

# First Responder's Employer Certification of Injury

Section 196.102, Florida Statutes

File this form with the county property appraiser.

## TO BE COMPLETED BY EMPLOYER OR VOLUNTEER'S SUPERVISOR

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Employing Entity Name \_\_\_\_\_

Employing Entity Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DESCRIPTION OF INCIDENT (The employer certificate must be supplemented with extant documentation of the incident or event that caused the injury, such as an accident or incident report.)

Location of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_

Incident Details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** A total and permanent disability that results from a cardiac event does not qualify for the exemption unless the cardiac event occurs no later than 24 hours after the first responder performed nonroutine stressful or strenuous physical activity in the line of duty and the first responder provides the employer with a certificate from the first responder's treating cardiologist for the cardiac event along with any pertinent supporting documentation, stating, within a reasonable degree of medical certainty, that:

- (a) The nonroutine stressful or strenuous activity directly and proximately caused the cardiac event that gave rise to the total and permanent disability; and
- (b) The cardiac event was not caused by a preexisting vascular disease.

I certify that the first responder's injury or injuries were directly and proximately caused by service in the line of duty, without willful negligence on the part of the first responder, and are the sole cause of the first responder's total and permanent disability. This statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature (employer/designee)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# FIRST RESPONDER'S PHYSICIAN CERTIFICATE OF TOTAL AND PERMANENT DISABILITY

Section 196.102, Florida Statutes

I, \_\_\_\_\_, a physician licensed pursuant to chapter 458 or  
chapter 459, Florida Statutes, hereby certify that ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. \_\_\_\_\_  
Social Security Number\* \_\_\_\_-\_\_\_\_-\_\_\_\_\_, is totally and permanently disabled due to an impairment  
of the mind or body, and such impairment renders him or her unable to engage in any substantial  
gainful occupation, which condition is reasonably certain to continue throughout his or her life.

\_\_\_\_\_ has the following mental or physical  
condition(s):

It is my professional belief that within a reasonable degree of medical certainty, the above-named  
condition(s) render ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. \_\_\_\_\_  
totally and permanently disabled and that the foregoing statements are true, correct, and complete to  
the best of my knowledge and professional belief.

\_\_\_\_\_  
Signature Date  
Address: (print)  
\_\_\_\_\_  
Street City State Zip

Florida Board of Medicine or Osteopathic Medicine license number \_\_\_\_\_

Issued on \_\_\_\_\_.

NOTICE TO TAXPAYER: Each Florida resident applying for an exemption due to a total and permanent disability that occurred in the line of duty while serving as a first responder must present to the county property appraiser the required physician certificate(s), the required documentation from the Social Security Administration, and a certificate from the employer for whom the applicant worked as a first responder at the time of the injury or injuries, as required by section 196.102(5), Florida Statutes. This form is to be completed by a licensed Florida physician.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.102(10), Florida Statutes, provides that any person who knowingly and willingly gives false information for the purpose of claiming the homestead exemption for totally and permanently disabled first responders commits a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000, or both.

\*Disclosure of your social security number is mandatory. It is required by section 196.011(1), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.

# FIRST RESPONDER'S PHYSICIAN CERTIFICATE OF TOTAL AND PERMANENT DISABILITY

Section 196.102, Florida Statutes

I, \_\_\_\_\_, a physician licensed pursuant to chapter 458 or  
chapter 459, Florida Statutes, hereby certify that ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. \_\_\_\_\_  
Physician's name Applicant name

Social Security Number\* \_\_\_\_-\_\_\_\_-\_\_\_\_\_, is totally and permanently disabled due to an impairment  
of the mind or body, and such impairment renders him or her unable to engage in any substantial  
gainful occupation, which condition is reasonably certain to continue throughout his or her life.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. \_\_\_\_\_ has the following mental or physical  
condition(s):

It is my professional belief that within a reasonable degree of medical certainty, the above-named  
condition(s) render ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. \_\_\_\_\_  
Name of totally and permanently disabled person  
totally and permanently disabled and that the foregoing statements are true, correct, and complete to  
the best of my knowledge and professional belief.

