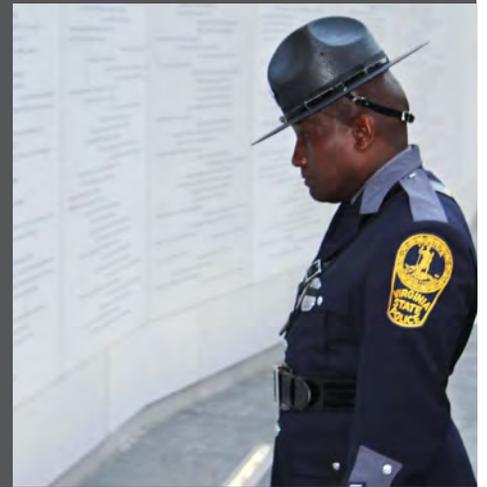




Virginia Line of Duty Act Participant Guide



**If you are disabled or die in the line of duty,
you or your family members may be eligible for benefits
under the Virginia Line of Duty Act.**

**Explore this guide for information on eligibility,
benefits, claims and other resources.**

The information presented here is governed by Title 9.1 of the *Code of Virginia*, as well as other applicable laws. This information is intended to be general. It cannot be complete in all details and cannot supersede or restrict the authority granted by the *Code of Virginia*, which may be amended from time to time.

Your Guide to the Virginia Line of Duty Act

The Virginia Line of Duty Act (LODA) provides benefits to eligible family members of eligible employees and volunteers killed in the line of duty. In addition, there are benefits for those eligible employees and volunteers who are disabled in the line of duty and their eligible family members.

Contacts

LODA Eligibility Determinations and Benefit Payments

Virginia Retirement System (VRS)

1-888-827-3847
(Request: LODA support)

loda@varetire.org

(Questions on filing a claim, eligibility and benefit payments)*

www.valoda.org

(Details on eligibility, benefit payments, claim forms and instructions, training and resources)

Virginia Line of Duty Act (LODA)

P.O. Box 2500
Richmond, VA 23218-2500

LODA Health Benefits Plans

Department of Human Resource Management (DHRM)

loda@dhrm.virginia.gov*

(Questions on LODA Health Benefits Plans)

www.dhrm.virginia.gov/healthcoverage/loda-health-benefits

(Details on LODA Health Benefits Plans and resources)

LODA Health Benefits Plans

Department of Human Resource Management
Office of Health Benefits
101 North 14th Street, 12th Floor
Richmond, VA 23219

VRS-Covered Members

For questions on VRS benefit eligibility:

1-888-827-3847

member-info@varetire.org*

www.varetire.org

myvrs.varetire.org

VRS

P.O. Box 2500
Richmond, VA 23218-2500

Federal Benefits

Bureau of Justice Assistance

Public Safety Officers' Benefits (PSOB) Programs

1-888-744-6513

www.psob.gov

The Federal Public Safety Officers' Benefit Act provides death and education benefits to survivors of fallen law enforcement officers, firefighters and other first responders, and disability benefits to officers catastrophically injured in the line of duty.

* Important email notice: Do not send personal or confidential information, such as your Social Security number, by email. VRS and DHRM will only send non-confidential replies.

Table of Contents

	Page
1. Introduction to LODA	6
Overview	6
Benefits Overview	6
Administration	6
Benefits Eligibility	6
Statute of Limitations	6
2. In the Event of Death	8
Death Benefit	8
Applying for Benefits	8
Death Benefit Payment	8
Death Benefit Amounts	8
Presumption	8
The Importance of Having a Will	9
Order of Precedence	9
Funeral Expenses	9
LODA Health Benefits	9
3. In the Event of Disability	10
Applying for LODA Disability Benefits	10
Disability Requirements	10
LODA Reevaluation	10
Presumption	10
4. About LODA Health Coverage	11
LODA Health Benefits Plans	11
Ongoing Eligibility	11
Health Insurance Credit Eligibility	12
Health Insurance Reimbursement	12
More Information	12
5. Other Benefits	13
Federal Benefits	13
Other VRS Benefits	13

	Page
6. Applying for LODA Benefits	14
Tutorial: How to Apply for LODA Benefits	14
Responsibilities During the Claim Process	14
Claimant	14
VRS	14
Employer	14
DHRM	15
Overview of the Claims Process	15
Claim Components	15
Detailed Claim Steps	15
Virginia State Police Review	16
Medical Board Review	16
If the Claim Is Denied	17
Other Benefits	17
7. What to Do if I...	18
8. Claim Instructions and Required Form	19
9. Frequently Used Terms	26

1. Introduction to LODA

Overview

The Virginia Line of Duty Act (LODA) provides benefits to eligible family members of eligible employees and volunteers killed in the line of duty. In addition, there are benefits for those eligible employees and volunteers who are disabled in the line of duty and their eligible family members.

During such a difficult time—one with a major emotional and financial impact on you and your loved ones—the goal of the *Virginia Line of Duty Act Participant Guide* is to explain LODA benefits and how to apply.

Benefits Overview

LODA benefits include:

- **For Survivors of an Individual Killed in the Line of Duty:** A one-time death benefit payment to surviving beneficiaries and premium-free LODA Health Benefits Plans coverage for eligible family members.
- **For Disabled Individuals and Families:** Premium-free LODA Health Benefits Plans coverage for disabled individuals and their eligible family members.

Administration

VRS makes eligibility determinations for individuals who are disabled or killed in the line of duty and issues benefit payments on behalf of LODA Fund participating employers. Employers that do not participate in the LODA Fund issue their own benefit payments after VRS makes an eligibility determination.

DHRM administers the LODA Health Benefits Plans regardless of whether the employer participates in the LODA Fund.

VRS and DHRM are dedicated to ensuring claimants receive the best possible service as they submit a claim for benefits for survivors or benefits for disabled individuals and their eligible family members.

