

IC 5-10

ARTICLE 10. PUBLIC EMPLOYEE BENEFITS

IC 5-10-0.5

Chapter 0.5. Limitations on Public Retirement Fund Investments

IC 5-10-0.5-1

Limitations on public retirement fund investments

Sec. 1. (a) The prohibitions of Article 11, Section 12 of the Constitution of the State of Indiana do not apply to:

- (1) the public employees' retirement fund (IC 5-10.3);
- (2) the Indiana state teachers' retirement fund (IC 5-10.4);
- (3) the Indiana state police pre-1987 benefit system (IC 10-12-3);
- (4) the Indiana state police 1987 benefit system (IC 10-12-4); or
- (5) any other public employee retirement fund administered by the board of trustees of the Indiana public employees' retirement fund.

(b) Investments of the funds listed in subsection (a) are subject to the following limitations and regulations:

- (1) Investments of the public employees' retirement fund and any other public employee retirement fund administered by the board of trustees of the Indiana public employees' retirement fund are subject to IC 5-10.3-5-3, including P.L.37-1996.
- (2) Investments of the Indiana state teachers' retirement fund are subject to IC 5-10.4-3-10.
- (3) Investments of the Indiana state police benefit system are subject to IC 10-12-2-2.

As added by P.L.39-1997, SEC.1. Amended by P.L.2-2003, SEC.21; P.L.2-2006, SEC.12.

IC 5-10-1

Repealed

(Repealed by Acts 1977, P.L.53, SEC.4.)

IC 5-10-1.1

Chapter 1.1. Public Employees Deferred Compensation Plans

IC 5-10-1.1-1

Nonqualified deferred compensation plans; employee savings plans

Sec. 1. The state and any political subdivision (as defined by IC 36-1-2-13) may:

- (1) agree with any employee to reduce and defer any portion of such employee's compensation which under federal law may be deferred under a nonqualified deferred compensation plan and subsequently contract for, purchase, or otherwise procure insurance and investment products appropriate for a nonqualified deferred compensation plan (all referred to in this chapter as "funding"), for the purpose of funding a deferred compensation plan for such employee;
- (2) if the political subdivision is a school corporation, establish an employee savings plan that is a defined contribution plan qualified under Section 401(a) or 403(b) of the Internal Revenue Code, and contribute amounts to the plan on behalf of eligible employees to be credited and allocated to an account for each employee; and
- (3) contribute amounts before January 1, 1995, and continue or begin to contribute amounts after January 1, 1995, to a nonqualified deferred compensation plan on behalf of eligible employees, subject to any limits and provisions under Section 457 of the Internal Revenue Code.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by Acts 1980, P.L.27, SEC.1; P.L.42-1988, SEC.1; P.L.66-1995, SEC.1; P.L.65-1995, SEC.1; P.L.15-1998, SEC.1; P.L.68-2001, SEC.1.

IC 5-10-1.1-1.5

Defined contribution plan

Sec. 1.5. (a) The state, through the budget agency, may adopt a defined contribution plan, under Section 401(a) of the Internal Revenue Code, for the purpose of matching all or a specified portion of state employees' contributions to the state employees' deferred compensation plan and for any additional purposes established by statute.

(b) The deferred compensation committee shall be the trustee of a plan established under subsection (a) as described in section 4 of this chapter. A plan established under subsection (a) shall be administered by the auditor of state as described in section 5 of this chapter.

(c) The deferred compensation committee may approve funding offerings for a plan established under subsection (a), which may be the same as offerings for the state employees' deferred compensation plan. All funds in each plan shall be separately accounted for but may be commingled for investment purposes.

(d) Contributions to a plan established under subsection (a) are limited to the amount of biennial appropriations the budget agency

determines are available for any such purposes. The deferred compensation committee may use funds available under the plan to hire or contract with qualified attorneys, financial advisers, or other professional or administrative persons that the committee believes are necessary or useful in the administration of the plan.

(e) A plan established under subsection (a) must include appropriate provisions concerning the plan's day to day operation and any other provisions that are appropriate. Notwithstanding IC 22-2-6-2, the plan may also include provisions for the use of automated voice response units and telephonic communications, online activities, and other technology for participant elections, directions, and services if the technology has sufficient capacity to record and store the elections and directions.

(f) The state is obligated at any particular time only for the current market value of the funding previously made to a plan established under subsection (a).

(g) The state board of finance shall extend the plan established under subsection (a) to any political subdivision that also elects to use the state employees' deferred compensation plan for its employees as authorized in section 7(b)(2) or 7(b)(3) of this chapter. *As added by P.L.195-1999, SEC.7 and P.L.273-1999, SEC.231. Amended by P.L.184-2001, SEC.2; P.L.220-2005, SEC.1.*

IC 5-10-1.1-2

Employee defined

Sec. 2. As used in this chapter, "employee" means any person, including a person elected, appointed or under contract, receiving compensation from the state or any political subdivision as described in section 1 of this chapter.

(Formerly: Acts 1975, P.L.42, SEC.1.)

IC 5-10-1.1-3

Effective and operative dates

Sec. 3. A deferred compensation plan established under this chapter exists and serves in addition to other retirement, pension and benefit systems established by the state, or political subdivision, and may not effect a reduction of any retirement, pension or other benefit provided by applicable law. Any compensation deferred under such a plan shall continue to be included as regular compensation for the purpose of computing the retirement and pension benefits earned by any employee.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by Acts 1977, P.L.51, SEC.1.

IC 5-10-1.1-3.5

Deferred compensation plan; automatic enrollment

Sec. 3.5. (a) This section applies to an individual who becomes an employee of the state after June 30, 2007.

(b) Unless an employee notifies the state that the employee does not want to enroll in the deferred compensation plan, on day

thirty-one (31) of the employee's employment:

- (1) the employee is automatically enrolled in the deferred compensation plan; and
- (2) the state is authorized to begin deductions as otherwise allowed under this chapter.

(c) The auditor of state shall provide written notice to an employee of the provisions of this chapter. The notice provided under this subsection must:

- (1) be provided:
 - (A) with the employee's first paycheck; and
 - (B) on paper that is a color that is separate and distinct from the color of the employee's paycheck;
- (2) contain a statement concerning:
 - (A) the purposes of;
 - (B) procedures for notifying the state that the employee does not want to enroll in;
 - (C) the tax consequences of; and
 - (D) the details of the state match for employee contribution to;the deferred compensation plan; and
- (3) list the telephone number, electronic mail address, and other contact information for the auditor of state, who serves as plan administrator.

(d) Notwithstanding IC 22-2-6, except as provided by subsection (c), the state shall deduct from an employee's compensation as a contribution to the deferred compensation plan established by the state under this chapter an amount equal to the maximum amount of any match provided by the state on behalf of the employee to a defined contribution plan established under section 1.5(a) of this chapter.

(e) An employee may contribute to the deferred compensation plan established by the state under this chapter an amount other than the amount described in subsection (d) by affirmatively choosing to contribute:

- (1) a higher amount;
- (2) a lower amount; or
- (3) zero (0).

As added by P.L.234-2007, SEC.207. Amended by P.L.3-2008, SEC.22.

IC 5-10-1.1-4

Deferred compensation committee; state employees' deferred compensation plan

Sec. 4. (a) The deferred compensation committee is established. The committee consists of five (5) persons appointed by the state board of finance as follows:

- (1) Each member of the state board of finance shall appoint one (1) member to the committee.
- (2) The remaining two (2) members:
 - (A) must be participants in the state employees' deferred

compensation plan;

(B) may not be employees of the members of the state board of finance;

(C) must be from different political parties; and

(D) may not serve for more than two (2) consecutive three (3) year terms.

(b) The deferred compensation committee may annually elect a chairperson and a secretary.

(c) The deferred compensation committee may approve proposed investment products for the state employees' deferred compensation plan.

(d) All amounts deferred under the state employees' deferred compensation plan must be put into a trust for the exclusive benefit of plan participants, as required by Section 457(g) of the Internal Revenue Code. The deferred compensation committee is the trustee of the trust.

(e) The plan shall include appropriate provisions pertaining to its day to day operation providing for methods of electing to defer income, methods of changing the amount of income to be deferred, and such other provisions as may be appropriate. Notwithstanding IC 22-2-6-2, the plan may also include provisions for the use of automated voice response units and telephonic communications, on-line activities, and other technology for participant elections, directions, and services if the technology has sufficient capacity to record and store the elections and directions.

(f) The plan shall provide for the preparation and distribution, from time to time to all eligible employees, of pamphlets describing the plan and outlining the opportunities available to employees under the plan.

(g) The state board of finance shall extend the plan to any political subdivision which elects to utilize the state employees' deferred compensation plan for its employees as authorized in section 7(b)(2) or 7(b)(3) of this chapter.

(h) At least annually, the deferred compensation committee shall report to the state board of finance on the status of the state employees' deferred compensation plan, including any changes to the plan.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by Acts 1977, P.L.51, SEC.2; Acts 1980, P.L.27, SEC.2; P.L.15-1998, SEC.2; P.L.184-2001, SEC.3; P.L.220-2005, SEC.2.

IC 5-10-1.1-5

State employees' deferred compensation plan; contracts; funding, selection by bidding; review

Sec. 5. (a) The auditor of state shall provide for the administration of the state employees' deferred compensation plan. The auditor of state may, at the auditor of state's option, enter into a contract or contracts with an individual or individuals, incorporated or unincorporated organizations or associations, the state of Indiana, units of local government, agencies of the state or units of local

government, or a group of such persons acting in concert, for the provision of all or part of the services involved in the administration of the plan. Participation in the plan shall be by a specific written agreement between each employee and the state which agreement shall provide for the deferral of such amount of compensation as requested by the employee. With each deferral of compensation, the employee shall receive a memorandum of the amount by which the employee's gross compensation is reduced by reason of the deferment of compensation, which amount shall not be included as a part of the employee's taxable compensation as to that period.

(b) The funding utilized under the state employees' deferred compensation plan shall have been reviewed and selected by the deferred compensation committee based on a competitive bidding process as established by such specifications deemed appropriate by the deferred compensation committee. Nothing in this section shall be construed as requiring a limitation on the number and variety of funding contracts which may be selected as a result of this bidding process.

(c) In no case shall funding of the state employees' deferred compensation plan be made except through persons or companies authorized and duly licensed by this state and applicable federal regulatory agencies to offer such funding programs.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by Acts 1977, P.L.51, SEC.3; Acts 1980, P.L.27, SEC.3; P.L.15-1998, SEC.3.

IC 5-10-1.1-6

Obligations of state or political subdivision

Sec. 6. The state or political subdivision under a deferred compensation plan shall be obligated at any point in time solely for the then current market value of the funding theretofore made.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by P.L.15-1998, SEC.4.

IC 5-10-1.1-7

Participation by political subdivisions

Sec. 7. (a) Any political subdivision (as defined in IC 36-1-2-13) may establish for its employees a deferred compensation plan. The plan shall be selected by the governing body of the political subdivision, which in the case of a unit subject to IC 36-1-3 shall be done by ordinance. Participation shall be by written agreement between each employee and the governing body of the political subdivision, which agreement provides for the deferral of compensation and subsequent administration of such funds.

(b) For funding such agreements, the governing body of the political subdivision may:

- (1) designate one (1) of its agencies or departments to establish and administer such plans and choose such funding as deemed appropriate by the agency or department, which may include more than one (1) funding product;
- (2) extend the state employees' deferred compensation plan to

employees of the political subdivision, subject to the terms and conditions of the state employees' deferred compensation plan as it is established from time to time; or

(3) offer both a plan described in subdivision (1) and the plan described in subdivision (2).

