IC-11 TDF Application for Reimbursement

Application for Reimbursement from the Peace Officer and Detention Officer Temporary Disability Fund

Find required document standards online at www.iic.gov under 'Claims' and select this program

APPL	CANT	IIC OFFICE USE ONLY
Agency Name:		Receive Date
Preparer Name:		Fiscal Year
Preparer Title:		IIC Claim #
Preparer E-Mail:		Application #
Street Address:		
City, State, Zip:		
		SABLED OFFICER
	Full Name:	
Date of Disab	- · · -	
Dates for Reimbursement	Requested:	
I certify that the information	on this application	is correct and that the disabling injury sustained
•		mance of that officer's duties either (initial the
applicable condition):	urred in the perion	mance of that officer 5 daties crimer (initial the
a. While responding to	an emergency or	
		pected violator of the law, or
c. The injury was cause		•
o. The injury was eausy	ou of the uchains of	amound person
(date signed)		(signature)
	Print Na	mai
	E-M	
		standards can be found online at www.iic.gov):
[] Police Report		1 0 0
[] Officer's Time Sheets		fficers Pay Stubs or or Completed Worksheet (Form IC-11w)
[] Copy of Workers Compe	•	•
Doctors Release Notes (O		
	, = = = = = = = = = = = = = = = = = = =	,
Submit questions or complete		
E-MAIL (PREFERRED)	PHONE #	MAILING ADDRESS
TDF@iic.idaho.gov	208.334.6083	ATTN: Fiscal

E-MAIL (PREFERRED)	PHONE #	MAILING ADDRESS
TDF@iic.idaho.gov	208.334.6083	ATTN: Fiscal
	208.334.6026	Idaho Industrial Commission
		PO BOX 83720
		Boise, ID 83720-0041