Benefits Eligibility

To be eligible for LODA benefits, the:

- Employee or volunteer must serve in an eligible position (see below) for state or local government in Virginia.
- Death or disability must occur in the line of duty as the direct or proximate result of performance of duty, including presumptions as applicable (respiratory diseases, hypertension, infectious diseases, certain cancers and heart disease).

As defined in the [Code of Virginia § 9.1-400](#), LODA-eligible positions include:

- Law-enforcement officer of the Commonwealth or any of its political subdivisions.
- Correctional officer as defined in § 53.1-1.
- Jail officer.
- Regional jail or jail farm superintendent.
- Sheriff, deputy sheriff, or city sergeant or deputy city sergeant of the City of Richmond.
- Police chaplain.

Statute of Limitations

All claims should be submitted as soon as possible. A claim that is submitted more than five years after the death or onset of disability will not be eligible for coverage.

- Member of any fire company or department or emergency medical services agency that has been recognized by an ordinance or a resolution of the governing body of any county, city or town of the Commonwealth as an integral part of the official safety program of the county, city or town.
- Member of any fire company providing fire protection services for facilities of the Virginia National Guard.
- Member of the Virginia National Guard or the Virginia Defense Force while the member is serving in the Virginia National Guard or the Virginia Defense Force on official state duty or federal duty under Title 32 of the United States Code.
- Special agent of the Virginia Alcoholic Beverage Control Board.
- Regular or special conservation police officer who receives compensation from a county, city or town or from the Commonwealth appointed pursuant to the provisions of *Code of Virginia* § 29.1-200.
- Commissioned forest warden appointed under the provisions of § 10.1-1135.
- Member or employee of the Virginia Marine Resources Commission granted the power of arrest pursuant to § 28.2-900.
- Department of Emergency Management hazardous materials officer.
- Employee of the Department of Emergency Management who is performing official duties of the agency, when those duties are related to a major disaster or emergency, as defined in § 44-146.16, that has been or is later declared to exist under the authority of the Governor in accordance with § 44-146.28.
- Employee of any county, city or town performing official emergency management or emergency services duties in cooperation with the Department of Emergency Management, when those duties are related to a major disaster or emergency, as defined in § 44-146.16, that has been or is later declared to exist under the authority of the Governor in accordance with § 44-146.28 or a local emergency, as defined in § 44-146.16, declared by a local governing body.
- Nonfirefighter regional hazardous materials emergency response team member.
- Conservation officer of the Department of Conservation and Recreation commissioned pursuant to § 10.1-115.
- Full-time sworn member of the enforcement division of the Department of Motor Vehicles appointed pursuant to § 46.2-217.

2. In the Event of Death

Death Benefit

Under LODA, designated beneficiaries (or family members absent a will) may be eligible for a death benefit in the event of the LODA-eligible individual's death in the line of duty. In addition, the eligible family members may enroll in the premium-free LODA Health Benefits Plans.

Applying for Benefits

To start the claim for a LODA death benefit, VRS must receive the claim form included at the end of this guide. The Claim for Line of Duty Act (LODA) Benefits contains instructions for completing the form and returning it to VRS.

For an overview of the claims process, view the tutorial, How to Apply for LODA Benefits, at www.valoda.org and see Section 6 of this guide.

Death Benefit Payment

The death benefit, a one-time payment made to the beneficiary or beneficiaries of the deceased eligible employee or volunteer, is paid based on the provisions set by the will of the deceased employee or volunteer. If there is no will, the benefit is paid according to the order of precedence defined in the *Code of Virginia* § 64.2-200 (see page 9). LODA benefits are not paid based on the beneficiaries named by VRS members for VRS survivor benefits.

VRS will pay the benefit if the employer participates in the LODA Fund. If the employer does not participate in the LODA Fund, VRS notifies the employer that a death benefit has been approved and the employer must make payment to the beneficiary or beneficiaries of the deceased employee or volunteer.

Death Benefit Amounts

The benefit is a one-time payment made to the beneficiary or beneficiaries. Amounts vary as follows:

- \$100,000 when a death occurs as the direct or proximate result of performing duty as of January 1, 2006, or after.
- \$25,000 when the cause of death is attributed to one of the applicable presumptions and occurred earlier than five years after the retirement date.
- An additional \$20,000 benefit is payable when certain members of the National Guard and U.S. military reserves are killed in action in any armed conflict on or after October 7, 2001.

Presumption

To qualify for LODA benefits, the death or disability must have occurred "in the line of duty." If the death or disability did not occur directly on the job but as a result of job-related factors, there may be a presumption that the disability or death occurred in the line of duty.

Example: A law enforcement officer dies from heart disease three years after retiring from service. The heart disease was not attributable to any one incident on the job, but perhaps due to years of stressful working conditions. Although an identifiable incident did not occur during the officer's service, there may be a presumption that the death occurred in the line of duty.

The Importance of Having a Will

LODA-eligible employees and volunteers should keep their wills up to date, to ensure the death benefit payment is made according to their wishes. Otherwise, the order of precedence will determine who receives the death benefit.

Order of Precedence*

Generally, if there is no will, the death benefit is made according to the order of precedence detailed below.

- First, to the LODA-eligible individual's spouse;
- If no spouse, to the LODA-eligible individual's children and their descendants;
- If none of the above, to the LODA-eligible individual's parents equally or to the surviving parent;
- If none of the above, to the LODA-eligible individual's brothers and sisters and their descendants;
- If none of the above, to the LODA-eligible individual's maternal and paternal next of kin as provided by law; and
- If none of the above, to the family of the LODA-eligible individual's most recent spouse, provided that the individual and the most recent spouse were married at the time of the most recent spouse's death.

LODA Health Benefits

In addition to the one-time benefit payment, eligible surviving family members may continue health plan coverage in the LODA Health Benefits Plans, administered by DHRM. If the LODA death benefit claim is approved, VRS will mail the letter of approval to the eligible family members along with the LODA Health Benefits Plans enrollment form so they may enroll in the appropriate plan based on their Medicare status. Please see Section 4 for details on LODA health benefits.

