

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Metz offered the following:

2
3 **Amendment**

4 Remove lines 85-174 and insert:

5 (a) Documentation from the Social Security Administration
6 stating that the applicant is totally and permanently disabled.
7 The documentation must be provided to the property appraiser
8 within 3 months after issuance. An applicant who is not eligible
9 to receive a medical status determination from the Social
10 Security Administration due to his or her ineligibility for
11 Social Security benefits or Medicare benefits may provide
12 documentation from the Social Security Administration stating
13 that the applicant is not eligible to receive a medical status

084959

Approved For Filing: 4/25/2017 3:22:50 PM

Amendment No.

14 determination from the Social Security Administration, and
15 provide physician certifications as required by paragraph (c)
16 from two professionally unrelated physicians, rather than the
17 one certification required by that paragraph.

18 (b)1. A certificate from the organization that employed
19 the applicant as a first responder or supervised the applicant
20 as a volunteer first responder at the time that the injury or
21 injuries occurred. The employer certificate must contain, at a
22 minimum:

23 a. The title of the person signing the certificate;

24 b. The name and address of the employing entity;

25 c. A description of the incident that caused the injury or
26 injuries;

27 d. The date and location of the incident; and

28 e. A statement that the first responder's injury or
29 injuries were:

30 (I) Directly and proximately caused by service in the line
31 of duty.

32 (II) Without willful negligence on the part of the first
33 responder.

34 (III) The sole cause of the first responder's total and
35 permanent disability.

36 2. If the first responder's total and permanent disability
37 was caused by a cardiac event, the employer must also certify
38 that the requirements of subsection (6) are satisfied.

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Amendment No.

39 3. The employer certificate must be supplemented with
 40 extant documentation of the incident or event that caused the
 41 injury, such as an accident or incident report. The applicant
 42 may deliver the original employer certificate to the property
 43 appraiser's office or the employer may directly transmit the
 44 employer certificate to the applicable property appraiser.

45 (c) A certificate from a physician licensed in this state
 46 under chapter 458 or chapter 459 which certifies that the
 47 applicant has a total and permanent disability and that such
 48 disability renders the applicant unable to engage in any
 49 substantial gainful occupation due to an impairment of the mind
 50 or body, which condition is reasonably certain to continue
 51 throughout the life of the applicant. The physician certificate
 52 shall read as follows:

53
 54 FIRST RESPONDER'S
 55 PHYSICIAN CERTIFICATE OF
 56 TOTAL AND PERMANENT DISABILITY

57
 58 I,...(name of physician)..., a physician licensed pursuant to
 59 chapter 458 or chapter 459, Florida Statutes, hereby certify
 60 that Mr.....Mrs.....Miss.... Ms.....(applicant name and
 61 social security number)..., is totally and permanently disabled
 62 due to an impairment of the mind or body, and such impairment
 63 renders him or her unable to engage in any substantial gainful

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Amendment No.

64 occupation, which condition is reasonably certain to continue
65 throughout his or her life. Mr.....Mrs.....Miss....
66 Ms.....(applicant name)... has the following mental or
67 physical condition(s):

68
69 It is my professional belief that within a reasonable degree of
70 medical certainty, the above-named condition(s) render
71 Mr.....Mrs.....Miss.... Ms.....(applicant name)... totally
72 and permanently disabled and that the foregoing statements are
73 true, correct, and complete to the best of my knowledge and
74 professional belief.

75
76 Signature....

77 Address...(print)...

78 Date....

79 Florida Board of Medicine or Osteopathic Medicine license number

80 Issued on.....

81
82 NOTICE TO TAXPAYER: Each Florida resident applying for an
83 exemption due to a total and permanent disability that occurred
84 in the line of duty while serving as a first responder must
85 present to the county property appraiser the required physician
86 certificate(s), the required documentation from the Social
87 Security Administration, and a certificate from the employer for
88 whom the applicant worked as a first responder at the time of

084959

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Amendment No.

89 the injury or injuries, as required by section 196.102(5),
90 Florida Statutes. This form is to be completed by a licensed
91 Florida physician.

92
93 NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.102(10), Florida
94 Statutes, provides that any person who knowingly and willingly
95 gives false information for the purpose of claiming the
96 homestead exemption for totally and permanently disabled first
97 responders commits a misdemeanor of the first degree, punishable
98 by a term of imprisonment not exceeding 1 year or a fine not
99 exceeding \$5,000, or both.

100 (6) A total and permanent disability that results from a
101 cardiac event does not qualify for the exemption provided in
102 this section unless the cardiac event occurs no later than 24
103 hours after the first responder performed nonroutine stressful
104 or strenuous physical activity in the line of duty and the first
105 responder provides the employer with a certificate from the
106 first responder's treating cardiologist for the cardiac event
107 along with any pertinent supporting documentation, stating,
108 within a reasonable degree of medical certainty, that:

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