

**ORDINANCE NO. 6824**

**AN ORDINANCE AMENDING TITLE 3, CHAPTER 31 OF  
THE LOMBARD VILLAGE CODE IN REGARD TO  
PSEBA AFFIDAVIT FOR COVERAGE**

**BE IT ORDAINED** by the President and Board of Trustees of the Village of Lombard, DuPage County, Illinois, as follows:

**SECTION 1:** That Title 3, Chapter 31 of the Lombard Village Code is amended by adding a new Section 31.69 thereto, which shall read in its entirety as follows:

**“§31.69 PSEBA AFFIDAVIT FOR COVERAGE**

(A) Pursuant to the Public Safety Employee Benefits Act, 820 ILCS 320/1, *et seq.* (“PSEBA”), the Village is obligated to provide health insurance benefits to public safety officers catastrophically injured or killed in the line of duty, as well as provide health insurance benefits to their spouses and dependants as prescribed by PSEBA. The Village is further obligated to ensure that PSEBA benefits are only provided to PSEBA-eligible recipients, and that all offsets to the Village’s PSEBA liability are promptly applied.

(B) In order for the Village to accurately determine its PSEBA liability in any given case, it is necessary for the Village to obtain all information relevant to PSEBA liability from an applicant for PSEBA benefits. As such, all applicants for PSEBA benefits shall complete and execute a “PSEBA Affidavit for Coverage,” within fifteen (15) days of a request to do so by the Village Manager or his/her designee. The PSEBA Affidavit for Coverage provided for in this Section shall be in substantially the same form as the document attached to Ordinance No. \_\_\_\_ as Exhibit A, and shall be provided to the applicant for PSEBA benefits by the Village Manager or his/her designee.”

**SECTION 2:** The PSEBA Affidavit for Coverage to be completed under Article 3, Chapter 31, Section 31.69 of the Lombard Village Code, shall be in substantially the same form as Exhibit A to this Ordinance No.\_\_\_\_, which is attached hereto and made a part hereof.

**SECTION 3:** That this Ordinance shall be in full force and effect from and after its passage and approval as provided by law.

Passed on first reading this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

First reading waived by action of the Board of Trustees this 2nd day of May, 2013.

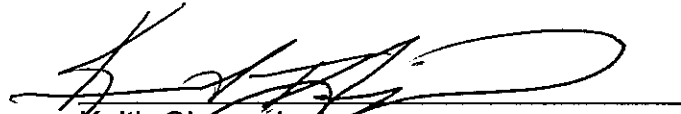
Passed on second reading this 2nd day of May, 2013, pursuant to a roll call vote as follows:.

Ayes: Trustee Whittington, Foltyniewicz, Breen, Fitzpatrick, and Ware

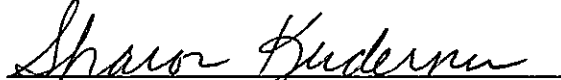
Nays: None

Absent: None


Approved this 2nd day of May, 2013.

  
Keith Giagnorio  
Village President

**ATTEST:**

  
Sharon Kuderna  
Village Clerk

Published by me in pamphlet form this 3rd day of May, 2013.

  
Sharon Kuderna  
Village Clerk

**ORDINANCE NO. 6824**

**EXHIBIT A**

**Form PSEBA Affidavit for Coverage**



- ( ) My current employer's plan
- ( ) My spouse's employer's plan
- ( ) COBRA from a former employer
- ( ) Medicare
- ( ) Other \_\_\_\_\_

c. If there is other coverage available, please indicate monthly amount paid or payable by Public Safety Officer for such coverage \$ \_\_\_\_\_

d. Is there any other coverage for the Public Safety Officer, spouse, legally recognized partner or dependants?

\_\_\_\_\_ Yes \_\_\_\_\_ No

e. Is the Public Safety Officer presently covered under another health insurance policy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. If yes , please provide the following:

This coverage began on \_\_\_\_\_ *(insert date)*

This coverage runs until \_\_\_\_\_ *(insert last month of coverage)*

Individual policy issued by \_\_\_\_\_

Policy No. \_\_\_\_\_

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Web or E-Mail \_\_\_\_\_

Employment Status of spouse or legally recognized partner:

a. Is spouse/legally recognized partner employed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. Name and address of spouse's/legally recognized partner's employer:

\_\_\_\_\_  
\_\_\_\_\_

c. Is health insurance coverage available from spouse's/ legally recognized partner's employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. Does spouse/ legally recognized partner have health insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

e. Is the Public Safety Officer covered under this policy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. If yes to paragraph d and/or e above, please provide the following:

This coverage began on \_\_\_\_\_ (*insert date*)

This coverage runs until \_\_\_\_\_ (*insert last month of coverage*)

Individual policy issued by \_\_\_\_\_

Policy No. \_\_\_\_\_

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Web or E-Mail \_\_\_\_\_

g. Is spouse/legally recognized partner currently eligible for Medicare?

If the answer to this question is no, please provide the date when spouse/legally recognized partner is eligible for Medicare:

\_\_\_\_\_

Employment Status of Dependants eligible for PSEBA benefits:

a. Are any dependants of the Public Safety Officer eligible for PSEBA benefits employed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. If yes, list the name of dependant and the name and address of each dependant's employer:

\_\_\_\_\_  
\_\_\_\_\_

c. Is health insurance coverage available from dependant's employer?

\_\_\_\_\_ Yes \_\_\_\_\_ No

d. Does the dependant have health insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

e. Is the Public Safety Officer covered under this policy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

f. If yes to paragraph d and/or e above, please provide the following:

This coverage began on \_\_\_\_\_ *(insert date)*

This coverage runs until \_\_\_\_\_ *(insert last month of coverage)*

Provide the following information about insurance carrier or third party administrator of each other health plan or policy that is available to Public Safety Officer (including coverage not currently in effect):

Name of contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Web or E-Mail \_\_\_\_\_

### Medical Information

To determine continuing eligibility for PSEBA benefits, the Village of Lombard may need to review relevant medical records of the applicant and/or the injured Public Safety Officer. In order to process an application for coverage, it is necessary that you complete and provide to the Village the attached waiver form to authorize the Village to obtain and review copies of these medical records.

### Agreement to Update Information

If any of the information provided in this application changes, I agree to provide documentation to the Village of Lombard within 30 days of such change, including in particular any change (i.e., to being divorced, widowed or married) in the marital or legally recognized partnership status of the Public Safety Officer spouse or dependents reaching age 25, and the availability of any other health coverage to any person listed above. I also agree to forward

copies of notice of any changes in coverage or the cost of it that I or my spouse or legally recognized partner receives in sufficient time to permit the Village to consider payment or stopping payment of premiums for such coverage in the future.

This statement is made for the sole purpose of receiving benefits provided by the Village of Lombard under the Public Safety Employee Benefits Act. Under penalty of perjury, the information contained in this application is true and correct.

It is unlawful for a person to willfully and knowingly make, or cause to be made, or to assist, conspire with, or urge another to make, or cause to be made, any false, fraudulent, or misleading oral or written statement to obtain health insurance coverage as provided by the Public Safety Employee Benefits Act. 820 ILCS 320/10(a)(2). Such actions constitute a Class A Misdemeanor and can serve as the basis for denial of coverage and an obligation to repay any benefits paid out under the Public Safety Employee Benefits Act. 820 ILCS 320/10(a)(3).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public