

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

Find required document standards online at [www.iic.idaho.gov](http://www.iic.idaho.gov) under 'Claims' and select this program

APPLICANT		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:	_____		

**TEMPORARILY DISABLED OFFICER**

Full Name: \_\_\_\_\_

Date of Disabling Injury: \_\_\_\_\_

Dates for Reimbursement Requested: \_\_\_\_\_

I certify that the information on this application is correct and that the disabling injury sustained by the above officer was incurred in the performance of that officer's duties either (**initial the applicable condition**):

- \_\_\_\_\_ a. While responding to an emergency, or
- \_\_\_\_\_ b. When in the pursuit of an actual or suspected violator of the law, or
- \_\_\_\_\_ c. The injury was caused by the actions of another person

\_\_\_\_\_  
(date signed)

\_\_\_\_\_  
(signature)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- Attach required documentation (documentation standards can be found online at [www.iic.idaho.gov](http://www.iic.idaho.gov)):
- Police Report
  - Officer's Time Sheets
  - Copy of 52-Week Wage Info sent to Adjuster or Completed Worksheet (Form IC-11w)
  - Copy of Workers Compensation Checks, Stubs & Details
  - Doctors Release Notes (Off Work, Return to Work)
  - First Report of Injury
  - Officers Pay Stubs

Submit questions or completed forms with required documentation to:

E-MAIL (PREFERRED)	PHONE #	MAILING ADDRESS
<a href="mailto:TDF@iic.idaho.gov">TDF@iic.idaho.gov</a>	208-334-6095	ATTN: Fiscal Idaho Industrial Commission PO BOX 83720 Boise, ID 83720-0041