(c) This section does not limit the power or authority of any political subdivision to establish and administer other plans deemed appropriate by the governing bodies of such subdivisions, including plans established under section 1(2) of this chapter.

(Formerly: Acts 1975, P.L.42, SEC.1.) As amended by Acts 1977, P.L.51, SEC.4; Acts 1980, P.L.27, SEC.4; P.L.42-1988, SEC.2; P.L.15-1998, SEC.5; P.L.220-2005, SEC.3; P.L.1-2006, SEC.93.

IC 5-10-1.1-7.3

Matching funds

Sec. 7.3. (a) Any political subdivision (as defined in IC 36-1-2-13) that elects to use the state employees' deferred compensation plan for its employees as authorized in section 7(b)(2) or 7(b)(3) of this chapter also may elect to participate in the state's defined contribution plan established by section 1.5 of this chapter for the purpose of matching all or a specified portion of the political subdivision's employees' contributions to the deferred compensation plan.

(b) Participation in the state's defined contribution plan described in subsection (a) shall be authorized by the governing body of the political subdivision, which in the case of a unit subject to IC 36-1-3 shall be done by ordinance.

(c) Contributions by a political subdivision to the state's defined contribution plan described in subsection (a) for the purpose of matching all or a specified portion of employee contributions are limited to the amount of appropriations made each year for that purpose.

(d) The political subdivision is obligated at any particular time only for the current market value of the funding previously made to the state's defined contribution plan described in subsection (a).

(e) This section does not limit the power or authority of any political subdivision to establish and administer any other plans considered appropriate by the governing body of the political subdivision, including plans established under section 1(2) of this chapter.

As added by P.L.184-2001, SEC.4. Amended by P.L.220-2005, SEC.4.

IC 5-10-1.1-7.5

Unused excess accrued leave

Sec. 7.5. (a) As used in this section, "state agency" means the following:

(1) An authority, a board, a branch, a commission, a committee, a department, a division, or other instrumentality of state government.

- (2) A separate corporate body politic that adopts the plan described in subsection (b).
- (3) State elected officials and their office staff.
- (4) The legislative services agency.
- (5) Legislative staff eligible to participate in the state employees' deferred compensation plan established by section 1 of this chapter.

However, the term does not include a state educational institution or a political subdivision.

(b) The deferred compensation committee shall adopt provisions in a defined contribution plan, under Sections 401(a) and 414(d) of the Internal Revenue Code, for the purpose of converting unused excess accrued leave to a monetary contribution for employees of a state agency. These provisions may be part of the plan and trust established under section 1.5(a) of this chapter.

(c) The deferred compensation committee is the trustee of the plan described in subsection (b). The plan must be a qualified plan, as determined by the Internal Revenue Service.

(d) The state personnel department shall adopt rules under IC 4-22-2 that it considers appropriate or necessary to implement this section. The rules adopted by the state personnel department under this section must:

- (1) be consistent with the plan described in subsection (b);
- (2) include provisions concerning:
 - (A) the type and amount of leave that may be converted to a monetary contribution;
 - (B) the conversion formula for valuing any leave that is converted;
 - (C) the manner of employee selection of leave conversion; and
 - (D) the vesting schedule for any leave that is converted;
- (3) apply to all state agencies.

(e) The rules adopted by the state personnel department under subsection (d) specifying the conversion formula must provide for a conversion rate under which the amount contributed on behalf of a participating employee for a day of leave that is converted under this section is equal to at least sixty percent (60%) of the employee's daily pay as of the date the leave is converted.

(f) The deferred compensation committee may adopt the following:

- (1) Plan provisions governing:
 - (A) the investment of accounts in the plan; and
 - (B) the accounting for converted leave.
- (2) Any other plan provisions that are necessary or appropriate for operation of the plan.

(g) The plan described in subsection (b) may be implemented only if the deferred compensation committee has received from the Internal Revenue Service any rulings or determination letters that the committee considers necessary or appropriate.

(h) To the extent allowed by:

(1) the Internal Revenue Code; and

(2) rules adopted by:

(A) the state personnel department under this section; and

(B) the board of trustees of the public employees' retirement fund under IC 5-10.3-8-14;

an employee of a state agency may convert unused excess accrued leave to a monetary contribution under this section and under IC 5-10.3-8-14.

As added by P.L.184-2001, SEC.5. Amended by P.L.220-2005, SEC.5; P.L.2-2007, SEC.80.

IC 5-10-1.1-8

Supplemental effect of chapter

Sec. 8. This chapter shall be supplemental and in addition to all other laws. The powers and duties herein given to the state and its political subdivisions shall be in addition to those given by any other law and shall not be subject to the limitations set out therein.

(Formerly: Acts 1975, P.L.42, SEC.1.)

IC 5-10-1.1-9

Amounts to be held for exclusive benefit of participants and beneficiaries

Sec. 9. All amounts held under any deferred compensation plan established under this chapter must be held for the exclusive benefit of participants of the plan and their beneficiaries, as required by Section 457(g) of the Internal Revenue Code.

As added by P.L.15-1998, SEC.6.

IC 5-10-1.5

Chapter 1.5. Retirement Plan Reporting

IC 5-10-1.5-1

Report for actuarial valuation

Sec. 1. Each retirement plan for employees of the state or of a political subdivision shall report annually on September 1 to the public employees' retirement fund the information from the preceding fiscal year necessary for the actuary of the fund to perform an actuarial valuation of each plan. Where the director and actuary of the fund consider it appropriate, the actuary may combine one (1) retirement plan with another or with the public employees' retirement fund for the purposes of the actuarial valuation. The retirement plans covered by this chapter are the following:

- (1) The state excise police, gaming agent, gaming control officer, and conservation enforcement officers' retirement plan established under IC 5-10-5.5.
- (2) The "trust fund" and "pension trust" of the state police department established under IC 10-12-2.
- (3) Each of the police pension funds established or covered under IC 19-1-18, IC 19-1-30, IC 19-1-25-4, or IC 36-8.
- (4) Each of the firemen's pension funds established or covered under IC 19-1-37, IC 18-1-12, IC 19-1-44, or IC 36-8.
- (5) Each of the retirement funds for utility employees authorized under IC 19-3-22 or IC 36-9 or established under IC 19-3-31.
- (6) Each county police force pension trust and trust fund authorized under IC 17-3-14 or IC 36-8.
- (7) The Indiana judges' retirement fund established under IC 33-38-6.
- (8) Each retirement program adopted by a board of a local health department as authorized under IC 16-1-4-25 (before its repeal) or IC 16-20-1-3.
- (9) Each retirement benefit program of a joint city-county health department under IC 16-1-7-16 (before its repeal).
- (10) Each pension and retirement plan adopted by the board of trustees or governing body of a county hospital as authorized under IC 16-12.1-3-8 (before its repeal) or IC 16-22-3-11.
- (11) Each pension or retirement plan and program for hospital personnel in certain city hospitals as authorized under IC 16-12.2-5 (before its repeal) or IC 16-23-1.
- (12) Each retirement program of the health and hospital corporation of a county as authorized under IC 16-12-21-27 (before its repeal) or IC 16-22-8-34.
- (13) Each pension plan provided by a city, town, or county housing authority as authorized under IC 36-7.
- (14) Each pension and retirement program adopted by a public transportation corporation as authorized under IC 36-9.
- (15) Each system of pensions and retirement benefits of a regional transportation authority as authorized or required by

IC 36-9.

(16) Each employee pension plan adopted by the board of an airport authority under IC 8-22-3.

(17) The pension benefit paid for the national guard by the state as established under IC 10-16-7.

(18) The pension fund allowed employees of the Wabash Valley interstate commission as authorized under IC 13-5-1-3.

(19) Each system of pensions and retirement provided by a unit under IC 36-1-3.

As added by Acts 1977, P.L.52, SEC.1. Amended by Acts 1981, P.L.11, SEC.18; P.L.40-1989, SEC.3; P.L.5-1990, SEC.3; P.L.2-1993, SEC.43; P.L.2-2003, SEC.22; P.L.98-2004, SEC.63; P.L.170-2005, SEC.9; P.L.227-2007, SEC.49.

IC 5-10-1.5-2

Uniform forms and procedures; record-keeping system; expenses

Sec. 2. The director of the public employees' retirement fund shall establish uniform forms and procedures to implement this chapter and shall maintain a record-keeping system for this information. The expenses incurred by the public employees' retirement fund in administering this chapter shall be charged against the state's account in the retirement allowance account in the fund.

As added by Acts 1977, P.L.52, SEC.1. Amended by P.L.5-1990, SEC.4.

IC 5-10-1.7

Chapter 1.7. Retirement Plan Investments

IC 5-10-1.7-1

Retirement plans covered

Sec. 1. (a) The retirement plans covered by this chapter are:

- (1) The state excise police, gaming agent, gaming control officer, and conservation officers' retirement plan, established under IC 5-10-5.5.
- (2) The public employees' retirement fund, established under IC 5-10.3-2.
- (3) The trust fund and pension trust of the department of state police, established under IC 10-12-2.
- (4) The Indiana state teachers' retirement fund, established under IC 5-10.4-2.
- (5) The Indiana judges' retirement fund, established under IC 33-38-6.
- (6) The police officers' and firefighters' pension and disability fund established under IC 36-8-8-4.

(b) As used in this chapter, "board" means the board of trustees of a retirement plan covered by this chapter.

As added by Acts 1982, P.L.35, SEC.1. Amended by P.L.19-1986, SEC.5; P.L.2-2003, SEC.23; P.L.98-2004, SEC.64; P.L.170-2005, SEC.10; P.L.2-2006, SEC.13; P.L.227-2007, SEC.50.

IC 5-10-1.7-2

Housing and community development authority mortgage-backed bonds or notes

Sec. 2. In addition to any other investment power given to a board, a board may invest as much of its trust funds as are not required for current disbursements in mortgage-backed bonds or notes issued by the Indiana housing and community development authority under IC 5-20-1.

As added by Acts 1982, P.L.35, SEC.1. Amended by P.L.41-1983, SEC.2; P.L.1-2006, SEC.94 and P.L.181-2006, SEC.16.

IC 5-10-2

Repealed

(Repealed by Acts 1977, P.L.53, SEC.4.)

IC 5-10-3

Repealed

(Repealed by Acts 1977, P.L.53, SEC.4.)

IC 5-10-4

Repealed

(Repealed by Acts 1977, P.L.53, SEC.4.)

IC 5-10-5

Repealed

(Repealed by Acts 1977, P.L.53, SEC.4.)

IC 5-10-5.5

Chapter 5.5. Excise Police and Conservation Enforcement Officers' Retirement Plan

IC 5-10-5.5-1

Definitions

Sec. 1. As used in this chapter and unless the context clearly denotes otherwise:

(a) "Department" means the Indiana department of natural resources.

(b) "Commission" means the alcohol and tobacco commission.

(c) "Officer" means any Indiana state excise police officer, any Indiana state conservation enforcement officer, any gaming agent, or any gaming control officer.

(d) "Participant" means any officer who has elected to participate in the retirement plan created by this chapter.

(e) "Salary" means the total compensation, exclusive of expense allowances, paid to any officer by the department or the commission, determined without regard to any salary reduction agreement established under Section 125 of the Internal Revenue Code.

(f) "Average annual salary" means the average annual salary of an officer during the five (5) years of highest annual salary in the ten (10) years immediately preceding an officer's retirement date, determined without regard to any salary reduction agreement established under Section 125 of the Internal Revenue Code.

(g) "Public employees' retirement act" means IC 5-10.3.

