

Dear Employer:

The Standard Health History form must be used by all employers whose employees are provided death and disability coverage from the statewide plan set forth in C.R.S., § 31-31-810 (1) (c) (I-III).

In order for this form to be properly submitted to FPPA, an employee must:

- complete all information requested on the form,
- sign the form within 30 days of the first day of employment,
- have the form properly witnessed, and
- submit the form to FPPA within 60 days of the employee's hire date.

When the form is not properly completed prior to employment or if it is not timely filed with FPPA, the employer may be held liable for payment of disability benefits to a member or survivor benefits to a member's family if the following conditions exist:

1. The member's disability existed at the commencement of his/her employment or is the proximate consequence or result of a medical condition that existed at the commencement of employment or the member's death is the proximate consequence or result of a medical condition that existed at the time of employment. See, C.R.S., § 31-31-810.
2. The employment was not ordered by a court, and
3. The employer failed to timely obtain and file the required health history form.

For further information regarding compliance with the health history form requirements please see our website www.FPPAco.org

Sincerely,

Fire and Police Pension Association

FPPAco.org

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