Funeral Expenses

The beneficiary or beneficiaries may request benefits to pay funeral expenses (burial and transportation) to the funeral service provider, as an advance of the death benefit payment. The total death benefit payment will be decreased by the funeral expense amount. If a claimant's claim is later denied, the claimant must return the funeral expense advance.

* Generally, payment will be made in this order. However, payment may deviate from this order in certain circumstances. For instance, if the deceased has children outside of his or her current marriage, payment will be made to all children and to the current spouse.

3. In the Event of Disability

If you are determined by VRS to be disabled in the line of duty, you and your eligible family members may continue health plan coverage in the LODA Health Benefits Plans administered by DHRM.

Applying for LODA Disability Benefits

To start the claim for LODA disability, VRS must receive the claim form included at the end of this guide. The Claim for Line of Duty Act (LODA) Benefits contains instructions for completing the form and returning it to VRS. For an overview of the claims process, view the tutorial, *How to Apply for LODA Benefits*, at www.valoda.org/claims, and see Section 6 of this guide.

If the LODA disability claim is approved, VRS will mail a letter of approval along with the LODA Health Benefits Plans enrollment

form to the LODA-eligible person and eligible family members. See Section 4 for details on LODA health benefits.

Disability Requirements

For LODA benefits to be approved, the disability must be the result of a physical illness or injury or a cognitive condition that occurred in the line of duty and that is likely to be permanent. The physical illness or injury or cognitive condition must prevent you from further performing your duties in the LODA-eligible position.

LODA Reevaluation

Be aware that VRS may reevaluate eligibility for the LODA disability benefit at any time. Failure to comply with a reevaluation will result in suspension or loss of benefits.

Presumption

To qualify for LODA benefits, the death or disability must have occurred “in the line of duty.” If the death or disability did not occur directly on the job but as a result of job-related factors, there may be a presumption that the disability or death occurred in the line of duty.

Example: A firefighter develops lung cancer and becomes disabled. The lung cancer is not attributable to any one incident on the job, but rather years of exposure to smoke while fighting fires. Although an identifiable incident did not occur during work hours, there may be a presumption that the lung cancer occurred in the line of duty.

4. About LODA Health Coverage

LODA Health Benefits Plans

LODA Health Benefits Plans are administered by DHRM, are modeled after State Employee Health Benefits Program plans, and provide consistent, premium-free continued health plan coverage for LODA-eligible disabled persons, survivors and family members.

Ongoing Eligibility

The claimant(s) must meet eligibility requirements for the LODA Health Benefits Plans as defined in the Line of Duty Act.

Following are some events that could affect eligibility:

Change in marital status:

- Spouses of disabled persons whose marriage occurs after the date of LODA disability are not eligible for LODA Health Benefit Plans coverage.
- LODA-eligible surviving spouses who remarry on or after July 1, 2017, will lose eligibility for LODA Health Benefits Plans coverage. (Remarriage prior to July 1, 2017, will not result in loss of LODA coverage.) Loss of eligibility for the surviving spouse will not result in loss of coverage for eligible children.

Newborn or newly-adopted children:

Children conceived or adopted by a LODA-disabled person after the date of disability are not eligible for LODA Health Benefits Plans coverage.

Children reaching age 26:

LODA-eligible children will lose eligibility for LODA Health Benefits Plans coverage at the end of the year in which they reach age 26 unless they meet the requirements to be covered as an adult incapacitated dependent child.

Medicare eligibility due to age:

LODA Health Benefits Plans participants whose eligibility is based on death or disability on or after July 1, 2017, will lose coverage when they become eligible for Medicare due to age. This does not apply to those whose LODA eligibility is based on death or disability prior to July 1, 2017.

Return to full duty:

LODA-disabled persons and their covered family members will lose eligibility for the LODA Health Benefits Plans if the disabled person returns to full duty in any position as defined in the [Code of Virginia § 9.1-400](#).

Salary increases above earnings at the time of disability:

Disabled persons and their family members covered under the LODA Health Benefits Plans will lose eligibility for coverage if the disabled person's annual earned income becomes equal to or greater than their salary at the time of disability (indexed for inflation). Coverage can be reinstated if the disabled person's annual salary drops below their income at the time of disability. Additional information will be provided at the time of enrollment.

Note: It is the responsibility of the LODA Health Benefits Plans participants to notify DHRM when these events occur.

Health Insurance Credit Eligibility

The health insurance credit is provided to eligible VRS retirees for reimbursement of health premium expenses. If you receive the VRS health insurance credit and are approved for the LODA Health Benefits Plans, the credit will no longer be provided to you since you will no longer pay premiums for health coverage under LODA.

Health Insurance Reimbursement

If a claim is approved, there may be reimbursement of the health insurance premiums paid during the period when the claim was under consideration, dating back to the date when the disabled or deceased employee or volunteer was no longer eligible for employer-subsidized health insurance

coverage. Your health insurance premium is employer-subsidized if your employer pays any portion of the premium amount. Only those who incurred costs for payment of out-of-pocket health premium amounts not subsidized by the employer during the claims review process are eligible for reimbursement.

- **If the approved claim is from employment with a LODA Fund participating employer,** then VRS will reimburse the health insurance cost from the LODA Fund.
- **If the approved claim is from employment with an employer that does not participate in the LODA Fund,** then VRS will notify the employer to reimburse the claimant for these expenses.

More Information

For more information regarding LODA Health Benefits Plans coverage, contact DHRM at loda@dhrm.virginia.gov or visit the DHRM website, www.dhrm.virginia.gov/healthcoverage/loda-health-benefits, where you'll find frequently asked questions and answers as well as other resources about the LODA Health Benefits Plans.

5. Other Benefits

Federal Benefits

The Federal Public Safety Officers' Benefit Act provides death and education benefits to survivors of fallen law enforcement officers, firefighters and other first responders, and disability benefits to officers catastrophically injured in the line of duty. For more information, contact the Bureau of Justice Assistance toll-free at 1-888-744-6513 or visit www.psob.gov.

