

	<b>ADMINISTRATIVE ORDER</b>	<b>Approved By:</b> <i>Tarek M. Elmaradi</i> City Manager	<b>No. 11</b>
			<b>Effective Date:</b> 04/15/2005
<b>Subject:</b> Health Insurance Benefits Under The Public Safety Employee Benefits Act			

**A. Purpose.**

General Purpose. This Administrative Order establishes the process for application for health insurance benefits pursuant to the Public Safety Employee Benefits Act (820 ILCS 320/10). This Administrative Order is established in recognition of the City's obligations under state law to provide health insurance benefits to its public safety employees who qualify for, and are determined to be eligible to receive, certain health insurance benefits from the City.

**B. Application Process.**

1. Application Form. A health insurance application form prepared by the Office of the City Manager shall be the standard form required for public safety employees to utilize to request benefits pursuant to the Act. Failure to submit a timely application shall result in a waiver of the claim for benefits under the Act.

2. Time Period for Submission of Application. Except as provided in No. 3 below, the application form must be submitted to the Office of the City Manager, City Hall, 1707 St. Johns Avenue, Highland Park, Illinois, within one year after the date on which the alleged duty related injury occurred. The Human Resources Department will review the application when all of the required documentation as described in Paragraph 3(b) has been received by the City.

3. Matters Pending Before a City Pension Board. In the event that a timely application for pension benefits has been filed with a Highland Park Pension Board, the following rules shall govern the submission of a health insurance application:

- a) The submission deadline for the health insurance application form shall be extended to the date that is 30 days after the date of any final ruling by a City Pension Board concerning any duty related disability.
- b) The applicant shall be responsible for submitting all transcripts and exhibits from the City Pension Board

hearing that resulted in the award of a duty related disability pension.

4. Processing of Application by Director of Human Resources. Upon receipt of a timely, complete, and executed health insurance application form, the City's Director of Human Resources shall review the application and engage in such additional fact-finding as may be deemed necessary or appropriate by the Director of Human Resources to evaluate the application.

- a) If fact-finding is determined to be necessary, the applicant shall fully cooperate in such fact-finding activity.
- b) If the applicant refuses or otherwise fails to fully cooperate, then a reminder notice shall be sent to the applicant explaining the duty of full cooperation in the fact-finding process.
- c) If the applicant fails to cooperate as requested within 21 days after receipt of such notice, then the application for benefits shall be deemed withdrawn and waived.

5. Recommendation by Director of Human Resources. Upon completion of its review of an application and any related investigation, the Director of Human Resources shall make a recommendation to the City Manager concerning eligibility.

6. Determination of Eligibility. Upon receipt of the recommendation of the Director of Human Resources, the City Manager shall review the file to make a determination regarding eligibility. The determination shall be based on the application and evidence provided by the applicant to the Director of Human Resources, and the fact finding conducted by the Director of Human Resources. However, the burden shall be on the applicant to provide the information necessary to demonstrate eligibility for insurance under the Act.

7. City Manager Determination. Within 14 days after receipt of the recommendation of the Director of Human Resources, the City Manager shall advise the applicant, in writing, of one of the following two final determinations:

- (a) The City approves the application and awards health insurance benefits; or
- (b) The City denies the application and refuses to provide health insurance benefits.

**CITY OF HIGHLAND PARK**

**Application for Health Insurance Benefits  
Public Safety Employee Benefits Act (“PSEBA”)**

**Applicant’s Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**1) Describe how, when, and where your injury happened.**

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Use additional page if length exceeds space.

**2) If the injury was witnessed, list the names, addresses, and phone numbers of all witnesses:**

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\_\_\_\_\_  
\_\_\_\_\_  
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**3) Have you experienced prior injuries to the same part of your body?**

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**4) In your own words, describe how the activities you engaged in at the time of your injury were related to one of the following activities: your response to fresh pursuit, your response to what was reasonably believed to be an emergency or during the investigation of a criminal act or an unlawful act perpetrated by another:**

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**5) Explain any other circumstances that you believe would qualify you for benefits under the PSEBA:**

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**6) Have you applied for pension benefits to the City's Pension Board? \_\_\_\_\_**

**If so, state the date on which the application was filed: \_\_\_\_\_  
(Applicant must submit all transcripts and exhibits from the pension board hearing.)**

This application is submitted only to make a claim for benefits under the Public Safety Employee Benefits Act from the City of Highland Park pursuant to Administrative Order No. 11. The information contained in this application is true to the best of my knowledge and belief. I understand that it is unlawful for me to willfully and knowingly make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided by the Public Safety Employee Benefits Act, 820 ILCS 320/10(a)(3). Any omission of information related to this application could be a basis for denial and may result in denial or forfeiture of any benefits received by me under the Public Safety Employee Benefits Act.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**