



"The Strength Behind The Badge"

# DEPUTY SHERIFFS' ASSOCIATION OF SAN DIEGO COUNTY

## RELIEF ASSISTANCE APPLICATION

Name:			
	Last	First	Middle Initial
Home Address:			
	Number and Street		
			Phone Number:
	City	State	zip
Rank:		Hourly Pay Rate:	Last Full Day of Pay:
Injury Date:		Approximate Date of Return:	
Type of injury/illness:			
1. Workers Compensation:	Yes    No	Date Filed:	
Attorney's name and address and phone number:			
2. Non-work related:	Yes    No		
Have the following been completed and attached to the application:			
1. Relief Assistance Application	Yes	No	
2. Doctor's Verification of Injury/illness	Yes	No	
3. Copy of Payroll Earning Slip	Yes	No	
4. Relief Agreement of repayment	Yes	No	
5. Lien (Workers Comp)	Yes	No	
6. DWC Form 1 (Employee's claim for Workers Compensation benefits)	Yes	No	
If you have answered "No" to any of these questions, please give a brief explanation:			
I _____, do hereby apply to the Deputy Sheriffs' Association for Relief Assistance, in accordance with the Association By Laws, Article XI, Section 1 a and 1 b. I also grant permission to the Association representative to make any investigation necessary in assisting me with my request.			
Signature			Date

## ARTICLE XI – PAYMENTS AND BENEFITS

### Section 1: Relief Benefits For Class I Members

Any Class I Member of the Corporation, who by reason of sickness or bodily injury shall be rendered incapable of performing his/her duties in the Sheriff's Department, or who is needed to care for the member's spouse, minor child (adopted or foster care with legal documentation or child is in shared custody), or adult dependent child under 25 years old living at home or where the member is the biological father and there are complications relating to the pregnancy, the member shall become entitled to receive biweekly benefits from the Relief Fund subject to the conditions below:

- A. If the member is applying for relief because of his/her own serious health condition or a serious health condition of a family member, the Member must provide medical certification documenting the existence of a serious health condition and in the case of the family member additionally that the Member is needed to care for the family member.
- B. Such entitlement shall continue for the period of such incapacity for each illness or injury to the member or family member and shall be a sum equal to seventy-five percent (75%) of the monthly maximum gross hourly base pay for the classification of Deputy Sheriff top step as established by the salary ordinance of the County of San Diego, or seventy-five percent (75%) of the Member's current maximum hourly base pay, whichever is less; provided, however, that all of the following conditions and covenants are observed:
  - i. Payment hereunder shall be made for the number of working hours in a biweekly pay period that the Member is unable to perform his or her duties for the San 16 Diego Sheriffs' Department for reasons of sickness or bodily injury.
  - ii. Members are restricted to filing only one personal or eligible family member claim for relief benefit for each illness or injury.
  - iii. A maximum of three (3) claims per Member, personal or family member, may be filed during the Member's lifetime. However, payment hereunder shall not exceed a total of 26 pay periods for all claims during the Member's lifetime regardless what illness, injury or when made for the Member or an eligible family member; 19 (Rev. 1/2017)
  - iv. Any use of relief funds will be in two-week increments and a partial usage in a pay period will count as two weeks; (Rev. 1/2012)
  - v. Such payments shall be reduced by the amount of any temporary disability compensation benefits paid pursuant to the provisions of Chapter 4 of the Labor Code of the State of California and/or any other disability insurance benefits paid

to the Member;

- vi. Such payments shall be reduced by income from gainful employment outside the Sheriff's Department during said period of incapacity;
  - vii. Such payments shall be made only after the claimant has exhausted all accumulated sick leave, vacation leave and accumulated overtime;
  - viii. Claimant, from time to time as required by the Board, shall furnish a certificate from the claimant's treating physician or family member's physician certifying a continuing serious medical condition that the Member is unable to perform his/her duties for the Sheriff's Department, or the family member as described in paragraph one (1) requires 24-hour care or in the case of a minor child who requires various outpatient care for recovery from an existing serious illness or serious injury. Failure to provide the requested certification will result in cessation of benefits; (Rev. 1/2017)
  - ix. All benefits under this section shall cease upon retirement or termination from the Sheriff's Department;
  - x. Claimant agrees to sign a promissory note and repay to the Relief Fund all monies received from the County Retirement Fund and/or worker's compensation benefits paid to the claimant for any period during which payments were made to claimant pursuant to this Section; (Rev. 1/2007)
  - xi. In the case of a claim of emotional stress due to the inability to cope with the demands of his/her duties, such benefits shall not accrue absent physical illness verifiable by a physician; (Rev. 1/2007)
- B. The board of directors may use relief funds to offset some or all of the cost of disability insurance for Class 1 members that choose to buy the insurance through the DSA as long as the relief fund has funds greater than ten (10) times the amount of the annual pay of a top step deputy sheriff. (Rev. 1/2012)

I, \_\_\_\_\_, hereby apply to the Deputy Sheriffs' Association of San Diego County for hardship benefits pursuant to ARTICLE XI, Section 1, and do hereby declare and agree as follows:

1. That I have become incapacitated by illness or bodily injury from performing my duties in the Sheriff's Department of the County of San Diego.
2. That I have exhausted all sick leave, vacation leave and accumulated overtime leave due to my absence from work arising out of said illness or bodily injury.
3. That I am currently receiving \$\_\_\_\_\_ or bodily injury from performing my duties in the Sheriff's Department of the County of San Diego.
4. That I am currently receiving \$\_\_\_\_\_ per week in permanent disability compensation benefits from the County of San Diego.
5. That I am currently receiving \$\_\_\_\_\_ from disability insurance.
6. That I am currently receiving \$\_\_\_\_\_ from gainful employment from an employer other than the County of San Diego.
7. That I will repay to the Relief Fund of the Deputy Sheriffs' Association any and all monies paid to me in the form of temporary disability benefits and/or retirement benefits for periods of time during which I receive benefits pursuant to Article XI, Section 1 of the by laws of this Association. Such reimbursement shall be made by me as soon as it is received, other obligations not withstanding.
8. That I will keep the Association informed regarding any changes in my income from disability insurance, income from gainful employment, return to work and related matters affecting my right to receive benefits pursuant to Article XI.
9. That I will provide, upon reasonable request, a certificate of disability from the County Sheriff's Department and/or my treating physician.

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Signature Date

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**FOR OFFICE USE ONLY**

Application	<input type="checkbox"/>	Relief Agreement to Repay	<input type="checkbox"/>	Contacted Sickness & Distress	<input type="checkbox"/>
Doctors Note	<input type="checkbox"/>	Lien	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied <input type="checkbox"/>
Pay Stub	<input type="checkbox"/>	DWC Form 1	<input type="checkbox"/>	Date Approved/Denied:	