(h) "Public employees' retirement fund" means the public employees' retirement fund created by IC 5-10.3-2.

(i) "Interest" means the same rate of interest as is specified under the public employees' retirement law.

(j) "Americans with Disabilities Act" refers to the Americans with Disabilities Act (42 U.S.C. 12101 et seq.) and any amendments and regulations related to the Act.

(k) Other words and phrases when used in this chapter shall, for the purposes of this chapter, have the meanings respectively ascribed to them as set forth in IC 5-10.3-1.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.25-1986, SEC.27; P.L.5-1992, SEC.3; P.L.4-1992, SEC.5; P.L.204-2001, SEC.10; P.L.170-2005, SEC.11; P.L.227-2007, SEC.51.

IC 5-10-5.5-2

Creation

Sec. 2. There is hereby created a state excise police, gaming agent, gaming control officer, and conservation enforcement officers' retirement plan to establish a means of providing special retirement, disability and survivor benefits to employees of the department, the Indiana gaming commission, and the commission who are engaged exclusively in the performance of law enforcement duties.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.170-2005, SEC.12; P.L.227-2007, SEC.52.

IC 5-10-5.5-2.5

Qualification of plan under Internal Revenue Code

Sec. 2.5. (a) As used in this chapter, "Internal Revenue Code":

(1) means the Internal Revenue Code of 1954, as in effect on September 1, 1974, if permitted with respect to governmental plans; or

(2) to the extent not inconsistent with subdivision (1), has the meaning set forth in IC 6-3-1-11.

(b) The state excise police, gaming agent, gaming control officer, and conservation officers' retirement plan shall satisfy the qualification requirements in Section 401 of the Internal Revenue Code, as applicable to the retirement plan. In order to meet those requirements, the retirement plan is subject to the following provisions, notwithstanding any other provision of this chapter:

(1) The board shall distribute the corpus and income of the retirement plan to participants and their beneficiaries in accordance with this chapter.

(2) No part of the corpus or income of the retirement plan may be used or diverted to any purpose other than the exclusive benefit of the participants and their beneficiaries.

(3) Forfeitures arising from severance of employment, death, or for any other reason may not be applied to increase the benefits any participant would otherwise receive under this chapter.

(4) If the retirement plan is terminated, or if all contributions to the retirement plan are completely discontinued, the rights of each affected participant to the benefits accrued at the date of the termination or discontinuance, to the extent then funded, are nonforfeitable.

(5) All benefits paid from the retirement plan shall be distributed in accordance with the requirements of Section 401(a)(9) of the Internal Revenue Code and the regulations under that section. In order to meet those requirements, the retirement plan is subject to the following provisions:

(A) The life expectancy of a participant, the participant's spouse, or the participant's beneficiary shall not be recalculated after the initial determination, for purposes of determining benefits.

(B) If a participant dies before the distribution of the participant's benefits has begun, distributions to beneficiaries must begin no later than December 31 of the calendar year immediately following the calendar year in which the participant died.

(C) The amount of an annuity paid to a participant's beneficiary may not exceed the maximum determined under the incidental death benefit requirement of the Internal Revenue Code.

(6) The board may not:

(A) determine eligibility for benefits;

(B) compute rates of contribution; or

(C) compute benefits of participants or beneficiaries;

in a manner that discriminates in favor of participants who are considered officers, supervisors, or highly compensated, as prohibited under Section 401(a)(4) of the Internal Revenue Code.

(7) Benefits paid under this chapter may not exceed the maximum benefit specified by Section 415 of the Internal Revenue Code.

(8) The salary taken into account under this chapter may not exceed the applicable amount under Section 401(a)(17) of the Internal Revenue Code.

(9) The board may not engage in a transaction prohibited by Section 503(b) of the Internal Revenue Code.

As added by P.L.55-1989, SEC.1. Amended by P.L.170-2005, SEC.13; P.L.227-2007, SEC.53.

IC 5-10-5.5-3

Management; confidentiality of retirement plan records

Sec. 3. (a) The management administration of the retirement plan created by this chapter is hereby vested in the board of trustees of the public employees' retirement fund.

(b) Records of individual participants in the retirement plan created by this chapter and participants' information are confidential, except for the name and years of service of a retirement plan participant.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.94-2004, SEC.3.

IC 5-10-5.5-3.5

Administration of retirement plan consistent with Americans with Disabilities Act

Sec. 3.5. The state excise police, gaming agent, gaming control officer, and conservation enforcement officers' retirement plan shall be administered in a manner that is consistent with the Americans with Disabilities Act, to the extent required by the Act.

As added by P.L.4-1992, SEC.6. Amended by P.L.170-2005, SEC.14; P.L.227-2007, SEC.54.

IC 5-10-5.5-4

Participants' saving fund; creation

Sec. 4. (a) A participants' savings fund is hereby created. This fund shall be maintained by the board as a trust fund, separate and distinct from all other entities for the purpose of securing payment of benefits to participants and their survivors, as hereinafter provided.

(b) The participants' savings fund shall consist of the following:

- (1) each participant's contributions to the fund;
- (2) all gifts, grants, devises and bequests in money, property, or other form which may be made to the fund;
- (3) all interest on investments or on deposits of the fund;
- (4) all contributions or payments to the fund made in any manner provided by the General Assembly, including

appropriations from the general fund of the state; and
(5) any funds transferred to the fund from the public employees' retirement fund under the provisions of section 6 of this chapter.

(Formerly: Acts 1972, P.L.1, SEC.1.)

IC 5-10-5.5-5

Participants; eligibility

Sec. 5. (a) Every person who is an officer on September 2, 1971, shall become a participant, unless the officer files a written notice of his election not to participate with the board within twenty (20) days prior to September 2, 1971.

(b) Every person who becomes an officer after September 2, 1971 shall become a participant as a condition of his employment.

(c) Any officer who elects not to become a participant shall thereafter be forever ineligible to become a participant.

(Formerly: Acts 1972, P.L.1, SEC.1.)

IC 5-10-5.5-6

Transfer of funds to savings fund

Sec. 6. (a) Upon election to become a participant by any officer who is a member of the public employees' retirement fund, the board shall transfer all funds standing to the credit of the electing officer in the public employees' retirement fund to the participants' savings fund created by this chapter.

(b) Except as otherwise provided in this chapter, a transfer of funds under the provisions of subsection (a) of this section constitutes a full and complete discharge of all of the rights of the electing officer under the public employees' retirement fund.

(Formerly: Acts 1972, P.L.1, SEC.1.)

IC 5-10-5.5-7

Transfer of creditable service; credit during disability

Sec. 7. (a) Upon election to become a participant by any officer who is a member of the public employees' retirement fund, the board shall transfer all creditable service standing to the credit of the electing officer under the public employees' retirement fund to the credit of the electing officer under the retirement plan created by this chapter.

(b) Creditable service under this chapter, including credit for military service, shall accrue and be computed and credited to participants in the same manner and in the same amount as creditable service accrues, is computed and credited under the public employees' retirement law.

(c) In addition to creditable service computed under subsection (b), a participant is entitled to receive creditable service under this chapter for the time the participant receives disability benefits under a disability plan established under IC 5-10-8-7.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.180-2007, SEC.1.

IC 5-10-5.5-7.5

Purchase of service credit earned in certain Indiana public retirement funds

Sec. 7.5. (a) As used in this section, "board" refers to the board of trustees of the public employees' retirement fund established by IC 5-10.3-3-1.

(b) As used in this section, "public retirement fund" refers collectively to:

- (1) the public employees' retirement fund (IC 5-10.3);
- (2) the Indiana state teachers' retirement fund (IC 5-10.4);
- (3) the state police pension trust (IC 10-12); and
- (4) the 1977 police officers' and firefighters' pension and disability fund (IC 36-8-8).

(c) Subject to this section, a participant may purchase service credit for the participant's prior service in a position covered by a public retirement fund.

(d) To purchase the service credit described in subsection (c), a participant must meet the following requirements:

- (1) The participant has at least one (1) year of creditable service in the retirement plan created by this chapter.
- (2) The participant has not attained vested status in and is not an active participant in the public retirement fund from which the participant is purchasing the service credit.
- (3) Before the participant retires, the participant makes contributions to the retirement plan created by this chapter as follows:

(A) Contributions that are equal to the product of the following:

- (i) The participant's salary at the time the participant actually makes a contribution for the service credit.
- (ii) A rate, determined by the actuary for the retirement plan created by this chapter, based on the age of the participant at the time the participant actually makes a contribution for service credit and computed to result in a contribution amount that approximates the actuarial present value of the benefit attributable to the service credit purchased.
- (iii) The number of years of service credit the participant intends to purchase.

(B) Contributions for any accrued interest, at a rate determined by the actuary for the retirement plan created by this chapter, for the period from the participant's initial participation in the retirement plan created by this chapter to the date payment is made by the participant.

(e) At the request of the participant purchasing service credit under this section, the amount a participant is required to contribute under subsection (d)(3) may be reduced by a trustee to trustee transfer from a public retirement fund in which the participant has an account that contains amounts attributable to member contributions (plus any credited earnings) to the retirement plan created by this

chapter. The participant may direct the transfer of an amount only to the extent necessary to fund the service purchase under subsection (d)(3). The participant shall complete any forms required by the public retirement fund from which the participant is requesting a transfer or the retirement plan created by this chapter before the transfer is made.

(f) At least ten (10) years of service in the retirement plan created by this chapter is required before a participant may receive a benefit based on service credit purchased under this section.

(g) A participant who:

(1) terminates employment before satisfying the eligibility requirements necessary to receive an annual retirement allowance; or

(2) receives an annual retirement allowance for the same service from another tax supported governmental retirement plan other than under the federal Social Security Act;

may withdraw the purchase amount plus accumulated interest after submitting a properly completed application for a refund to the retirement plan created by this chapter.

(h) The following may apply to the purchase of service credit under this section:

(1) The board may allow a participant to make periodic payments of the contributions required for the purchase of the service credit. The board shall determine the length of the period during which the payments must be made.

(2) The board may deny an application for the purchase of service credit if the purchase would exceed the limitations under Section 415 of the Internal Revenue Code.

(3) A participant may not claim the service credit for purposes of determining eligibility for a benefit or computing benefits unless the participant has made all payments required for the purchase of the service credit.

(i) To the extent permitted by the Internal Revenue Code and applicable regulations, the retirement plan created by this chapter may accept, on behalf of a participant who is purchasing permissive service credit under this chapter, a rollover of a distribution from any of the following:

(1) A qualified plan described in Section 401(a) or Section 403(a) of the Internal Revenue Code.

(2) An annuity contract or account described in Section 403(b) of the Internal Revenue Code.

(3) An eligible plan that is maintained by a state, a political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.

(4) An individual retirement account or annuity described in Section 408(a) or Section 408(b) of the Internal Revenue Code.

(j) To the extent permitted by the Internal Revenue Code and applicable regulations, the retirement plan created by this chapter may accept, on behalf of a participant who is purchasing permissive

service credit under this chapter, a trustee to trustee transfer from any of the following:

- (1) An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- (2) An eligible deferred compensation plan under Section 457(b) of the Internal Revenue Code.

As added by P.L.180-2007, SEC.2.

IC 5-10-5.5-8

Contributions; rate; payroll deductions; employer pick-up of contributions

Sec. 8. (a) Except as provided in subsection (c), every participant shall contribute four percent (4%) of the participant's annual salary to the participants' savings fund.

(b) Contributions shall be made in the form of payroll deductions from each and every payment of salary received by the participant. Every participant shall, as a condition precedent to becoming a participant, consent to the payroll deductions.