Other VRS Benefits

If you are a VRS member, you may be eligible for other benefits in addition to those provided through LODA. You must apply separately for these benefits. For more information, contact your employer, visit www.varetire.org or logon to your account at myvrs.varetire.org.

6. Applying for LODA Benefits

To receive a LODA benefit, the claimant must work with the employer to file a claim with VRS using the claim form referenced at the end of this guide. The claimant will work with VRS, the employer and others at each step in the process.

Tutorial: How to Apply for LODA Benefits

View this tutorial at www.valoda.org/claims.

Responsibilities During the Claim Process

Claimant

- Submit a completed claim form, Claim for Line of Duty Act (LODA) Benefits, to the employer.
- Provide all necessary supporting documentation.
- Submit forms to VRS.

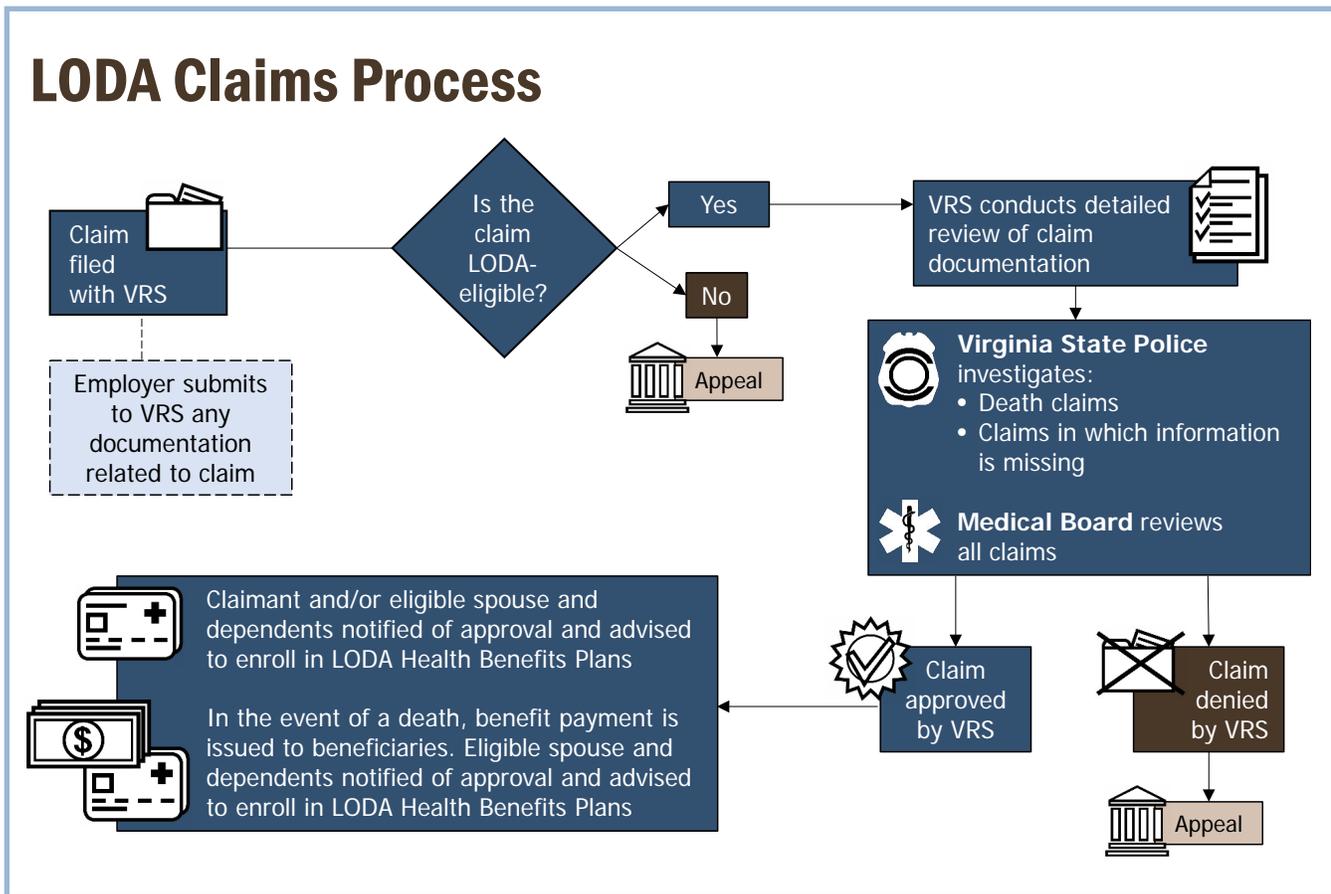
VRS

- Conduct both preliminary and detailed reviews of the claim.
- Communicate with claimants throughout the process, including providing acknowledgments, approvals, post-approval forms and appeal information.
- Communicate with all employers about approval/denial of claims.
- Make death benefit and health insurance premium payments on behalf of those employers that participate in the LODA Fund.
- Notify employers that do not participate in the LODA Fund that death benefit and health insurance premium payments are due.
- Notify DHRM about claimant eligibility for coverage in the Health Benefits Plans.
- Make Retroactive Health Insurance Premium Reimbursement payments for LODA Fund participating employers.

Employer

- Complete the employer section of the claim form when requested.
- Submit the claim to VRS within seven days, unless the claimant otherwise intends to submit the claim on his or her own.
- If desired, provide VRS any evidence relating to the claim within 30 days of VRS receiving the claim.
- Pay the LODA benefit once VRS approves the claim:
 - **If the employer participates in the LODA Fund**, the fund covers death benefit payments, LODA Health Benefits Plans premiums and Retroactive Health Insurance Premium Reimbursement payments.
 - **If the employer does not participate in the LODA Fund**, the employer makes death benefit payments to beneficiaries, makes LODA Health Benefits Plans premium payments to DHRM and makes Retroactive Health Insurance Premium Reimbursement payments to claimants.
- Provide benefits training to LODA-eligible employees and volunteers within 30 days of hire and every two years thereafter. Training material, available on the LODA website, is developed by VRS and DHRM, in consultation with the Secretary of Public Safety and Homeland Security.

