VIRGINIA BEACH POLICE FOUNDATION, INC.

P.O. BOX 56385, VIRGINIA BEACH, VA 23456

APPLICATION FOR NON-JOB RELATED
ACCIDENT AND DISABILITY PAYMENT

Name:_____

Address:_____

City:_____ State:____ Zip:_____ Phone:_____

Email:_____ Cell Phone: _____

Date Hired by VBPD:_____

Date of Last Full or Partial Payment from City of VB:_____ *(Day for which payment was made, not date of check)*

I am requesting payment under the terms of the Virginia Beach Police Foundation's Non-Job Related Illness and Accident Disability Plan which I have read and for which I believe I am qualified. I certify that I have used all personal, sick and vacation leave to which I am entitled and that I am unable to work in any capacity due to a non-job related illness or accident. On the reverse side I will provide a description of the financial hardship I am encountering as a result of my inability to work.

I have _____ have not _____ applied for leave from the City Leave Bank.

My application was _____ Approved _____ Denied or is _____ Pending.

Signed: _____ Date: _____

(*Complete Page 2 after Commanding Officer Review*)

VBPD Commanding Officer Review: I have reviewed this application and have verified the employee's date of hire and leave balances and that he/she has been determined unable to work for the department in any capacity. I will notify the Foundation when he/she returns to work or is no longer employed by the VBPD.

Print Name: _____ Title:_____

Signature: _____ Dated Signed: _____

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This Section To Be Completed By Applicant After Department Approval

Explanation of Financial Hardship.

Include any sources of income you are receiving, including any insurance payments and living expenses you must pay.

I am experiencing severe financial difficulty as a result of my inability to work as described below. I agree to notify the Foundation if my financial situation described below changes.

I agree to notify the Foundation when I am able to work in any capacity for the Virginia Beach Police Department. I agree to notify the Foundation if I am granted any additional leave from the leave bank or if I become eligible for any additional personal, sick or vacation leave.

_____

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_____

_____

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_____

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_____

_____ *Check Here and Attach Additional Page if more space is needed.*

Signed: _____ Date: _____

For Foundation Use:

Date Received: _____ Date Approved: _____ Date Denied: _____

Approved for : _____Days at $_____ per day. Amount not to exceed: $ _____

Date Payments Begin: _____