(c) An employer may pay all or a part of the contributions for the participant. All contributions made by an employer under this subsection shall be treated as pick-up contributions under Section 414(h)(2) of the Internal Revenue Code.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.180-2007, SEC.3.

IC 5-10-5.5-9

Retirement provisions

Sec. 9. (a) Except as provided in subsection (b), every participant is required to retire on the first day of the month following the participant's sixty-fifth birthday.

(b) An officer who becomes a participant after becoming fifty (50) years of age is required to retire on the earlier of:

- (1) the first day of the month following the participant's sixty-fifth birthday; or
- (2) the first day of the month following the completion of fifteen (15) years of service.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.38-1986, SEC.1; P.L.55-1987, SEC.1; P.L.55-1989, SEC.2; P.L.128-2008, SEC.2.

IC 5-10-5.5-10

Retirement allowance

Sec. 10. (a) Benefits provided under this section are subject to section 2.5 of this chapter.

(b) The annual retirement allowance of a participant, payable in equal monthly installments beginning on the participant's normal retirement date, shall be a percentage of the participant's average annual salary, such percentage to be twenty-five percent (25%) increased by one and two-thirds percent (1 2/3%) of the participant's average annual salary for each completed year of creditable service

more than ten (10) years. However, the annual retirement allowance computed under this subsection may not exceed seventy-five percent (75%) of the participant's average annual salary.

(c) The annual retirement allowance shall cease with the last monthly payment prior to the death of the participant.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.55-1989, SEC.3; P.L.180-2007, SEC.4; P.L.128-2008, SEC.3.

IC 5-10-5.5-11

Early retirement

Sec. 11. (a) Any participant who has attained the age of forty-five (45) years and has accrued at least fifteen (15) years of creditable service may retire and become eligible for benefits as provided in section 12(a) of this chapter.

(b) If:

- (1) a participant is at least fifty-five (55) years of age; and
- (2) the sum of the participant's years of creditable service and age in years equals at least eighty-five (85);

the participant may retire and become eligible for benefits as provided in section 12(b) of this chapter.

(c) A participant who:

- (1) is at least fifty (50) years of age; and
- (2) has accrued at least twenty-five (25) years of creditable service;

may retire and become eligible for benefits under section 12(b) of this chapter.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.10-1995, SEC.2; P.L.180-2007, SEC.5.

IC 5-10-5.5-12

Early retirement allowance; monthly installments

Sec. 12. (a) The amount of annual retirement allowance payable in equal monthly installments to a participant who retires under section 11(a) of this chapter (relating to early retirement) shall be determined in accordance with section 10 of this chapter (relating to normal retirement). However, the amount of annual retirement allowance otherwise payable upon early retirement shall be reduced by one-quarter percent (1/4%) for each full month that the date of early retirement precedes the attainment of the participant's sixtieth birthday.

(b) The amount of annual retirement allowance payable in equal monthly installments to a participant who retires under section 11(b) or 11(c) of this chapter (relating to early retirement) shall be determined in accordance with section 10 of this chapter (relating to normal retirement).

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.10-1995, SEC.3; P.L.180-2007, SEC.6; P.L.3-2008, SEC.23.

IC 5-10-5.5-12.5

Repealed

(Repealed by P.L.25-1994, SEC.12.)

IC 5-10-5.5-12.7

Determinations by board of trustees; impairment standards; transcripts, reports, records, and other materials

Sec. 12.7. (a) Upon a petition from a participant, the department, or the commission, the board of trustees of the public employees' retirement fund, or its designee, shall make the determinations required by section 13 of this chapter and shall also determine:

- (1) the degree of impairment of any officer determined to have a disability; and
- (2) whether the disability arose in the line of duty (as defined in section 13.5 of this chapter).

(b) The impairment standards contained in the United States Department of Veterans Affairs Schedule for Rating Disabilities in effect at the time the application for disability benefits is filed with the board of trustees shall be used to determine the degree of impairment.

(c) To the extent required by the Americans with Disabilities Act, the transcripts, reports, records, and other material generated as a result of a hearing, a review, or an appeal conducted under this chapter to determine the existence of a disability, the cause of a disability, or the degree of impairment shall be:

- (1) kept in separate medical files for each member; and
- (2) treated as confidential medical records.

As added by P.L.56-1987, SEC.2. Amended by P.L.1-1990, SEC.57; P.L.4-1992, SEC.7; P.L.25-1994, SEC.1; P.L.99-2007, SEC.12.

IC 5-10-5.5-13

Permanent or temporary disability

Sec. 13. Any participant who becomes permanently or temporarily disabled from performing all suitable and available work on the force for which he is or may be capable of becoming qualified, considering reasonable accommodation to the extent required by the Americans with Disabilities Act, shall be entitled to disability benefits in the amount provided by this chapter. Benefits may not be provided under this section for any disability:

- (1) resulting from an intentionally self-inflicted injury or attempted suicide while sane or insane;
- (2) resulting from the member's commission or attempted commission of a felony; or
- (3) which begins within two (2) years after a member's entry or reentry into active service on the force and which was caused or contributed to by a mental or physical condition which manifested itself before the member entered or reentered active service.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by Acts 1981, P.L.48, SEC.1; P.L.56-1987, SEC.3; P.L.4-1992, SEC.8.

IC 5-10-5.5-13.5

Disability occurring after June 30, 1987; presumption for line of duty disability; monthly benefits

Sec. 13.5. (a) This section applies to participants whose disability occurred after June 30, 1987.

(b) Benefits provided under this section are subject to section 2.5 of this chapter.

(c) As used in this section, a disability is to be considered to have arisen in the line of duty if the disability is the direct result of:

(1) a personal injury that occurs while the participant is on duty; or

(2) a personal injury that occurs while the participant is off duty and responding to an offense or an emergency or a reported offense or emergency;

or if the disability is presumed incurred in the line of duty under IC 5-10-13.

(d) A participant whose disability arose in the line of duty is entitled to a monthly benefit equal to the participant's monthly salary on the date of disability multiplied by the degree of impairment (expressed as a percentage impairment of the person as a whole). However, the monthly benefit under this subsection must be at least:

(1) twenty percent (20%) of the participant's monthly salary on the date of the disability if the participant has more than five (5) years of service; or

(2) ten percent (10%) of the participant's monthly salary on the date of the disability if the participant has five (5) or fewer years of service.

(e) A participant whose disability did not arise in the line of duty is entitled to a monthly benefit equal to one-half (1/2) of the participant's monthly salary on the date of disability multiplied by the degree of impairment (expressed as a percentage of the person as a whole). However, the monthly benefit under this subsection must be at least:

(1) ten percent (10%) of the participant's monthly salary on the date of the disability if the participant has more than five (5) years of service; or

(2) five percent (5%) of the participant's monthly salary on the date of the disability if the participant has five (5) or fewer years of service.

(f) A participant who is receiving a disability benefit under subsection (d) is entitled:

(1) to receive a disability benefit for the remainder of the participant's life; and

(2) to have the participant's benefit recomputed under section 10 of this chapter (relating to normal retirement) when the participant becomes sixty (60) years of age.

As added by P.L. 56-1987, SEC.4. Amended by P.L. 55-1989, SEC.4; P.L. 185-2002, SEC.1; P.L. 180-2007, SEC.7.

IC 5-10-5.5-14

Disability occurring before July 1, 1987; allowance; monthly installments; cessation

Sec. 14. (a) Benefits provided under this section are subject to section 2.5 of this chapter.

(b) This subsection applies to participants who were disabled before July 1, 1987. Any participant eligible to receive disability benefits under section 13 of this chapter is entitled to an annual disability allowance payable in equal monthly installments and equal to a percentage of his average annual salary determined in accordance with the provisions of section 10(a) of this chapter (relating to normal retirement).

(c) Payment of disability benefits shall begin with the month next succeeding the month in which the participant is determined to be disabled and shall cease:

- (1) with the last payment prior to the participant's death; or
- (2) with the last payment before the time the participant is no longer disabled;

whichever occurs first. However, after becoming forty-five (45) years of age, a participant receiving a disability benefit may request that the disability benefit payments cease and that any retirement benefit for which the participant is eligible begin.

(d) If a member receives disability or retirement benefits from another state funded pension fund, he is not entitled to receive disability benefits under this section.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by Acts 1977, P.L.2, SEC.4; Acts 1981, P.L.48, SEC.2; P.L.56-1987, SEC.5; P.L.55-1989, SEC.5; P.L.41-1991, SEC.1.

IC 5-10-5.5-15

Surviving mothers, fathers, spouses, or unmarried children; eligibility for benefits

Sec. 15. Surviving mothers, fathers, surviving spouses or unmarried children under the age of eighteen (18) years, of participants who have accrued at least fifteen (15) years of creditable service and who die, shall be entitled to receive survivors' benefits in the amount hereinafter provided. Survivor's benefits shall be paid to such of the above enumerated persons as the participant shall nominate by written direction duly acknowledged and filed with the board.

(Formerly: Acts 1972, P.L.1, SEC.1; Acts 1975, P.L.21, SEC.2.)

IC 5-10-5.5-16

Survivors benefits; amount

Sec. 16. (a) Benefits provided under this section are subject to section 2.5 of this chapter.

(b) A surviving mother or father nominated by the participant to receive survivors' benefits under the provisions of this chapter shall be entitled to an annual survivors' allowance for life equal to fifty percent (50%) of the amount the participant would have been entitled

to if he had retired.

(c) A surviving spouse nominated by the participant to receive survivors' benefits under the provisions of this chapter shall be entitled to an annual survivors' allowance equal to fifty percent (50%) of the amount the participant would have been entitled to if he or she had retired. In the case of a surviving spouse who is more than five (5) years younger than the deceased participant at the time of the participant's death, the amount of the annual survivors' allowance shall be reduced actuarially, without regard to the sex of the spouse or the participant. In all cases the survivors' allowance to a surviving spouse shall cease with the last payment prior to the surviving spouse's death.

(d) A surviving child eligible and nominated by the participant to receive survivors' benefits under the provisions of this chapter shall be entitled to an annual survivors' allowance equal to fifty percent (50%) of the amount the participant would have been entitled to if he had retired. If more than one (1) surviving child is eligible and nominated to receive survivors' benefits, the annual allowance shall be divided equally between or among such children. In all cases, the survivors' allowance to a child shall cease when the child attains the age of eighteen (18) years or marries, whichever occurs first. Where a survivors' allowance is divided between or among more than one (1) child, and payments to one (1) or more children cease, the total annual allowance payable shall be divided evenly among or between such of the remaining children who are eligible therefor.

(e) In the event that no nomination is made by an eligible participant, or in the event that the nominated survivor predeceases the participant and no contingent survivor is nominated and an eligible participant dies, no survivors' allowance shall be payable. In such case, the board shall make a lump sum payment to the estate of the deceased participant equal to the total of all funds standing to the credit of the participant in the participant's savings fund plus accumulated interest thereon.

(f) A survivor's allowance under this section that was terminated because of a surviving spouse's remarriage shall be reinstated on July 1, 1997, and continue during the life of the surviving spouse.

(Formerly: Acts 1972, P.L.1, SEC.1; Acts 1975, P.L.21, SEC.3.) As amended by P.L.55-1989, SEC.6; P.L.40-1997, SEC.1.

IC 5-10-5.5-17

Lump sum refund of contributions or payments

Sec. 17. Any participant whose employment as an officer is terminated before accumulating fifteen (15) years of creditable service and before attaining the age of forty-five (45) years shall be entitled to a lump-sum refund of all contributions standing to his credit in the participants' savings fund plus accumulated interest thereon.