LODA Claims Process



Training topics include the importance of having a will and submitting a claim. For more information, visit www.valoda.org/claims.

DHRM

If the claimant is approved for LODA benefits, VRS will send an approval letter to the claimant, and if also approved for health benefits, will attach a DHRM Health Benefits Plans enrollment form for the claimant to send to DHRM. DHRM will enroll all eligible individuals in the LODA Health Benefits Plans upon receiving a completed enrollment form from the claimant.

Overview of the Claims Process

Claim Components

Claimants should carefully review the claim instructions found at the back of this guide. Ensure all required information is completed

on the form and required information is included with the claim. Insufficient or missing information will delay the processing of the claim and may lead to the claim being denied.

Detailed Claim Steps

Claim

Claimant submits claim form and supporting documentation to the employer.

The employer completes a section of the form and has seven days from receipt to submit the claim to VRS, unless the claimant otherwise intends to submit the claim on his or her own. Within 30 days of VRS receiving a claim, the employer may, but is not required to, submit to VRS any evidence regarding the claim.

Acknowledgment

VRS sends a letter to the claimant and employer acknowledging receipt of the claim.

Preliminary Review

VRS conducts a preliminary review, determining if the position is LODA-eligible and if the death or disability could have happened in the line of duty:

- If the claim passes this review, the claimant will receive a notification letter from VRS and the claim will move to a detailed review.
- If the claim is denied, the claimant will receive a notification letter from VRS that provides a reason for the denial and appeal information.

Detailed Review

VRS conducts a detailed review, which assesses whether the claim is complete and can include a Virginia State Police investigation and review by the VRS Medical Board. VRS may send the claimant a letter requesting additional information, if needed.

Virginia State Police Review

The Virginia State Police assists VRS in its review by investigating LODA claims to gather and verify information about the incident and collect documentation concerning the claim.

If conducting an investigation of an incident that resulted in the death of a LODA-eligible individual, the Virginia State Police may ask the claimant to supply additional supporting documentation, including a death certificate, coroner's report, will and other items, before making its recommendation to VRS.

Medical Board Review

VRS uses an independent medical board to review the medical information submitted with LODA claims and to recommend to VRS whether to approve or deny a claim. The VRS Medical Board is comprised of physicians and other healthcare professionals.

Determination

VRS will acknowledge if the claim is approved or denied.

- If the claim is approved: VRS sends a letter to the claimant and will include

health plan enrollment forms and other information, as applicable. VRS will also send a letter to the employer. VRS will notify DHRM, the LODA Health Benefits Plans administrator, that the claim has been approved.

- If the claim is denied: VRS sends the claimant a letter that cites the reason for denial and appeal information. VRS will also send a letter to the employer.

Health Benefits Plans Enrollment

An approved claimant who is eligible for health benefits must fill out and submit the Health Benefits Plans enrollment forms, enclosed with the claim approval from VRS, and send them to DHRM as soon as possible.

Payment

In the case of a LODA death benefit payment, VRS pays the death benefit for LODA Fund participating employers; or VRS notifies the LODA Fund non-participating employer to provide the death benefit payment to the beneficiary or beneficiaries within 15 days.

VRS notifies DHRM about health plan enrollment eligibility and pays DHRM the health benefit premium for LODA Fund participating employers; or VRS notifies the LODA Fund non-participating employer that the claim has been approved, so the employer can begin payment of the LODA Health Benefits Plans premiums.

Retroactive Health Insurance

Premium Reimbursement

- In an approval letter, VRS will notify a claimant of the possible Retroactive Health Insurance Premium Reimbursement. In the case of a LODA non-participating employer, VRS explains to the claimant that the employer is responsible for reimbursement. Retroactive payments are only made for premiums that are not employer-subsidized.
- After health plan enrollment, VRS sends the Retroactive Health Insurance Premium Reimbursement form to the claimant.

- Claimant submits Retroactive Health Insurance Premium Reimbursement form to VRS as soon as possible.
- VRS reviews form and determines if retroactive reimbursement is due to claimant. If due, VRS pays the premium reimbursement on behalf of participating employers or notifies the non-participating employers that retroactive payment is due to the claimant.

If the Claim Is Denied

If the claim is denied, the claimant can appeal the decision. Claims may be denied based on ineligibility under LODA, VRS Medical Board or Virginia State Police review or incomplete information provided in the claim. The letter the claimant receives from VRS will provide

the reason the claim was denied and appeal instructions, including the number of days the claimant has to appeal the decision. LODA appeals are handled under the Virginia Administrative Process Act.

Other Benefits

If the claimant is a VRS member, he or she may be eligible for other benefits. For more information, contact the employer, visit www.varetire.org or logon to myvrs.varetire.org.

7. What to Do if I...

Want to submit a claim?

Instructions for completing the Claim for Line of Duty Act (LODA) Benefits are provided at the back of this guide. You also can obtain the form from www.valoda.org.

Need assistance in completing a claim?

If you need help filling out a claim for LODA benefits, your employer's human resource office, a family member or an individual authorized to act on your behalf, such as an agent named under a power of attorney or a legal guardian, may be able to assist you.

Am denied Line of Duty benefits?

If your claim is denied, you have the option to appeal. Instructions regarding appeals will be included with the denial letter you receive.

Have a question about my benefits?

This guide describes the provisions of the Line of Duty Act for all eligible disabled persons and eligible family members. If you have additional questions about LODA, contact your human resource office or the LODA program at 1-888-827-3847 (request LODA support). For more information, visit the LODA website at www.valoda.org. Or, for questions about the LODA Health Benefits Plans, contact DHRM at loda@dhrm.virginia.gov or visit the DHRM website at www.dhrm.virginia.gov/healthcoverage/loda-health-benefits.

