

EMPLOYER INFORMATION FOR LINE OF DUTY ACT (LODA) BENEFITS



VIRGINIA LINE OF DUTY ACT (LODA)
 P.O. Box 2500 ♦ Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
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1. Social Security Number
2. Name

A human resource representative completes this form in consultation with the immediate supervisor of the LODA-eligible employee or volunteer. This information must not contain references to any type of medical condition. If the LODA-eligible employee or volunteer is no longer working, please provide information as of the most recent period of work. Please attach the job description in effect as of the last date of work for the LODA-eligible employee or volunteer.

The VRS Medical Board requires specific information about the applicant's job duties to make a determination of eligibility for LODA benefits. This information will be considered in determining whether the applicant's disability is likely to be permanent; therefore, it is important that the form is filled out completely, signed and dated.

3. Is the LODA-eligible employee or volunteer performing all of the duties listed on the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4. If not, which duties is the LODA-eligible employee or volunteer not performing, and why? (Please be specific) 						
5. What, if any, changes or modifications have been made to enable the LODA-eligible employee or volunteer to continue working? 						
6. If changes or modifications were made, were they temporary or permanent? 						
7. How has the LODA-eligible employee's or volunteer's illness affected his or her job performance during the past year (or last year of active employment or volunteering in the LODA-eligible position)? 						
8. Human Resource/Volunteer Department Authorization <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Authorized Signer (Please print)</td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Employer Name and 5-digit Employer Code</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Immediate Supervisor Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Phone Number Date</td> </tr> </table>	Authorized Signer (Please print)	Title	Signature	Employer Name and 5-digit Employer Code	Immediate Supervisor Name	Phone Number Date
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Immediate Supervisor Name	Phone Number Date					