(b) If a participant dies before accumulating fifteen (15) years of creditable service, all contributions standing to his credit in the participants' savings fund plus the accumulated interest thereon shall

be paid by the board to the person the participant shall nominate by written direction duly acknowledged and filed with the board. The payment may be in the form of a lump sum or a series of payments, at the discretion of the board.

(c) If a participant dies before accumulating fifteen (15) years of creditable service and has nominated no beneficiary, or in the event that the participant's nominee predeceases him, all contributions standing to his credit in the participants' savings fund, plus accumulated interest thereon shall be paid by the board to the estate of the deceased participant. The payment may be in the form of a lump sum or a series of payments, at the discretion of the board.

(d) If a participant terminates his employment after accumulating fifteen (15) years of creditable service, but before becoming eligible for any benefits under this chapter, no refund of contributions and interest shall be allowed. In such case, the participant's contributions shall be retained by the board until the participant becomes eligible for benefits. At that time, benefits shall be paid to, or on behalf of the participant in the same manner and in the same amount as all similar benefits are paid.

(Formerly: Acts 1972, P.L.1, SEC.1.)

IC 5-10-5.5-18

Termination of service before accumulating 15 years of creditable service

Sec. 18. Any participant who terminates his service as an officer before accumulating fifteen (15) years of creditable service may, in the manner and under the conditions provided in the public employees' retirement law, again become a member of the public employees' retirement fund. Upon payment of contributions and interest required by the board, the withdrawing participant shall be entitled to transfer creditable service standing to his credit under this chapter to his credit under the public employees' retirement law.

(Formerly: Acts 1972, P.L.1, SEC.1.)

IC 5-10-5.5-19

Public employees retirement fund law; applicability

Sec. 19. The retirement plan created by this chapter shall, in all respects to the extent applicable and except as otherwise specifically enumerated in this chapter, be governed by the law creating the public employees' retirement fund, and for that purpose, the provisions of IC 5-10.3 are hereby incorporated into this chapter by reference.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.25-1986, SEC.28.

IC 5-10-5.5-20

Old age and survivors benefits; supplemental retirement benefits; rights and liabilities not affected

Sec. 20. Participation in the retirement plan created by this chapter shall not affect the participant's rights and liabilities under

the provisions of IC 5-10.1, IC 5-10.2, and IC 5-10.3.

(Formerly: Acts 1972, P.L.1, SEC.1.) As amended by P.L.25-1986, SEC.29.

IC 5-10-5.5-21

Increase in monthly benefits

Sec. 21. (a) Except as provided in subsection (d), the monthly benefit payable after June 30, 1987, to a participant, or a survivor or beneficiary of a participant, who retired or was disabled before July 2, 1986, shall be increased by an amount determined by the board. The board shall determine the amount for each participant, survivor, and beneficiary so that the monthly benefit is increased by one-half (1/2) the amount that the monthly benefit would have been increased if the participant had been a member of the public employees' retirement fund on the date of retirement or disability.

(b) Except as provided in subsection (d), the monthly benefit payable after June 30, 1988, to a participant, or a survivor or beneficiary of a participant, who retired or was disabled before July 2, 1987, shall be increased by an amount determined by the board. The board shall determine the amount for each participant, survivor, and beneficiary so that the monthly benefit is increased to the amount that the monthly benefit would have equaled if the participant had been a member of the public employees' retirement fund on the date of retirement or disability.

(c) Except as provided in subsection (d), the monthly benefit payable after June 30, 1989, to participants, survivors, and beneficiaries shall be increased by the same percentages and under the same conditions as monthly benefits are increased under IC 5-10.2-5 for members of the public employees' retirement fund and their survivors and beneficiaries.

(d) This section is applicable only if the general assembly provides sufficient funding for the increased cost of the benefits provided by this section.

As added by P.L.56-1987, SEC.6. Amended by P.L.4-1990, SEC.4.

IC 5-10-5.5-22

Deferred retirement option plan

Sec. 22. (a) As used in this section, "DROP" refers to a deferred retirement option plan established under this section.

(b) As used in this section, "DROP entry date" means the date that a participant's election to enter a DROP becomes effective.

(c) As used in this section, "DROP frozen benefit" refers to an annual retirement allowance computed under section 10 of this chapter based on a participant's:

- (1) average annual salary; and
- (2) years of creditable service;

on the date the participant enters the DROP.

(d) As used in this section, "DROP retirement date" means the future retirement date selected by a participant at the time the participant elects to enter the DROP.

(e) Only a participant who is eligible to receive an unreduced annual retirement allowance immediately upon termination of employment may elect to enter a DROP. A participant who elects to enter the DROP must agree to the following:

(1) The participant shall execute an irrevocable election to retire on the DROP retirement date and must remain in active service until that date.

(2) While in the DROP, the participant shall continue to make contributions under section 8 of this chapter.

(3) The participant shall select a DROP retirement date not less than twelve (12) months and not more than thirty-six (36) months after the participant's DROP entry date.

(4) The participant may not remain in the DROP after the date the participant reaches the mandatory retirement age under section 9 of this chapter.

(5) The participant may make an election to enter the DROP only once in the participant's lifetime.

(f) Contributions or payments provided by the general assembly under section 4(b)(4) of this chapter continue for a participant while the participant is in the DROP.

(g) A participant shall exit the DROP on the earliest of the following:

(1) The participant's DROP retirement date.

(2) Thirty-six (36) months after the participant's DROP entry date.

(3) The participant's mandatory retirement age.

(4) The date the participant retires because of a disability as provided by subsection (k).

(h) A participant who retires on the participant's DROP retirement date or on the date the participant retires because of a disability as provided by subsection (k) may elect to receive an annual retirement allowance:

(1) computed under section 10 of this chapter as if the participant had never entered the DROP; or

(2) consisting of:

(A) the DROP frozen benefit; plus

(B) an additional amount, paid as the participant elects under subsection (i), determined by multiplying:

(i) the DROP frozen benefit; by

(ii) the number of months the participant was in the DROP.

(i) The participant shall elect, at the participant's retirement, to receive the additional amount calculated under subsection (h)(2)(B) in one (1) of the following ways:

(1) A lump sum paid on:

(A) the participant's DROP retirement date; or

(B) the date the participant retires because of a disability as provided by subsection (k).

(2) Three (3) equal annual payments:

(A) commencing on:

- (i) the participant's DROP retirement date; or
- (ii) the date the participant retires because of a disability as provided by subsection (k); and

(B) thereafter paid on:

- (i) the anniversary of the participant's DROP retirement date; or
- (ii) the date the participant retires because of a disability as provided by subsection (k).

(j) A cost of living increase determined under section 21(c) of this chapter does not apply to the additional amount calculated under subsection (h)(2)(B) at the participant's DROP retirement date or the date the participant retires because of a disability as provided by subsection (k). No cost of living increase is applied to a DROP frozen benefit while the participant is in the DROP. After the participant's DROP retirement date or the date the participant retires because of a disability as provided by subsection (k), cost of living increases determined under section 21(c) of this chapter apply to the participant's annual retirement allowance computed under this section.

(k) If a participant becomes disabled, in the line of duty or other than in the line of duty while in the DROP, the participant's annual retirement allowance is computed as follows:

- (1) If the participant retires because of a disability less than twelve (12) months after the date the participant enters the DROP, the participant's annual retirement allowance is calculated as if the participant had never entered the DROP.
- (2) If the participant retires because of a disability at least twelve (12) months after the date the participant enters the DROP, the participant's annual retirement allowance is calculated under this section, and the participant's retirement date is the date the member retires because of a disability rather than the participant's DROP retirement date.

(l) If, before payment of the participant's annual retirement allowance begins, the participant dies in the line of duty or other than in the line of duty, death benefits are payable as follows:

- (1) The benefit calculated under subsection (h)(2)(B) is paid in a lump sum to the participant's surviving spouse. If there is no surviving spouse, the lump sum must be divided equally among the participant's surviving children. If there are no surviving children, the lump sum is paid to the participant's parents. If there are no surviving parents, the lump sum is paid to the participant's estate.
- (2) A benefit is paid on the DROP frozen benefit under the terms of the retirement plan created by this chapter.

(m) Except as provided under subsections (k) and (l), the annual retirement allowance for a participant who exits the DROP for any reason other than retirement on the participant's DROP retirement date is calculated as if the participant had never entered the DROP.

As added by P.L.128-2008, SEC.4.

IC 5-10-6

Chapter 6. Vacations and Other Benefits for Certain Public Employees

IC 5-10-6-1

Vacation pay and paid holidays; sick leave

Sec. 1. (a) Retroactive to January 1, 1969, employees of the state who are compensated for their services on an hourly basis may be granted a vacation with pay and paid holidays by executive order of the governor.

(b) Employees of the political subdivisions of the state may be granted a vacation with pay, sick leave, paid holidays, and other similar benefits by ordinance of the legislative body of a county, city, town, township, or controlling board of a municipally owned utility, board of directors or regents of a cemetery, or board of trustees of any library district.

(c) Payment of vacation benefits so granted may be made in advance of any vacation taken by such an employee.

(Formerly: Acts 1961, c.237, s.1; Acts 1963, c.355, s.1; Acts 1965, c.166, s.1; Acts 1969, c.89, s.1; Acts 1975, P.L.43, SEC.1.) As amended by P.L.8-1987, SEC.8; P.L.8-1989, SEC.18.

IC 5-10-6-2

Paid breaks for expressing breast milk

Sec. 2. (a) The state and political subdivisions of the state shall provide reasonable paid break time each day to an employee who needs to express breast milk for the employee's infant child. The break time must, if possible, run concurrently with any break time already provided to the employee. The state and political subdivisions are not required to provide break time under this section if providing break time would unduly disrupt the operations of the state or political subdivisions.

(b) The state and political subdivisions of the state shall make reasonable efforts to provide a room or other location, other than a toilet stall, in close proximity to the work area, where an employee described in subsection (a) can express the employee's breast milk in privacy. The state and political subdivisions shall make reasonable efforts to provide a refrigerator or other cold storage space for keeping milk that has been expressed. The state or a political subdivision is not liable if the state or political subdivision makes a reasonable effort to comply with this subsection.

As added by P.L.13-2008, SEC.2.

IC 5-10-7

Chapter 7. Employee Interchange Programs

IC 5-10-7-1

Intergovernmental cooperation

Sec. 1. The State of Indiana recognizes that intergovernmental cooperation is an essential factor in resolving problems affecting this state and that the interchange of personnel between and among governmental agencies at the same or different levels of government is a significant factor in achieving such cooperation.

(Formerly: Acts 1969, c.384, s.1.)

IC 5-10-7-2

Definitions

Sec. 2. For the purposes of this chapter:

(a) "Sending agency" means any department or agency of the federal government or a state or local government which sends any employee thereof to another government agency under this chapter.

(b) "Receiving agency" means any department or agency of the federal government or a state or local government which receives an employee of another government agency under this chapter.

(Formerly: Acts 1969, c.384, s.2.) As amended by P.L.25-1986, SEC.30.

IC 5-10-7-3

Participating entities; periods of individual assignment

Sec. 3. (a) Any department, agency, or instrumentality of the state, county, city, municipality, land-grant college, or college or university operated by the state or any local government may participate in a program of interchange of employees with departments, agencies, or instrumentalities of the federal government, another state or locality, or other agencies, municipalities, or instrumentalities of this state as a sending and/or receiving agency.

(b) The period of individual assignment or detail under an interchange program shall not exceed two (2) years. However, the sending agency may extend the period of assignment for not more than two (2) additional years. Details relating to any matter covered in this chapter may be the subject of an agreement between the sending and receiving agencies.

