

The American Police Hall of Fame & Museum



Family Fund for Paralyzed & Disabled Officers A Nationwide Program of the National Association of Chiefs of Police Claim for Medical Reimbursement



Instructions

1. To request reimbursement, please submit the following to the address listed on this form (any missing information may result in delay or denial of the request):
 - a. Completed and signed Reimbursement Form
 - b. Proof of services rendered (must pertain to line of duty injury)
 - c. Proof of payment for the services being requested for reimbursement up to \$500.
2. Reimbursement requests are processed within 60 days. Incomplete requests will take longer.
3. Reimbursement will be sent to the applicant at the address provided on this form.
4. Those eligible to request reimbursement claims are: permanently disabled law enforcement officers enrolled in the Disabled Police Officers Fund (DPOF).
5. Retain a copy for your records.

Personal Information

Last Name	First Name	MI
Street Address		
City/State/Zip		
Date of Birth	Phone Number	
Email Address		
Law Enforcement Agency		

Claim Information

Date of Service	Provider Name	Amount
Total Reimbursement		

I have read and understand all information on the application and affirm that all the information submitted is true and accurate to the best of my knowledge. I also agree that the National Association of Chiefs of Police (NACOP) and the American Police Hall of Fame & Museum (APHF) have my permission to use my photo and information to promote the medical reimbursement program in their mail and on-line campaigns.

Signature _____ Date _____

Submit this form and all documentation to:
 NACOP Family Fund for Paralyzed & Disabled Officers
 6350 Horizon Drive
 Titusville, FL 32780

For more information contact us at:
 Phone: (321)264 0911
 Fax: (321) 264 0033
 E mail: janetc@aphf.org
 Website: nacoponline.org