/____

B Type of Retirement: (Check One)
   ( ) NORMAL SERVICE RETIREMENT
   [Benefits commence at age 47 if you have at least 10 years of service, and immediately if you have at least 20 years of service].
   My last day of work will be ____________________________ (date).
   ( ) DEFERRED RETIREMENT OPTION PLAN (DROP) RETIREMENT
   [Must have at least 20 years of service.]
   ( ) Forward DROP effective ____________________________ (date).
   ( ) Back DROP effective ____________________________ (date).
   Note: Persons electing DROP retirement must also complete "DROP" Election Form and DROP Disclosure Statement.
   ( ) DISABILITY RETIREMENT
   ( ) Line of Duty
   ( ) Non-Line of Duty
   Note: Persons requesting disability retirement must also complete Application for Disability Benefits.

C Payment Options (Check One)
   See EXPLANATION OF OPTIONAL FORMS OF PAYMENT OF RETIREMENT BENEFITS
   ( ) OPTION 1A – Member’s Life but with 100% for remainder of 120 monthly payments to Member’s designated beneficiary(ies), except non-line of duty disability with less than 10 years of service. After 120 monthly payments at 100%, then 75% to surviving spouse and minor children, or if non-line of duty disability with less than 20 years of service, 65% to surviving spouse and minor children.
   ( ) OPTION 1B – For Member retiring on non-line of duty disability with less than 20 years of service, Member’s life with 65% to surviving spouse and minor children.
   ( ) OPTION 2 – Member’s Life, but 120 monthly payments guaranteed, except for non-line of duty with less than 10 years of service monthly amount will be actuarially adjusted.
   ( ) OPTION 3 – Member’s Life Only
   OPTION 4 – Member & Joint Pensioner Benefit with:
   ( ) [A] 100% to survivor
   ( ) [B] 75% to survivor
   ( ) [C] 66-2/3% to survivor
   ( ) [D] 50% to survivor

D Complete Name of Current Spouse ____________________________ Date of Marriage ______/____/____
Spouse’s Social Security Number ____________________________ Date of Birth ______/____/____

Unmarried Children under age of 18

   Name ____________________________ DOB ______/____/____
   Name ____________________________ DOB ______/____/____

E A member selecting OPTION 1A or OPTION 2 should complete and file with the Board of Trustees a "Post-Separation Death Designation of Beneficiary Form for Remainder of 120 Monthly Benefits".
F  A member selecting OPTION 4 must designate a joint pensioner (only one).

Name of Joint Pensioner: __________________________  Relationship: __________________________

Street Address: __________________________  Date of Birth: __________________________

City/State/Zip: __________________________  Social Security #: __________________________

Authorization/Approvals

G  APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC

SIGNED: __________________________  DATE: __________________________

(Do Not Print)

STATE OF FLORIDA, COUNTY OF ORANGE
Sworn to (or affirmed) and subscribed before me this ___ day of __________, 20__, by
______________________________, who is personally known to me or who produced
______________________________ as identification.

______________________________
NOTARY PUBLIC
[SEAL]

Employer Certification

H  MUST BE COMPLETED BY EMPLOYER: I certify that __________________________ was employed by the
City of Orlando Fire Dept and will enroll in the _____ DROP Program or _____ terminate employment or has terminated employment on

________________________ (________)  Signed (authorized personnel)

________________________  Position  __________________________  Telephone  __________________________  Date

Original: Employee Benefits  cc: Pension Board  cc: Employee
Request to Change Joint Pensioner

I have previously elected the optional form of payment of retirement income with __________________________ (name) as the joint pensioner.

I have/have not (circle one) received any monthly pension benefits or had any monthly pension benefits accrued to my forward DROP account.

The joint pensioner, __________________________ (name), who I previously designated is still living or died (circle one) on ________________ (date).

I had previously selected the form of payment which upon the first death of either myself or the joint pensioner that:

(Check One)

_____ A. The same 100% monthly pension will continue to be paid.

_____ B. 75% of the monthly benefit will continue to be paid.

_____ C. 66-2/3% of the monthly benefit will continue to be paid.

_____ D. 50% of the monthly benefit will continue to be paid.

I understand that I can designate only one (1) joint pensioner.

I understand that any request for change in my joint pensioner must be made in writing on the Board of Trustees' Request for Change of Joint Pensioner form and must be filed with the Board of Trustees (by delivery to Employee Benefits).

I understand that I can change my joint pensioner without the consent of my current joint pensioner.