(Formerly: Acts 1969, c.384, s.3.) As amended by P.L.25-1986, SEC.31.

IC 5-10-7-4

Status of employees

Sec. 4. (a) Employees of a sending agency participating in an exchange of personnel as authorized in section 3 of this chapter may be considered during such participation to be:

- (1) on detail to regular work assignments of the sending agency;
- or
- (2) in a status of leave of absence from their positions in the

sending agency.

(b) Employees who are on detail shall be entitled to the same salary and benefits to which they would otherwise be entitled and shall remain employees of the sending agency for all other purposes except that the supervision of their duties during the period of detail may be governed by agreement between the sending agency and the receiving agency.

(c) Employees who are in a leave of absence status as provided in this section shall be carried on leave without pay; provided, that they may be granted annual leave or other time off with pay to the extent authorized by law applicable to the sending agency. Except as otherwise provided in this chapter, employees who are in a leave of absence status shall have the same rights, benefits, and obligations as employees generally who are in such leave status but notwithstanding any other provision of law such employees may be entitled to credit the period of such assignment toward benefits as employees of the sending agency.

(d) Any employee who participates in an exchange under the terms of this section who suffers disability or death as a result of personal injury arising out of and in the course of an exchange or sustained in performance of duties in connection therewith shall be treated for the purposes of the sending agency's employee compensation program as an employee, as defined in such statute, who has sustained such injury in the performance of such duty, but shall not receive benefits under that statute for any period for which he is entitled to and elects to receive similar benefits under the receiving agency's employee compensation program.

(Formerly: Acts 1969, c.384, s.4.) As amended by P.L.25-1986, SEC.32.

IC 5-10-7-5

Sending agencies; travel expenses; per diem allowance

Sec. 5. A sending agency in this state may, in accordance with the travel regulations of such agency, pay the travel expenses of employees assigned to a receiving agency on either a detail or leave basis, but shall not pay the travel expenses of such employees incurred in connection with their work assignments at the receiving agency. If the assignment or detail will be for a period of time exceeding eight (8) months, travel expenses may include expenses of transportation of immediate family, household goods and personal effects to and from the location of the receiving agency. If the period of assignment is less than eight (8) months, the sending agency may pay a per diem allowance to the employee on assignment or detail.

(Formerly: Acts 1969, c.384, s.5.)

IC 5-10-7-6

Receiving agencies; compensation; status of employees

Sec. 6. (a) When any unit of government of this state acts as a receiving agency, employees of the sending agency who are assigned under authority of this chapter may:

(1) be given appointments in the receiving agency covering the periods of such assignments, with compensation to be paid from receiving agency funds or without compensation; or

(2) be considered to be on detail to the receiving agency.

(b) Appointments of persons so assigned may be made without regard to the statutes or rules governing the selection of employees of the receiving agency.

(c) Employees who are detailed to the receiving agency shall not by virtue of such detail be considered to be employees thereof, except as provided in subsection (d), nor shall they be paid a salary or wage by the receiving agency during the period of their detail, except in special cases upon written permission by the state board of accounts such employee or employees shall be paid fully by special appropriation approved by the county council and the department of local government finance. The supervision of the duties of such employees during the period of detail may be governed by agreement between the sending agency and the receiving agency.

(d) Any employee of a sending agency assigned in this state who suffers disability or death as a result of personal injury arising out of and in the course of such assignment or sustained in the performance of duties in connection therewith shall be treated for the purpose of receiving agency's employee compensation program as an employee, as defined in such statute, who has sustained such injury in the performance of such duty, but shall not receive benefits under that statute for any period for which he elects to receive similar benefits as an employee under the sending agency's employee compensation program.

(Formerly: Acts 1969, c.384, s.6.) As amended by P.L.25-1986, SEC.33; P.L.90-2002, SEC.15.

IC 5-10-7-7

Receiving agencies; travel expenses

Sec. 7. A receiving agency in this state may, in accordance with the travel rules of such agency, pay travel expenses of persons assigned thereto under this chapter during the period of such assignments on the same basis as if they were regular employees of the receiving agency.

(Formerly: Acts 1969, c.384, s.7.) As amended by P.L.25-1986, SEC.34.

IC 5-10-7-8

Department of administration; implementation of chapter

Sec. 8. The department of administration shall explore means of implementing this chapter and assist departments, agencies, and instrumentalities of the state and its political subdivisions in participating in employee interchange programs.

(Formerly: Acts 1969, c.384, s.8.) As amended by P.L.25-1986, SEC.35.

IC 5-10-8

Chapter 8. Group Insurance for Public Employees

IC 5-10-8-1

Definitions

Sec. 1. The following definitions apply in this chapter:

(1) "Employee" means:

(A) an elected or appointed officer or official, or a full-time employee;

(B) if the individual is employed by a school corporation, a full-time or part-time employee;

(C) for a local unit public employer, a full-time or part-time employee or a person who provides personal services to the unit under contract during the contract period; or

(D) a senior judge appointed under IC 33-24-3-7;

whose services have continued without interruption at least thirty (30) days.

(2) "Group insurance" means any of the kinds of insurance fulfilling the definitions and requirements of group insurance contained in IC 27-1.

(3) "Insurance" means insurance upon or in relation to human life in all its forms, including life insurance, health insurance, disability insurance, accident insurance, hospitalization insurance, surgery insurance, medical insurance, and supplemental medical insurance.

(4) "Local unit" includes a city, town, county, township, public library, municipal corporation (as defined in IC 5-10-9-1), or school corporation.

(5) "New traditional plan" means a self-insurance program established under section 7(b) of this chapter to provide health care coverage.

(6) "Public employer" means the state or a local unit, including any board, commission, department, division, authority, institution, establishment, facility, or governmental unit under the supervision of either, having a payroll in relation to persons it immediately employs, even if it is not a separate taxing unit. With respect to the legislative branch of government, "public employer" or "employer" refers to the following:

(A) The president pro tempore of the senate, with respect to former members or employees of the senate.

(B) The speaker of the house, with respect to former members or employees of the house of representatives.

(C) The legislative council, with respect to former employees of the legislative services agency.

(7) "Public employer" does not include a state educational institution.

(8) "Retired employee" means:

(A) in the case of a public employer that participates in the public employees' retirement fund, a former employee who qualifies for a benefit under IC 5-10.3-8 or IC 5-10.2-4;

(B) in the case of a public employer that participates in the teachers' retirement fund under IC 5-10.4, a former employee who qualifies for a benefit under IC 5-10.4-5; and

(C) in the case of any other public employer, a former employee who meets the requirements established by the public employer for participation in a group insurance plan for retired employees.

(9) "Retirement date" means the date that the employee has chosen to receive retirement benefits from the employees' retirement fund.

As added by Acts 1980, P.L.8, SEC.41. Amended by P.L.39-1986, SEC.1; P.L.56-1989, SEC.1; P.L.39-1990, SEC.1; P.L.40-1990, SEC.1; P.L.233-1999, SEC.1; P.L.50-2000, SEC.1; P.L.13-2001, SEC.7; P.L.98-2004, SEC.65; P.L.2-2006, SEC.14; P.L.2-2007, SEC.81; P.L.194-2007, SEC.1.

IC 5-10-8-2

Repealed

(Repealed by P.L.24-1985, SEC.25(c).)

IC 5-10-8-2.1

Repealed

(Repealed by P.L.1-1991, SEC.32.)

IC 5-10-8-2.2

Public safety employees; surviving spouses; dependents

Sec. 2.2. (a) As used in this section, "dependent" means a natural child, stepchild, or adopted child of a public safety employee who:

- (1) is less than eighteen (18) years of age;
- (2) is at least eighteen (18) years of age and has a physical or mental disability (using disability guidelines established by the Social Security Administration); or
- (3) is at least eighteen (18) and less than twenty-three (23) years of age and is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university.

(b) As used in this section, "public safety employee" means a full-time firefighter, police officer, county police officer, or sheriff.

(c) This section applies only to local unit public employers and their public safety employees.

(d) A local unit public employer may provide programs of group health insurance for its active and retired public safety employees through one (1) of the following methods:

- (1) By purchasing policies of group insurance.
- (2) By establishing self-insurance programs.
- (3) By electing to participate in the local unit group of local units that offer the state employee health plan under section 6.6 of this chapter.
- (4) If the local unit public employer is a school corporation, by electing to provide the coverage through a state employee health

plan under section 6.7 of this chapter.

A local unit public employer may provide programs of group insurance other than group health insurance for the local unit public employer's active and retired public safety employees by purchasing policies of group insurance and by establishing self-insurance programs. However, the establishment of a self-insurance program is subject to the approval of the unit's fiscal body.

(e) A local unit public employer may pay a part of the cost of group insurance for its active and retired public safety employees. However, a local unit public employer that provides group life insurance for its active and retired public safety employees shall pay a part of the cost of that insurance.

(f) A local unit public employer may not cancel an insurance contract under this section during the policy term of the contract.

(g) After June 30, 1989, a local unit public employer that provides a group health insurance program for its active public safety employees shall also provide a group health insurance program to the following persons:

(1) Retired public safety employees.

(2) Public safety employees who are receiving disability benefits under IC 36-8-6, IC 36-8-7, IC 36-8-7.5, IC 36-8-8, or IC 36-8-10.

(3) Surviving spouses and dependents of public safety employees who die while in active service or after retirement.

(h) A public safety employee who is retired or has a disability and is eligible for group health insurance coverage under subsection (g)(1) or (g)(2):

(1) may elect to have the person's spouse, dependents, or spouse and dependents covered under the group health insurance program at the time the person retires or becomes disabled;

(2) must file a written request for insurance coverage with the employer within ninety (90) days after the person retires or begins receiving disability benefits; and

(3) must pay an amount equal to the total of the employer's and the employee's premiums for the group health insurance for an active public safety employee (however, the employer may elect to pay any part of the person's premiums).

(i) Except as provided in IC 36-8-6-9.7(f), IC 36-8-6-10.1(h), IC 36-8-7-12.3(g), IC 36-8-7-12.4(j), IC 36-8-7.5-13.7(h), IC 36-8-7.5-14.1(i), IC 36-8-8-13.9(d), IC 36-8-8-14.1(h), and IC 36-8-10-16.5 for a surviving spouse or dependent of a public safety employee who dies in the line of duty, a surviving spouse or dependent who is eligible for group health insurance under subsection (g)(3):

(1) may elect to continue coverage under the group health insurance program after the death of the public safety employee;

(2) must file a written request for insurance coverage with the employer within ninety (90) days after the death of the public safety employee; and

(3) must pay the amount that the public safety employee would have been required to pay under this section for coverage selected by the surviving spouse or dependent (however, the employer may elect to pay any part of the surviving spouse's or dependents' premiums).

(j) The eligibility for group health insurance under this section for a public safety employee who is retired or has a disability ends on the earlier of the following:

(1) When the public safety employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

(2) When the employer terminates the health insurance program for active public safety employees.

(k) A surviving spouse's eligibility for group health insurance under this section ends on the earliest of the following:

(1) When the surviving spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

(2) When the unit providing the insurance terminates the health insurance program for active public safety employees.

(3) The date of the surviving spouse's remarriage.

(4) When health insurance becomes available to the surviving spouse through employment.

(l) A dependent's eligibility for group health insurance under this section ends on the earliest of the following:

(1) When the dependent becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

(2) When the unit providing the insurance terminates the health insurance program for active public safety employees.

(3) When the dependent no longer meets the criteria set forth in subsection (a).

(4) When health insurance becomes available to the dependent through employment.

