

EMPLOYER INFORMATION FOR LINE OF DUTY ACT (LODA) BENEFITS



VIRGINIA LINE OF DUTY ACT (LODA)
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
Toll-Free 1-888-VARETIR (827-3847)
Fax 1-804-786-9718
www.varetire.org

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: none;"> _____ Authorized Signer (Please print) </td> <td style="width: 50%; border: none;"> _____ Title </td> </tr> <tr> <td style="border: none;"> _____ Signature </td> <td style="border: none;"> _____ Phone Number </td> </tr> <tr> <td style="border: none;"> _____ Immediate Supervisor Name </td> <td style="border: none;"> _____ Date </td> </tr> </table>	_____ Authorized Signer (Please print)	_____ Title	_____ Signature	_____ Phone Number	_____ Immediate Supervisor Name	_____ Date
_____ Authorized Signer (Please print)	_____ Title					
_____ Signature	_____ Phone Number					
_____ Immediate Supervisor Name	_____ Date					

