Mississippi Administrative Code

Title 3. Office of the Attorney General

Part 2. Law Enforcement Officers and Fire Fighters Disability Benefits Trust Fund Policies and Procedures

Chapter 01. Policies and Procedures

R. 102 – Temporary Rule Regarding COVID-19 Eligibility

Any eligible law enforcement officer, fire fighter, reserve/auxiliary law enforcement officer or volunteer fire fighter who contracts COVID-19 while actively engaged in protecting the lives and property of the citizens of this state, while employed by a state board, commission, department, division, bureau, or agency, or a county, municipality or other political subdivision of the state, must submit a duly licensed medical provider's Certification of Positive COVID-19 Test (attached hereto as Exhibit B.1.) administered and interpreted in compliance with the Mississippi State Department of Health guidelines prior to being considered for lost wages compensation under the Law Enforcement Officer and Fire Fighters Disability Benefits Trust Fund.

Any eligible law enforcement officer, fire fighter, reserve/auxiliary law enforcement officer or volunteer fire fighter who contracts COVID-19 while actively engaged in protecting the lives and property of the citizens of this state, while employed by a state board, commission, department, division, bureau, or agency, or a county, municipality or other political subdivision of the state, must also submit an Employment Information Form (attached hereto as Exhibit C.1.) completed and signed by his or her employer prior to being considered for lost wages compensation under the Law Enforcement Officer and Fire Fighters Disability Benefits Trust Fund.

The Certification of Positive COVID-19 Test and Employment Information Form shall be submitted by the applicant with his or her Application for Benefits under the Law Enforcement Officers and Fire Fighters Benefits Trust Fund.

(Temporary Rule May 7, 2020)

Source: Miss. Code Ann. §45-2-21

APPLICANT NAME _____ SSN_____

B.1. – PROVIDER'S CERTIFICATION OF POSITIVE COVID-19 TEST RESULT

I hereby certify that I _____ (printed provider's name) am a duly licensed medical provider in the State of _____ and further certify that _____ (patient) tested positive for COVID-19 on _____ (date) and is unable to perform his/her duties as a law enforcement officer or fire fighter or reserve/auxiliary law enforcement officer or volunteer fire fighter.

Anticipated return to work/release date: _____. If undetermined, based on your medical knowledge, what is a reasonable time frame before you expect to be able to release this patient to return to work?_____

Dates unable to work: From: _____/_____/_____ To: _____/_____/_____

Certification: **I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of the patient's application, and the Mississippi Attorney General's Office has the right to commence civil and/or criminal action for the misrepresentation of such information.**

Signature of Provider: _____ Date (mm/dd/yyyy) _____

Name of Provider: _____ Phone: (_____) _____

Fax: (_____) _____ Tax ID or SSN: _____

Address: _____

Email address: _____ Patient #: _____

NOTE: Please make a copy of the patient's signed Authorization for Release of Records (Section D) for your records.

APPLICANT NAME _____ SSN_____

C.1. – EMPLOYMENT INFORMATION. To be completed and signed by your EMPLOYER

Name of Employer: _____ Phone Number (___)_____

Mailing Address: _____

Email Address: _____Fax Number: (____)_____

Employee's Job Title: _____

For the purposes of determining eligibility for benefits, Section 45-2-21, Mississippi Code Annotated (1972) sets forth the following definitions:

"Fire fighter" means an individual who is trained for the prevention and control of the loss of life and property from fire or other emergencies, who is assigned to firefighting activity, and is required to respond to alarms and perform emergency actions at the location of a fire, hazardous materials or other emergency incident.

"Law enforcement officer" means any lawfully sworn officer or employee of the state or any political subdivision of the state whose duties require the officer or employee to investigate, pursue, apprehend, arrest, transport or maintain custody of persons who are charged with, suspected of committing, or convicted of a crime.

This employee _____ does _____ does not (check one) meet the criteria of one of the above definitions. (Please attach a copy of the employee's Professional Certificate as being qualified to be a Mississippi Law Enforcement Officer or Fire Fighter to this application. For Fire Fighters employed prior to 1991, please provide proof of employment prior to 1991.)

Average hours per week the employee worked prior to this incident: _____hours/week

Monthly salary $ _____ Annual Salary: $ _____

For the last pay period worked, please indicate the following information:

Pay Period (mm/dd/yyyy): From _____/_____/_____ To _____/_____/_____

Base Wages: _____ Overtime Wages: _____

Last work date: _____

Has the employee returned to work? _____ Yes _____ No

Date employee returned to work: _____

APPLICANT NAME _____ SSN_____

C.1. – EMPLOYMENT INFORMATION (continued). To be completed and signed by your EMPLOYER

Has Workers' Compensation been applied for?: ____ Yes ____ No

Approved?: _____ Yes _____ No

Name, address and phone number of Workers' Compensation carrier: _____

_____

To the best of your knowledge, is this condition a result of the employee contracting COVID-19 while actively engaged in protecting the lives and property of the citizens of this state?

_____Yes _____ No

If yes, please provide the date and description of the exposure that led to the contraction of COVID-19:

_____
_____
_____
_____
_____

Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of the employee's application, and the Mississippi Attorney General's Office has the right to commence civil and/or criminal action for the misrepresentation of such information. Furthermore, I will notify the Mississippi Attorney General's Office in writing the exact date the employee returns to work. This notification shall be submitted no later than ten days after the employee returns to work in the format prescribed by the Mississippi Attorney General's Office.

_____ _____ _____

Employer Representative Name (Please print or type) | **Job Title** | **Date**

_____

Employer Signature

NOTE: Please make a copy of the employee's signed Authorization for Release of Records (Section D) for your records.