(m) A public safety employee who is on leave without pay is entitled to participate for ninety (90) days in any group health insurance program maintained by the local unit public employer for active public safety employees if the public safety employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance. However, the employer may pay all or part of the employer's premium for the insurance.

(n) A local unit public employer may provide group health insurance for retired public safety employees or their spouses not covered by subsections (g) through (l) and may provide group health insurance that contains provisions more favorable to retired public safety employees and their spouses than required by subsections (g) through (l). A local unit public employer may provide group health insurance to a public safety employee who is on leave without pay for a longer period than required by subsection (m), and may continue to pay all or a part of the employer's premium for the insurance while the employee is on leave without pay.

As added by P.L. 58-1989, SEC.2. Amended by P.L. 41-1990, SEC.2; P.L. 286-2001, SEC.1; P.L. 86-2003, SEC.1; P.L. 2-2005, SEC.15;

P.L.99-2007, SEC.13; P.L.3-2008, SEC.24; P.L.182-2009(ss), SEC.65.

IC 5-10-8-2.5

Repealed

(Repealed by P.L.14-1986, SEC.19.)

IC 5-10-8-2.6

Local unit public employers and employees; programs; self-insurance; payment of part of cost; noncancelability; retired employees

Sec. 2.6. (a) This section applies only to local unit public employers and their employees. This section does not apply to public safety employees, surviving spouses, and dependents covered by section 2.2 of this chapter.

(b) A public employer may provide programs of group insurance for its employees and retired employees. The public employer may, however, exclude part-time employees and persons who provide services to the unit under contract from any group insurance coverage that the public employer provides to the employer's full-time employees. A public employer may provide programs of group health insurance under this section through one (1) of the following methods:

- (1) By purchasing policies of group insurance.
- (2) By establishing self-insurance programs.
- (3) By electing to participate in the local unit group of local units that offer the state employee health plan under section 6.6 of this chapter.
- (4) If the local unit public employer is a school corporation, by electing to provide the coverage through a state employee health plan under section 6.7 of this chapter.

A public employer may provide programs of group insurance other than group health insurance under this section by purchasing policies of group insurance and by establishing self-insurance programs. However, the establishment of a self-insurance program is subject to the approval of the unit's fiscal body.

(c) A public employer may pay a part of the cost of group insurance, but shall pay a part of the cost of group life insurance for local employees. A public employer may pay, as supplemental wages, an amount equal to the deductible portion of group health insurance as long as payment of the supplemental wages will not result in the payment of the total cost of the insurance by the public employer.

(d) An insurance contract for local employees under this section may not be canceled by the public employer during the policy term of the contract.

(e) After June 30, 1986, a public employer shall provide a group health insurance program under subsection (g) to each retired employee:

- (1) whose retirement date is:

(A) after May 31, 1986, for a retired employee who was a teacher (as defined in IC 20-18-2-22) for a school corporation; or

(B) after June 30, 1986, for a retired employee not covered by clause (A);

(2) who will have reached fifty-five (55) years of age on or before the employee's retirement date but who will not be eligible on that date for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.;

(3) who will have completed twenty (20) years of creditable employment with a public employer on or before the employee's retirement date, ten (10) years of which must have been completed immediately preceding the retirement date; and

(4) who will have completed at least fifteen (15) years of participation in the retirement plan of which the employee is a member on or before the employee's retirement date.

(f) A group health insurance program required by subsection (e) must be equal in coverage to that offered active employees and must permit the retired employee to participate if the retired employee pays an amount equal to the total of the employer's and the employee's premiums for the group health insurance for an active employee and if the employee, within ninety (90) days after the employee's retirement date, files a written request with the employer for insurance coverage. However, the employer may elect to pay any part of the retired employee's premiums.

(g) A retired employee's eligibility to continue insurance under subsection (e) ends when the employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the employer terminates the health insurance program. A retired employee who is eligible for insurance coverage under subsection (e) may elect to have the employee's spouse covered under the health insurance program at the time the employee retires. If a retired employee's spouse pays the amount the retired employee would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired employee. The surviving spouse's eligibility ends on the earliest of the following:

(1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

(2) When the employer terminates the health insurance program.

(3) Two (2) years after the date of the employee's death.

(4) The date of the spouse's remarriage.

(h) This subsection does not apply to an employee who is entitled to group insurance coverage under IC 20-28-10-2(b). An employee who is on leave without pay is entitled to participate for ninety (90) days in any group health insurance program maintained by the public employer for active employees if the employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance. However, the employer may pay all or part of the

employer's premium for the insurance.

(i) A public employer may provide group health insurance for retired employees or their spouses not covered by subsections (e) through (g) and may provide group health insurance that contains provisions more favorable to retired employees and their spouses than required by subsections (e) through (g). A public employer may provide group health insurance to an employee who is on leave without pay for a longer period than required by subsection (h), and may continue to pay all or a part of the employer's premium for the insurance while the employee is on leave without pay.

As added by P.L.1-1991, SEC.33. Amended by P.L.286-2001, SEC.2; P.L.1-2005, SEC.76; P.L.182-2009(ss), SEC.66.

IC 5-10-8-2.7

Insurance of rostered volunteers

Sec. 2.7. (a) As used in this section, "rostered volunteer" means a volunteer:

- (1) whose name has been entered on a roster of volunteers for a volunteer program operated by a local unit; and
- (2) who has been approved by the proper authorities of the local unit.

The term does not include a volunteer firefighter (as defined in IC 36-8-12-2) or an inmate assigned to a correctional facility operated by the state or a local unit.

(b) As used in this section, "local unit" does not include a school corporation.

(c) The fiscal body of a local unit may elect to provide insurance for rostered volunteers for life, accident, or sickness coverage.

As added by P.L.51-1993, SEC.1.

IC 5-10-8-3

Repealed

(Repealed by P.L.24-1985, SEC.25(c).)

IC 5-10-8-3.1

Employees withholding from salaries or wages; retired employees; assignment of part of retirement benefit

Sec. 3.1. (a) A public employer that contracts for a group insurance plan or establishes a self-insurance plan for its employees may withhold or cause to be withheld from participating employees' salaries or wages whatever part of the cost of the plan the employees are required to pay. The chief fiscal officer responsible for issuing paychecks or warrants to the employees shall make deductions from the individual employees' paychecks or warrants to pay the premiums for the insurance. Except as provided by section 7(d) of this chapter, the fiscal officer shall require written authorization from state employees, and may require written authorization from local employees, to make the deductions. One (1) authorization signed by an employee is sufficient authorization for the fiscal officer to continue to make deductions for this purpose until revoked in writing

by the employee.

(b) A public employer that contracts for a group insurance plan or establishes a self-insurance plan for its retired employees may require that the retired employees pay any part of the cost of the plan that is not paid by the public employer. A retired employee may assign part or all of the retired employee's benefit payable under IC 5-10.3-8, IC 5-10.4-5, or any other retirement program for this required payment.

As added by P.L.24-1985, SEC.10. Amended by P.L.27-1988, SEC.3; P.L.2-2006, SEC.15.

IC 5-10-8-4

Discrimination as to form of insurance between certain employees; exception

Sec. 4. Self-insurance plans for state employees involving income disability insurance, principal amount accident insurance, or both, must not, as to the form or forms of the insurance, discriminate between the employees of any department, commission, board, division, facility, institution, authority, or other establishment, except that the contributions for the insurance and benefits from the insurance may be equitably graduated in relation to:

(1) the employment compensation schedule; and

(2) if actuarially justified, the employee's age.

As added by Acts 1980, P.L.8, SEC.41. Amended by P.L.24-1985, SEC.11; P.L.27-1988, SEC.4.

IC 5-10-8-5

Establishment of common and unified plan of group insurance

Sec. 5. Two (2) or more local public employers may establish a common and unified plan of group insurance for their employees, including retired local employees. The plan shall be effected through a trust, agency, or any other legal arrangement with careful accounting and fiscal responsibility.

As added by Acts 1980, P.L.8, SEC.41. Amended by P.L.24-1985, SEC.12.

IC 5-10-8-6

Establishment of common and unified plans by state law enforcement agencies

Sec. 6. (a) The state police department, conservation officers of the department of natural resources, gaming agents of the Indiana gaming commission, gaming control officers of the Indiana gaming commission, and the state excise police may establish common and unified plans of self-insurance for their employees, including retired employees, as separate entities of state government. These plans may be administered by a private agency, business firm, limited liability company, or corporation.

(b) Except as provided in IC 5-10-14, the state agencies listed in subsection (a) may not pay as the employer part of benefits for any employee or retiree an amount greater than that paid for other state

employees for group insurance.

As added by Acts 1980, P.L.8, SEC.41. Amended by Acts 1982, P.L.36, SEC.1; P.L.24-1985, SEC.13; P.L.14-1986, SEC.11; P.L.8-1993, SEC.53; P.L.24-2005, SEC.1; P.L.170-2005, SEC.15; P.L.1-2006, SEC.95; P.L.227-2007, SEC.55.

IC 5-10-8-6.5

General assembly members and former members

Sec. 6.5. (a) A member of the general assembly may elect to participate in either:

- (1) the plan of self-insurance established by the state police department under section 6 of this chapter;
- (2) the plan of self-insurance established by the state personnel department under section 7 of this chapter; or
- (3) a prepaid health care delivery plan established under section 7 of this chapter.

(b) A former member of the general assembly who meets the criteria for participation in a group health insurance program provided under section 8(e) or 8.1 of this chapter may elect to participate in either:

- (1) the plan of self-insurance established by the state police department under section 6 of this chapter; or
- (2) a group health insurance program provided under section 8(e) or 8.1 of this chapter.

(c) A member of the general assembly or former member of the general assembly who chooses a plan described in subsection (a)(1) or (b)(1) shall pay any amount of both the employer and the employee share of the cost of the coverage that exceeds the cost of the coverage under the new traditional plan.

As added by P.L.233-1999, SEC.2.

IC 5-10-8-6.6

Local unit groups

Sec. 6.6. (a) As used in this section, "local unit group" means all of the local units that elect to provide coverage for health care services for active and retired:

- (1) elected or appointed officers and officials;
- (2) full-time employees; and
- (3) part-time employees;

of the local unit under this section.

(b) As used in this section, "state employee health plan" means:

- (1) an accident and sickness insurance policy (as defined in IC 27-8-5.6-1) purchased through the state personnel department under section 7(a) of this chapter; or
- (2) a contract with a prepaid health care delivery plan entered into by the state personnel department under section 7(c) of this chapter.

(c) The state personnel department shall allow a local unit to participate in the local unit group by electing to provide coverage of health care services for active and retired:

- (1) elected or appointed officers and officials;
 - (2) full-time employees; and
 - (3) part-time employees;
- of the local unit under a state employee health plan.
- (d) If a local unit elects to provide coverage under subsection (c):
- (1) the local unit group must be treated as a single group that is separate from the group of state employees that is covered under a state employee health plan;
 - (2) the state personnel department shall:
 - (A) establish:
 - (i) the premium costs, as determined by an accident and sickness insurer or a prepaid health care delivery plan under which coverage is provided under this section;
 - (ii) the administrative costs; and
 - (iii) any other costs;
 - (3) the local unit shall provide for payment of the cost of the coverage as provided in sections 2.2 and 2.6 of this chapter.

The premium determined under subdivision (2) and paid by an individual local unit shall not be determined based on claims made by the local unit.

(e) The state personnel department shall provide an annual opportunity for local units to elect to provide or terminate coverage under subsection (c).

(f) The state personnel department may adopt rules under IC 4-22-2 to establish minimum participation and contribution requirements for participation in a state employee health plan under this section.