8. Claim Instructions and Required Form

Claim Instructions

Both the employer and employee are responsible for completing this form ([LODA-01](#)). All claims should be submitted as soon as possible. Claims submitted more than five years after death or the onset of the disability will not be eligible for coverage. Please read the instructions carefully.

When submitting a claim, it is important to provide all required documents. Claims submitted for LODA benefits must be reviewed by the VRS Medical Board. If you do not submit all required documents, VRS is unable to submit the file to the Medical Board. This will delay eligibility determination.

Completing the Claim for Line of Duty Act (LODA) Benefits

(To avoid processing delays, print or type the information and ensure all items are completed.)

Box 1: Please choose the correct option to identify the claim category.

Box 2: If the death or disability occurred in the line of duty, please check “no.” However, certain deaths or disabilities may not occur directly in the line of duty, but may be considered to have occurred in the line of duty due to certain presumptive causes. These causes include respiratory disease, hypertension, heart disease, certain cancers, and infectious diseases. Certain presumptive causes are applicable only to certain types of employees. If the death or disability did not occur directly in the line of duty and is attributable to respiratory disease, hypertension, heart disease, certain cancers or infectious disease, please check “yes.” Additional information may be required to determine eligibility for a presumptive claim.

Part A: Preparer Information

Enter the preparer’s information in Part A if you are assisting a LODA-eligible employee and/or beneficiaries to complete the claim. The person listed as the preparer may be used as a point of contact during claim processing.

Part B: Claimant Information

Enter personal information for the LODA-eligible employee or volunteer for whom this claim is being submitted. The retirement date in box 14 is only required if “yes” was selected in box 2.

Part C: Claimant’s Employment Information at Time of Incident

Enter employment information for the LODA-eligible employee or volunteer for whom this claim is being submitted. It is important that this section be completed by the employer who employed the LODA-eligible employee or volunteer at the time of the incident. Please provide contact information for Human Resources to assist with verification of employment information.

Part D: Report of Incident

Boxes 26-28: Enter information about the incident. If all of the information responsive to these boxes is included in the incident report, please insert “See incident report.” If you would like to provide information in addition to what can be found in the incident report, please use these boxes or note additional attachments.

Box 29: *Required for disability claims.* Please provide information about the disability and any doctor visits in the past 12 months. Please provide a completed Physician’s Report ([LODA-04](#)) from each doctor you identify.

Box 30: If this is a disability claim, the claimant may be eligible for other work-related disability benefits. Please indicate

if the claimant plans to apply for other work-related disability benefits with VRS. Additional forms are required to obtain these benefits. More information can be found on the VRS website (www.varetire.org/members/disability/vrs/work-related.asp).

Part E: Required Reports and Documentation

Accident/Incident Report

You must attach the accident or incident report with this claim, if applicable.

Pre-Employment Physical Report

If you selected “yes” in box 2 and your employer required the claimant to take a pre-employment physical, you must submit the pre-employment physical report.

Certification of Status as Volunteer

If the claimant is a volunteer, provide information from the fire department or rescue squad recognizing the volunteer status.

Will

If a will is available, provide it to VRS for a death claim. In the absence of a will, VRS will determine the heirs at law based on the order of precedence defined in the *Code of Virginia*.

Workers' Compensation Award

A Workers' Compensation award is not required for determining eligibility under the Line of Duty Act. This information may be used to determine eligibility for other benefits programs managed at VRS.

Physician's Report (LODA-04)

This form allows the claimant's physician to provide VRS with information about the disabling condition. Give this form to the physician and ask that it be completed and submitted directly to VRS. The physician must also submit written diagnostic, objective findings to substantiate the diagnosis. The [LODA-04](#) can be found on the LODA website.

It is in your interest to choose an authorized medical professional who will cooperate with the VRS process. It is the physician's responsibility to do his or her best to fully document the disabling condition so that

the Medical Board understands how the condition impacts job performance. The Medical Board will not evaluate the claimant personally. The physician's documentation may have an impact on whether the claim is approved.

Note: The claimant is responsible for medical bills. Remember that VRS is not responsible for payment of fees to the physician for providing any medical information.

Medical Information to Support Claim

You may provide additional medical information to support your claim in electronic or paper format.

Employer Information for LODA Benefits (LODA-05)

The form must be completed to provide information about the position. The form is completed by the employer or the organization for which the claimant volunteers. The [LODA-05](#) can be found on the LODA website.

Note: VRS-covered members who already have filed an Application for Disability Retirement (VRS-6) do not need to submit the LODA Physician's Report (LODA-04) and Employer Information (LODA-05) forms.

Part F: Spouse, Dependent and Other Beneficiary Information

Boxes 32-36: Enter personal information for the spouse of the LODA-eligible employee or volunteer.

Box 37: Indicate if the spouse is a VRS member.

Box 38: Enter personal information of each dependent, including name, address, email address, birth date and phone number. Also include the relationship of each dependent to the LODA-eligible employee or volunteer (e.g., son, step-daughter).

Dependent children include natural and legally adopted children of the LODA-eligible employee or volunteer or of the LODA-eligible employee or volunteer's eligible spouse. Natural children must have

been born as the result of a pregnancy that occurred before the LODA-eligible employee or volunteer's disability or death; adopted children must have been legally adopted or the subject of a pre-adoptive agreement before the LODA-eligible employee or volunteer's disability or death.

Box 39: Completed only for death benefits.

Include a readable copy of all birth certificates, marriage licenses, divorce decrees and other supporting documentation. If a birth certificate does not include the individual's full given name and birth date, you must provide other legal documentation. You may make copies of Part F as needed to list additional children, guardians and

beneficiaries. Include the additional page when submitting your claim.

Part G: Certification

Employer/Volunteer Department Certification

The certification section must be signed and dated by an authorized agent or representative of the employer.

Claimant/Preparer Certification

The certification section must be signed and dated by the responsible party.

The claim is not complete and valid unless both certifications are signed and dated. An incomplete claim may delay the eligibility determination and receipt of LODA benefits.