\_\_\_\_\_  
Signature Date  
Address: (print)  
\_\_\_\_\_  
Street City State Zip

Florida Board of Medicine or Osteopathic Medicine license number \_\_\_\_\_

Issued on \_\_\_\_\_.

NOTICE TO TAXPAYER: Each Florida resident applying for an exemption due to a total and permanent disability that occurred in the line of duty while serving as a first responder must present to the county property appraiser the required physician certificate(s), the required documentation from the Social Security Administration, and a certificate from the employer for whom the applicant worked as a first responder at the time of the injury or injuries, as required by section 196.102(5), Florida Statutes. This form is to be completed by a licensed Florida physician.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.102(10), Florida Statutes, provides that any person who knowingly and willingly gives false information for the purpose of claiming the homestead exemption for totally and permanently disabled first responders commits a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000, or both.

\*Disclosure of your social security number is mandatory. It is required by section 196.011(1), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.

## EXEMPTION AND DISCOUNT REQUIREMENTS

**Homestead** Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

**Save our Homes (SOH)** Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last three years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

**This page does not contain all the requirements that determine your eligibility for an exemption. Consult your local property appraiser and Chapter 196, Florida Statutes, for details.**

| Added Benefits Available for Qualified Homestead Properties  |                                  |  |  |         |
|--|----------------------------------|--|--|---------|
|  | Amount                           | Qualifications   | Forms and Documents*   | Statute |
| <b>Exemptions</b>  |                                  |  |  |         |
| Local option, age 65 and older   | Determined by local ordinance    | Local ordinance, limited income  | Proof of age<br>DR-501SC, household income   | 196.075 |
|  | The amount of the assessed value | Local ordinance, just value under \$250,000, permanent residency for 25 years or more.       | DR-501SC, household income   |         |
| Widowed  | \$5,000                          |  | Death certificate of spouse  | 196.202 |
| Blind  | \$5,000                          |  | Florida physician, DVA*, or SSA**  | 196.202 |
| Totally and Permanently Disabled   | \$5,000                          | Disabled   | Florida physician, DVA*, or SSA**  | 196.202 |
|  | All taxes                        | Quadriplegic   | 2 Florida physicians or DVA*   | 196.101 |
|  | All taxes                        | Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind<br>Limited income | DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.)<br>Letter from DVA*, and<br>DR-501A, household income | 196.101 |
| <b>Veterans and First Responders Exemptions and Discount</b>   |                                  |  |  |         |
| Disabled veteran discount, age 65 and older which carries over to the surviving spouse                         | % of disability                  | Combat-related disability  | Proof of age, DR-501DV<br>Proof of disability, DVA*, or US government  | 196.082 |
| Veteran, disabled 10% or more by misfortune or during wartime service  | Up to \$5,000                    | Veteran or surviving spouse  | Proof of disability, DVA*, or US government  | 196.24  |
| Veteran confined to wheelchair, service-connected, totally disabled  | All taxes                        | Veteran or surviving spouse  | Proof of disability, DVA*, or US government  | 196.091 |
| Service-connected, totally and permanently disabled veteran or surviving spouse                                | All taxes                        | Veteran or surviving spouse  | Proof of disability, DVA*, or US government  | 196.081 |
| Surviving spouse of veteran who died while on active duty  | All taxes                        | Surviving spouse   | Letter attesting to the veteran's death while on active duty   | 196.081 |
| First responder totally and permanently disabled in the line of duty or surviving spouse                       | All Taxes                        | First responder or surviving spouse  | Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)   | 196.102 |
| Surviving spouse of first responder who died in the line of duty   | All taxes                        | Surviving spouse   | Letter attesting to the first responder's death in the line of duty  | 196.081 |
| *DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration. |                                  |  |  |         |