I understand that upon change of my joint pensioner that the amount of the monthly benefit payable to me will be actuarially redetermined to take into account the age of my current joint pensioner, my new joint pensioner and myself to ensure that the benefit paid is the actuarial equivalent of the present value of my current benefit.

I understand that if the current joint pensioner has died that the actuarial equivalent of the present value of my current benefit reduced upon the death of the currently designated joint pensioner.

I understand that that law governing the firefighters pension plan requires that I pay the expenses of the actuary in making the actuarial recalculations of the monthly benefits.

I understand I must pay the expenses of the actuary in making the actuarial recalculations of my monthly benefits before the actuarial recalculations are made.

I request that the following change in my joint pensioner be made:

Current Joint Pensioner:
Current Joint Pensioner DOB:
Current Joint Pensioner Relationship:
Current Joint Pensioner Social Security #:
Current Joint Pensioner Address:
Street Address: __________________________ State ____________ Zip ____________

NEW Joint Pensioner:
NEW Joint Pensioner DOB:
NEW Joint Pensioner Relationship:
NEW Joint Pensioner Social Security #:
NEW Joint Pensioner Address:
Street Address: __________________________ State ____________ Zip ____________

________________________________________
Print Name

________________________________________
Signature

____________________________
Date

1 of 2
STATE OF FLORIDA
COUNTY OF ____________________

The foregoing instrument was acknowledged before me this ___ day of __________, 20___ by ________________________________, who is personally known to me or who has produced ________________________________ as identification.

__________________________
NOTARY PUBLIC

MY COMMISSION EXPIRES ON: 
DESIGNATION OF BENEFICIARY OR
BENEFICIARIES FOR ACCUMULATED DROP BENEFITS

If I, ____________________________ (print name), should die before my accumulated DROP benefits are paid out in full, I designate the following person(s) to be my beneficiary(ies) of any of my accumulated DROP benefits.

1. Primary Beneficiary Name: ____________________________  _____ %
   Relationship: ____________________________ Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________

2. Primary Beneficiary Name: ____________________________  _____ %
   Relationship: ____________________________ Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________

3. Primary Beneficiary Name: ____________________________  _____ %
   Relationship: ____________________________ Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________

4. Primary Beneficiary Name: ____________________________  _____ %
   Relationship: ____________________________ Social Security No.: ____________________________
   Beneficiary’s Address: ____________________________
   City: ____________________________ State: ____________________________ Zip Code: ____________

In the event that any of the foregoing named primary beneficiaries predecease me, then the portion payable to that person(s) shall be payable to ____________________________. [If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s).]
5. Contingent Beneficiary Name: ___________________________ __________ %
   Relationship: ___________________ Social Security No.: __________________
   Beneficiary’s Address: ____________________________
   City: ___________________________ State: __________________ Zip Code: ________

6. Contingent Beneficiary Name: ___________________________ __________ %
   Relationship: ___________________ Social Security No.: __________________
   Beneficiary’s Address: ____________________________
   City: ___________________________ State: __________________ Zip Code: ________

7. Contingent Beneficiary Name: ___________________________ __________ %
   Relationship: ___________________ Social Security No.: __________________
   Beneficiary’s Address: ____________________________
   City: ___________________________ State: __________________ Zip Code: ________

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Unless otherwise directed, contingent beneficiaries will receive only that percentage designated for the primary beneficiaries that happen to predecease them.

This designation will continue to be effective unless I submit a new designation of beneficiary(ies) using the appropriate form adopted by the Trustees.

I understand that if any designated beneficiary predeceases me it would be best if I complete and file with Employee Benefits a new Designation of Beneficiary or Beneficiaries for Accumulated DROP Benefits form.

________________________________________  __________________________
Signature                                         Date

________________________________________  __________________________
Social Security Number                            Employee Number

________________________________________  __________________________
Witness                                           Date
AFFIDAVIT OF MARRIAGE
(Death of participant)

State of Florida
County of _____________

BEFORE ME, the undersigned authority, personally appeared ________________
who, after being first duly sworn by me, deposes and says:

1. I, the undersigned, ___________________________ was lawfully married to
______________ on _______________ (date of marriage) in the State of
________________, County of ____________.

2. At the time ___________________________ retired from the Orlando Fire Department
and was placed on a pension from the Orlando Firefighters’ Pension Fund, I was the
lawful spouse of ____________________________.

3. At the time of his/her death on ___________________________, I was the lawful spouse of
____________________________, a Retired Firefighter with the Orlando Fire Department.

4. My spouse had children under the age of eighteen (18) years old at the time of his/her
death:

_________________________ (name of child) ________________ (date of birth)

_________________________ (name of child) ________________ (date of birth)

(If any additional children are to be listed please provide on an additional sheet.)

5. Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged
are true, to the best of my personal knowledge and belief.

FURTHER AFFIANT SAYETH NOT

________________________________
Signature of Spouse
State Of Florida
County of ________________

On this day personally appeared before me, the undersigned authority ____________, who (is personally known to me) or who (has produced a driver’s license) issued by the State of Florida, License No. ____________________ or issued by the State of ____________, License No. ____________; and who took an oath and acknowledged the foregoing instrument.

SWORN to and SUBSCRIBED before me, this ___ day of _______ 20___.

________________________________________
Notary Public
State of Florida At Large

My commission expires on:
AFFIDAVIT OF MARITAL STATUS
(By Secondary/Contingent Beneficiary)

BEFORE ME, the undersigned authority, personally appeared ______________________ who, after being first duly sworn by me, deposes and says:

1. ________________________, a now deceased City of Orlando firefighter, died on ________________.

2. On the date of the death of said deceased Orlando firefighter, decedent was not legally married to the spouse designated as the “primary beneficiary” as that term is defined in Section 732.703, Florida Statutes.

3. The marital status information on the attached Certificate of Death of the above named decedent is true and correct.

4. I am a “secondary beneficiary” as that term is defined in Section 732.703, Florida Statutes, also known as a contingent beneficiary.

5. I am giving this affidavit in order to receive any pension benefits from the Orlando Firefighters' Pension Fund that I may be entitled to receive as the secondary beneficiary or contingent beneficiary as a result of the death of the above named decedent.

6. I agree to repay any pension benefits paid to me if the information contained herein is incorrect.

7. Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my personal knowledge and belief.

FURTHER AFFIANT SAYETH NOT

Signature of Secondary / Contingent Beneficiary

STATE OF ______________________
COUNTY OF ______________________

On this day personally appeared before me, the undersigned authority ______________________ who (is personally known to me) or who (has produced a driver’s license) issued by the State of ______________________, License No. ______________________; and who took an oath and acknowledged the foregoing instrument.

SWORN to and SUBSCRIBED before me, this ________________ day of ______________________, 20___.

__________________________
Notary Public
State of Florida At Large
SUBJECT: TYPES OF PAY THAT ARE PENSIONABLE

1. OBJECTIVE:

To provide interpretation and guidance in the administration of the types of pay that are pensionable from which employee contributions are deducted and which are included in the calculation of monthly pension benefits.

2. AUTHORITY:

Section 1(1) and Section 4(3) of the Orlando Firefighters’ Pension Plan.

3. PLAN PROVISION:

A. Section 1, “Firefighter Pension Fund”, of the Orlando Firefighters’ Pension Plan, in part, provides:

“(1) …For the purposes of this Act, "salary" shall mean and include base pay, emergency medical technician (EMT) and paramedic pay, longevity pay, incentive pay, and any fixed monthly remuneration, but shall not include overtime pay, education advancement pay and any other form of compensation not specifically included above.” (E.S.)

The underlined language was added effective July 1, 2000.

4. DIRECTION:

The Executive Director is designated by the Firefighters’ Pension Board of Trustees to administer this policy.
CITY OF ORLANDO
FIREFIGHTERS’ PENSION BOARD
POLICY AND PROCEDURES

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#017

5. METHOD OF OPERATION:

A. The City of Orlando shall make the appropriate percentage deduction on pay that is determined by the Board of Trustees to be “salary” as defined in Section 1(1) of the Orlando Firefighters’ Pension Plan.

B. Monthly pension benefits shall be computed by including pay determined by the Board of Trustees to be “salary” as defined in Section 1(1) of the Orlando Firefighters’ Pension Plan.

C. The following types of pay have been determined by the Board of Trustees to be “salary” as defined in Section 1(1) of the Orlando Firefighters’ Pension Plan as Pensionable Pay:

1. Base Pay (includes personal leave, sick pay and vacation pay)
2. Emergency Medical Technician (EMT) Pay
3. Paramedic (PM) Pay
4. Longevity Pay
5. State Funded Educational Incentive Pay
6. Hours Banked Pay (HBFD)

D. The following types of pay have been determined by the Board of Trustees not to be “salary” as defined in Section 1(1) of the Orlando Firefighters’ Pension Plan as Non-Pensionable Pay:

1. Overtime Pay (that is not part of Base Pay)
2. City Funded Educational Reimbursement Pay
3. Work back Pay
4. Travel Pay
5. Special Teams Pay
6. Uniform Allowance
7. Holiday Pay
8. Day Incentive Pay
9. Judicial Pay
10. Higher Class Pay
6. **FORMS**

None

7. **REFERENCE:**

This policy and procedure was adopted by the Firefighters’ Pension Board at a meeting on May 16, 2013 by a Motion.