Provisions related to the Virginia Line of Duty Act are set out in Title 9.1 as well as other applicable law.

CLAIM FOR LINE OF DUTY ACT (LODA) BENEFITS



VIRGINIA LINE OF DUTY ACT (LODA)
 P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
 Toll-free 1-888-VARETIR (827-3847)
 Fax 1-804-786-9718
 www.valoda.org

1. Type of Benefit (Choose one) <input type="checkbox"/> Death <input type="checkbox"/> Disability
2. Applying Under Presumption? <input type="checkbox"/> Yes <input type="checkbox"/> No

The Virginia Retirement System (VRS) determines eligibility for the Virginia Line of Duty Act (LODA). This form must be completed for each Line of Duty claim presented on behalf of a LODA-eligible employee or volunteer. LODA can provide, subject to certain conditions and eligibility approval, death or disability benefits including health insurance coverage.

Note: Please read all instructions prior to completing this form. All claims should be submitted as soon as possible. A claim submitted more than five years after death or the onset of disability will not be eligible for coverage.

PART A. PREPARER INFORMATION (IF DIFFERENT THAN CLAIMANT)

3. Name (First, Middle Initial, Last)	
4. Relationship to Claimant	
5. Phone Number	6. Email Address

PART B. CLAIMANT INFORMATION

7. Name (First, Middle Initial, Last)	8. Social Security Number
9. Address (Street, City, State and ZIP+4)	10. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
11. Marital Status at Time of Incident <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	12. Birth Date
13. Phone Number	14. Retirement Date (if applicable) 15. Email Address

PART C. CLAIMANT'S EMPLOYMENT INFORMATION AT TIME OF INCIDENT (Completed by Employer)

16. Name and Mailing Address of Employing Agency, Organization or Unit	
17. Employer HR Contact Name	18. Employer HR Contact's Email Address
19. Employer HR Contact's Phone Number	20. Date of Original Employment
21. Was claimant performing in the line of duty at time of injury or death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	22. Claimant's Position
23. Claimant's Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (specify) _____	
24. Claimant's Most Recent Annual Salary \$	



25. SSN

PART D. REPORT OF INCIDENT

26. Date of Incident

27. If known, provide name and address of each witness to the incident, if applicable, if not provided in documentation below.

28. What illness or injury caused the disability or death?

29. List the name and address of any physicians the claimant has seen in the past year related to the disability:

<u>Name</u>	<u>Address</u>	<u>Reason for Visit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

30. Additional Information For Disability Claims Only

a. Does claimant plan to apply for work-related disability benefits? Yes No

b. Does claimant plan to apply for Workers' Compensation benefits? Yes No

PART E. REQUIRED REPORTS AND DOCUMENTATION

A copy of each report or document listed below is required for processing this claim. Enter a checkmark next to each document being attached to this form.

For all claims, include copies of:

- Accident/Incident Report
- Pre-employment physical report (if applicable)
- Job Description
- Certification of status as volunteer (if applicable)

<p><u>Additional Information for Death Benefit Claims</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Death Certificate <input type="checkbox"/> Coroner's report <input type="checkbox"/> Will <input type="checkbox"/> Medical information to support claim in case of presumption 	<p><u>Additional Information for Disability Benefit Claims</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Workers' Compensation award, if available <input type="checkbox"/> Physician's Report (LODA-04) <input type="checkbox"/> Medical information to support claim <input type="checkbox"/> Employer Information for LODA Benefits (LODA-05)
--	--

31. SSN

PART F. SPOUSE, DEPENDENT AND OTHER BENEFICIARY INFORMATION

(Attach additional copies of this page in your claim to identify additional children, guardians or beneficiaries)

32. Spouse's Name (First, Middle Initial, Last)	33. Birth Date
34. Spouse's Address (Street, City, State and ZIP+4)	35. Spouse's Phone Number
36. Spouse's Email Address	37. Is spouse a VRS member? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Children	
Name: _____ Relationship: _____	
Address: _____ Birth Date: _____	
Email Address: _____ Phone Number: _____	
Name: _____ Relationship: _____	
Address: _____ Birth Date: _____	
Email Address: _____ Phone Number: _____	
Name: _____ Relationship: _____	
Address: _____ Birth Date: _____	
Email Address: _____ Phone Number: _____	
39. Additional Information for Death Benefit (Do not complete if applying for disability benefits)	
Did Decedent leave a will? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach a copy of the will.)	
Legal Guardianship – If a legal guardian has been appointed for any of the children listed above, provide guardianship information and documentation:	
Guardian: _____	Child: _____
Email Address: _____	Phone Number: _____
Address: _____	
Guardian: _____	Child: _____
Email Address: _____	Phone Number: _____
Address: _____	
Other Beneficiaries – If there is no surviving spouse or children, list all other beneficiaries to the death benefit (e.g. parents, siblings, grandchildren):	
Beneficiary: _____	Relationship: _____
Email Address: _____	Phone Number: _____
Address: _____	
Beneficiary: _____	Relationship: _____
Email Address: _____	Phone Number: _____
Address: _____	

40. SSN

PART F. SPOUSE, DEPENDENT AND OTHER BENEFICIARY INFORMATION (CONTINUED)

41. Required Documentation

A copy of each report or document listed below is required for processing this claim. Enter a checkmark next to each document being attached to this form:

- Birth certificates for the spouse and each child, if applicable
- Order of Adoption, if birth certificate not available for adopted children
- Marriage License, if applicable
- Divorce Decree, if applicable

PART G. CERTIFICATION

Employer/Volunteer Department Certification

By signing below, I acknowledge that the following information is correct to the best of my knowledge, information and belief:

- The individual identified in this claim was, as applicable: 1) employed by the organization for which I am a representative on the date of the incident that caused such individual's disabling condition or death, or 2) an active volunteer of a fire department or emergency medical services agency.
- On the date of the incident that caused the disabling condition or death, the individual identified in this claim was employed or volunteering in the LODA-eligible position listed in Part C of this form.
- If the organization for which I am a representative wishes to provide any information that may assist VRS in making a Line of Duty Act eligibility determination, I understand it must be provided to VRS within 30 days of VRS' receipt of the claim.