8. **EFFECTIVE DATE:**

This policy and procedure is effective May 16, 2013.
SUBJECT: OPPORTUNITY OF PUBLIC TO BE HEARD AT PUBLIC MEETINGS

1. OBJECTIVE:

To ensure that the Fire Pension Board is in compliance with Florida Statute 286.0114, which gives members of the public reasonable opportunity to be heard at public meetings, and authorizes the Board to adopt policies and procedures.

2. AUTHORITY:

Section 286.0114(4), Florida Statutes.

3. DIRECTION:

Section 286.0114, Florida Statutes, gives members of the public a reasonable opportunity to be heard at a public meeting, and permits boards to adopt policies and procedures.

4. METHOD OF OPERATION

A. Regular meetings. Public discussion shall be placed on each agenda at the beginning of each regularly scheduled meeting, unless the Chair or presiding officer decides to deviate from these policy and procedures on a case by case basis.

B. Special meetings. Public comments at special meetings shall be limited only to the items and matters referred to on the agenda for such special meeting. The Chair or presiding officer may disallow any and all public comments on matters not specifically referred to on the agenda for a special meeting.

C. Order on agenda. The first agenda item at each regular meeting shall be “public discussion” for fifteen (15) minutes. The Board, by a majority vote, may authorize the extension of time for public discussion until a “time certain.” In the event that members of the public are excluded from speaking due to time limitations, such members of the public shall be entitled to address the Board at the next regularly scheduled meeting and a final vote on the pending items listed on speaker request cards described in paragraph 4.D. shall be postponed accordingly.
D. **Procedure for persons wanting to speak.** Members of the public who wish to speak under public discussion at either a regular or special meeting shall sign a speaker’s request card containing their complete name and a brief discussion of the topic they wish to discuss. Completed cards shall be transmitted to the Chair or presiding officer prior to public discussion and shall be preserved as public records by the Board pursuant to applicable records retention policies.

E. **Time limitation.** Public discussion shall be limited to three (3) minutes maximum per person during either a regular or special meeting. The Chair or presiding officer may, in their discretion, authorize the extension of such three-minute timeframe after due consideration for the substance, content and relative importance of such discussion.

F. **Decorum.** No person shall interrupt or disrupt an individual who is addressing the Board or use loud, offensive, disorderly, threatening, insulting, abusive, or foul language, or behave in an offensive, disorderly, threatening, abusive, or insulting manner, or make personal, impertinent, slanderous, or profane remarks during the meeting. To maintain decorum and order, individuals who disturb the conduct of meetings, or who refuse to conform their discussion to items set in the agenda, may be ejected by the Chair or presiding officer. All remarks shall be addressed to the Board as a body and not to any member thereof. No person other than a Board member or the person having the floor shall be permitted to enter into any discussion, without the permission of the Chair or presiding officer. All questions to the Board shall be directed through the Chair or presiding officer.

G. **Scope.** These policy and procedures shall not apply to any meeting that is exempt from Section 286.011, Florida Statutes, or to any meeting where the Board is acting in a quasi-judicial capacity.

5. **FORMS**
   
   A. Appearance Request/Lobbyist Registration Form.

6. **COMMITTEE RESPONSIBILITIES:**
   
   NONE
7. **REFERENCE:**

Section 286.0114, Florida Statutes, as created by Chapter 2013-227, Laws of Florida, effective October 1, 2013, and minutes of October 17, 2013.

8. **EFFECTIVE DATE:**

This Policy and Procedure was adopted by the Fire Pension Board on October 17, 2013, as is effective October 17, 2013.
All persons appearing before the Pension Boards must complete the following:

NAME: _________________________________________________

COMPANY/BUSINESS NAME: ________________________________

MAILING ADDRESS: __________________________________________

STREET ADDRESS: __________________________________________

I wish to speak regarding Agenda Item # ______, as a proponent: ___an opponent____for information____. (Please check one)

The matter on which I wish to speak is not on the Agenda; but the nature of my appearance is: ________________________________

I will be speaking: (select one)

___a) on my own behalf; OR ___b) on behalf of another individual, firm, association, or business.

If you checked space (b) above, the Board follows City Code and Section 2.191 requires that you register as a lobbyist by completing the following information. If you fail to complete this information, you will not be permitted to speak.

Full legal name and business address of the individual, firm, association, business, or organization on whose behalf you are appearing. ______________________________________________________________

___________________________________________

SIGNATURE                                                Date