Authorized Signer's Printed Name

Authorized Signature

Authorized Signer's Email Address

Phone Number

Date

Claimant/Preparer Certification

By signing below, I acknowledge that the information provided on this form is correct to the best of my knowledge, information and belief, and that I agree to the following terms:

- The information contained in this document that I am submitting to VRS is accurate and up to date.
- If I am submitting this claim on behalf of an individual who was injured in the line of duty, I have express permission from such individual or appropriate legal authority to submit this claim on his or her behalf.
- If I am submitting this claim on behalf of an individual who was killed in the line of duty, I i) am a representative of the employer for which such individual worked on the date of his disability or death, ii) am a spouse or dependent age 18 or older of such individual, or iii) have express permission from such individual's spouse and dependents.
- I have read and understand the instructions that accompany this form.
- VRS, the Department of Human Resource Management (DHRM) and related third parties may use information submitted in this claim or in relation to this claim in any way necessary for the purpose of making an eligibility determination or administering benefits under the Line of Duty Act.
- VRS, DHRM and any physician, agency, or other individual or organization may disclose and receive medical records relating to the injuries or death associated with this claim for the purpose of making an eligibility determination or administering benefits under the Line of Duty Act.

Claimant/Preparer Printed Name

Claimant/Preparer Signature (if dependent is a minor, parent must sign)

Email Address

Phone Number

Date

To avoid processing delays, ensure this form is complete and all required documentation is attached.

Submit the form to:

**Virginia Line of Duty Act
Virginia Retirement System
P.O. Box 2500
Richmond, VA 23218-1500**

9. Frequently Used Terms

Beneficiary

In the case of a LODA death, the designated beneficiary in a deceased person's will or, if there is no will, the individual(s) according to the statutory order of precedence.

Claim

Application for LODA benefits.

Claimant

An eligible employee or volunteer applying for LODA benefits (disability claims) or someone applying on behalf of an eligible employee or volunteer (death claims).

Contribution Rates

LODA Fund participating employers pay a per capita contribution rate to the LODA Fund to cover the cost of LODA benefits, meaning the amount the state agency or political subdivision contributes per paid employee (full-time and part-time) and volunteer.

Death Benefit

One-time payment made to the beneficiary or beneficiaries of the deceased person, and paid based on the provisions set by the will of the deceased person. If there is no will, the benefit is paid according to the order of precedence defined in the *Code of Virginia* § 64.2-200.

LODA benefits are not paid based on the beneficiaries named by VRS members for VRS survivor benefits.

Deceased Person

Employee or volunteer whose death occurs in the line of duty as the direct or proximate result of the performance of his or her duty, including certain presumptions.

Department of Human Resource Management (DHRM)

The Department of Human Resource Management (DHRM) is a state agency that administers the LODA Health Benefits Plans.

Disabled Person

Employee or volunteer who becomes mentally or physically incapacitated, preventing the further performance of duties at the time of disability. The incapacity must be likely to be permanent and occur in the line of duty as the direct or proximate result of the performance of the duties, including certain presumptions.

Eligible Dependent

Child of a deceased or disabled person or of a deceased or disabled person's eligible spouse, provided that any such child is born as the result of a pregnancy that occurred before the time of the deceased or disabled person's death or disability, or that any such child is adopted or a pre-adoptive agreement is entered into before the time of the deceased or disabled person's death or disability.

Eligible Spouse

Spouse of a deceased person or a disabled person at the time of the death or disability.

Employee

Any person who is working or volunteering in a LODA-eligible position. See a full list of positions that are eligible to receive LODA benefits in Section 1.

Employer

Employer of a person who is an eligible employee or, in the case of a volunteer, the county, city or town that has recognized, through an ordinance or resolution, the volunteer unit as an integral part of the community's official safety program.

Line of Duty

Any action that the deceased or disabled person was obligated or authorized to perform by rule, regulation, condition of employment, service or law.

Line of Duty Act (LODA)

The Virginia Line of Duty Act (LODA) provides benefits to eligible family members of employees and volunteers killed in the line of duty. In addition, there are benefits for those employees and volunteers who are disabled in the line of duty and their eligible family members.

Line of Duty Act Fund (LODA Fund)

The Line of Duty Death and Health Benefits Trust Fund (commonly referred to as the LODA Fund) provides a funding mechanism for LODA benefit payments. State agencies participate in the LODA Fund. Political subdivisions participate automatically unless they opted out prior to or on July 1, 2012, and directly fund the cost of benefits.

LODA Health Benefit Plans

Premium-free health plan coverage for eligible disabled persons, eligible spouses and eligible dependents, administered by the Department of Human Resource Management.

LODA Fund Non-participating Employer

Any political subdivision employer in the Commonwealth that adopted a resolution to opt out of participating in the LODA Fund prior to or on July 1, 2012, and directly funds the cost of benefits.

LODA Fund Participating Employer

All state agencies and any political subdivision employer in the Commonwealth that did not make an election to become a LODA Fund non-participating employer.

Order of Precedence

Generally, if there is no will, the LODA death benefit is paid according to the order of precedence defined in the [Code of Virginia § 64.2-200](#).

Presumption

Certain conditions that are presumed to have been suffered in the line of duty, regardless of whether they developed directly on the job. The presumption conditions are position-specific (e.g., lung cancer for firefighters or heart disease for law enforcement) and depend on the facts and circumstances of each particular case.

Virginia Retirement System (VRS)

The Virginia Retirement System (VRS) makes LODA eligibility determinations for all LODA claims and makes death benefit payments on behalf of LODA Fund participating employers.

Volunteer

See definition for employee.

VRS-Covered Employment

VRS-covered employment is a full-time permanent, salaried position with an employer that participates in the Virginia Retirement System (VRS).