As added by P.L.286-2001, SEC.3.

IC 5-10-8-6.7

Election of state employee health care program by school corporation

Sec. 6.7. (a) As used in this section, "state employee health plan" means a:

- (1) self-insurance program established under section 7(b) of this chapter; or
- (2) contract with a prepaid health care delivery plan entered into under section 7(c) of this chapter;

to provide group health coverage for state employees.

(b) The state personnel department shall allow a school corporation to elect to provide coverage of health care services for active and retired employees of the school corporation under any state employee health plan. If a school corporation elects to provide

coverage of health care services for active and retired employees of the school corporation under a state employee health plan, it must provide coverage for all active and retired employees of the school corporation under the state employee health plan (other than any employees covered by an Indiana comprehensive health insurance association policy or individuals who retire from the school corporation before July 1, 2010) if coverage was provided for these employees under the prior policies.

(c) The following apply if a school corporation elects to provide coverage for active and retired employees of the school corporation under subsection (b):

- (1) The state shall not pay any part of the cost of the coverage.
- (2) The coverage provided to an active or retired school corporation employee under this section must be the same as the coverage provided to an active or retired state employee under the state employee health plan.
- (3) Notwithstanding sections 2.2 and 2.6 of this chapter:
 - (A) the school corporation shall pay for the coverage provided to an active or retired school corporation employee under this section an amount not more than the amount paid by the state for coverage provided to an active or retired state employee under the state employee health plan; and
 - (B) an active or retired school corporation employee shall pay for the coverage provided to the active or retired school corporation employee under this section an amount that is at least equal to the amount paid by an active or retired state employee for coverage provided to the active or retired state employee under the state employee health plan.

However, this subdivision does not apply to contractual commitments made by a school corporation to individuals who retire before July 1, 2010.

- (4) The school corporation shall pay any administrative costs of the school corporation's participation in the state employee health plan.
- (5) The school corporation shall provide the coverage elected under subsection (b) for a period of at least three (3) years beginning on the date the coverage of the school corporation employees under the state employee health plan begins.

(d) The state personnel department shall provide an enrollment period at least every thirty (30) days for a school corporation that elects to provide coverage under subsection (b).

(e) The state personnel department may adopt rules under IC 4-22-2 to implement this section.

(f) Neither this section nor a school corporation's election to participate in a state employee health plan as provided in this section impairs the rights of an exclusive representative of the certificated or noncertificated employees of the school corporation to collectively bargain all matters related to school employee health insurance programs and benefits.

As added by P.L.182-2009(ss), SEC.67. Amended by

IC 5-10-8-7

Group insurance; self-insurance; health services; disability plans

Sec. 7. (a) The state, excluding state educational institutions, may not purchase or maintain a policy of group insurance, except:

- (1) life insurance for the state's employees;
- (2) long term care insurance under a long term care insurance policy (as defined in IC 27-8-12-5), for the state's employees;
- (3) an accident and sickness insurance policy (as defined in IC 27-8-5.6-1) that covers individuals to whom coverage is provided by a local unit under section 6.6 of this chapter; or
- (4) an insurance policy that provides coverage that supplements coverage provided under a United States military health care plan.

(b) With the consent of the governor, the state personnel department may establish self-insurance programs to provide group insurance other than life or long term care insurance for state employees and retired state employees. The state personnel department may contract with a private agency, business firm, limited liability company, or corporation for administrative services. A commission may not be paid for the placement of the contract. The department may require, as part of a contract for administrative services, that the provider of the administrative services offer to an employee terminating state employment the option to purchase, without evidence of insurability, an individual policy of insurance.

(c) Notwithstanding subsection (a), with the consent of the governor, the state personnel department may contract for health services for state employees and individuals to whom coverage is provided by a local unit under section 6.6 of this chapter through one (1) or more prepaid health care delivery plans.

(d) The state personnel department shall adopt rules under IC 4-22-2 to establish long term and short term disability plans for state employees (except employees who hold elected offices (as defined by IC 3-5-2-17)). The plans adopted under this subsection may include any provisions the department considers necessary and proper and must:

- (1) require participation in the plan by employees with six (6) months of continuous, full-time service;
- (2) require an employee to make a contribution to the plan in the form of a payroll deduction;
- (3) require that an employee's benefits under the short term disability plan be subject to a thirty (30) day elimination period and that benefits under the long term plan be subject to a six (6) month elimination period;
- (4) prohibit the termination of an employee who is eligible for benefits under the plan;
- (5) provide, after a seven (7) day elimination period, eighty percent (80%) of base biweekly wages for an employee disabled by injuries resulting from tortious acts, as distinguished from

passive negligence, that occur within the employee's scope of state employment;

(6) provide that an employee's benefits under the plan may be reduced, dollar for dollar, if the employee derives income from:

- (A) Social Security;
- (B) the public employees' retirement fund;
- (C) the Indiana state teachers' retirement fund;
- (D) pension disability;
- (E) worker's compensation;
- (F) benefits provided from another employer's group plan; or
- (G) remuneration for employment entered into after the disability was incurred.

(The department of state revenue and the department of workforce development shall cooperate with the state personnel department to confirm that an employee has disclosed complete and accurate information necessary to administer subdivision (6).)

(7) provide that an employee will not receive benefits under the plan for a disability resulting from causes specified in the rules; and

(8) provide that, if an employee refuses to:

- (A) accept work assignments appropriate to the employee's medical condition;
 - (B) submit information necessary for claim administration;
 - or
 - (C) submit to examinations by designated physicians;
- the employee forfeits benefits under the plan.

(e) This section does not affect insurance for retirees under IC 5-10.3 or IC 5-10.4.

(f) The state may pay part of the cost of self-insurance or prepaid health care delivery plans for its employees.

(g) A state agency may not provide any insurance benefits to its employees that are not generally available to other state employees, unless specifically authorized by law.

(h) The state may pay a part of the cost of group medical and life coverage for its employees.

As added by P.L.28-1983, SEC.50. Amended by P.L.24-1985, SEC.14; P.L.39-1986, SEC.4; P.L.14-1986, SEC.12; P.L.27-1988, SEC.5; P.L.8-1993, SEC.54; P.L.21-1995, SEC.10; P.L.14-1996, SEC.5; P.L.41-1997, SEC.1; P.L.286-2001, SEC.4; P.L.2-2006, SEC.16; P.L.158-2006, SEC.2; P.L.2-2007, SEC.82.

IC 5-10-8-7.1

Coverage for pervasive developmental disorder

Sec. 7.1. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to health services under a contract with a prepaid health care delivery plan that is entered into or renewed under

section 7(c) of this chapter.

(b) As used in this section, "pervasive developmental disorder" means a neurological condition, including Asperger's syndrome and autism, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

(c) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide a covered individual with coverage for the treatment of a pervasive developmental disorder. Coverage provided under this section is limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A self-insurance program may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage on, an individual under an insurance policy or health plan solely because the individual is diagnosed with a pervasive developmental disorder.

(d) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter must provide a covered individual with services for the treatment of a pervasive developmental disorder. Services provided under this section are limited to treatment that is prescribed by the covered individual's treating physician in accordance with a treatment plan. A prepaid health care delivery plan may not deny or refuse to provide services to, or refuse to renew, refuse to reissue, or otherwise terminate or restrict services to, an individual solely because the individual is diagnosed with a pervasive developmental disorder.

(e) The coverage required by subsection (c) and services required by subsection (d) may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to a covered individual than the dollar limits, deductibles, copayments, or coinsurance provisions that apply to physical illness generally under the self-insurance program or contract with a prepaid health care delivery plan.

As added by P.L.148-2001, SEC.1.

IC 5-10-8-7.2

Breast cancer; definitions; self-insurance programs; health maintenance organizations; diagnostic services

Sec. 7.2. (a) As used in this section, "breast cancer diagnostic service" means a procedure intended to aid in the diagnosis of breast cancer. The term includes procedures performed on an inpatient basis and procedures performed on an outpatient basis, including the following:

- (1) Breast cancer screening mammography.
- (2) Surgical breast biopsy.
- (3) Pathologic examination and interpretation.

(b) As used in this section, "breast cancer outpatient treatment services" means procedures that are intended to treat cancer of the human breast and that are delivered on an outpatient basis. The term

includes the following:

- (1) Chemotherapy.
- (2) Hormonal therapy.
- (3) Radiation therapy.
- (4) Surgery.
- (5) Other outpatient cancer treatment services prescribed by a physician.
- (6) Medical follow-up services related to the procedures set forth in subdivisions (1) through (5).

(c) As used in this section, "breast cancer rehabilitative services" means procedures that are intended to improve the results of or to ameliorate the debilitating consequences of the treatment of breast cancer and that are delivered on an inpatient or outpatient basis. The term includes the following:

- (1) Physical therapy.
- (2) Psychological and social support services.
- (3) Reconstructive plastic surgery.

(d) As used in this section, "breast cancer screening mammography" means a standard, two (2) view per breast, low-dose radiographic examination of the breasts that is:

- (1) furnished to an asymptomatic woman; and
- (2) performed by a mammography services provider using equipment designed by the manufacturer for and dedicated specifically to mammography in order to detect unsuspected breast cancer.

The term includes the interpretation of the results of a breast cancer screening mammography by a physician.

(e) As used in this section, "covered individual" means a female individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or renewed under section 7(c) of this chapter.

(f) As used in this section, "mammography services provider" means an individual or facility that:

- (1) has been accredited by the American College of Radiology;
- (2) meets equivalent guidelines established by the state department of health; or
- (3) is certified by the federal Department of Health and Human Services for participation in the Medicare program (42 U.S.C. 1395 et seq.).

(g) As used in this section, "woman at risk" means a woman who meets at least one (1) of the following descriptions:

- (1) A woman who has a personal history of breast cancer.
- (2) A woman who has a personal history of breast disease that was proven benign by biopsy.
- (3) A woman whose mother, sister, or daughter has had breast cancer.
- (4) A woman who is at least thirty (30) years of age and has not

given birth.

(h) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide covered individuals with coverage for breast cancer diagnostic services, breast cancer outpatient treatment services, and breast cancer rehabilitative services. The coverage must provide reimbursement for breast cancer screening mammography at a level at least as high as:

- (1) the limitation on payment for screening mammography services established in 42 CFR 405.534(b)(3) according to the Medicare Economic Index at the time the breast cancer screening mammography is performed; or
- (2) the rate negotiated by a contract provider according to the provisions of the insurance policy;

whichever is lower. The costs of the coverage required by this subsection may be paid by the state or by the employee or by a combination of the state and the employee.

(i) A contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter must provide covered individuals with breast cancer diagnostic services, breast cancer outpatient treatment services, and breast cancer rehabilitative services.

(j) The coverage required by subsection (h) and services required by subsection (i) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to covered individuals than the dollar limits, deductibles, or coinsurance provisions applying to physical illness generally under the self-insurance program or contract with a health maintenance organization.

(k) The coverage for breast cancer diagnostic services required by subsection (h) and the breast cancer diagnostic services required by subsection (i) must include the following:

- (1) In the case of a covered individual who is at least thirty-five (35) years of age but less than forty (40) years of age, at least one (1) baseline breast cancer screening mammography performed upon the individual before she becomes forty (40) years of age.
- (2) In the case of a covered individual who is:
 - (A) less than forty (40) years of age; and
 - (B) a woman at risk;

at least one (1) breast cancer screening mammography performed upon the covered individual every year.

(3) In the case of a covered individual who is at least forty (40) years of age, at least one (1) breast cancer screening mammography performed upon the individual every year.

(4) Any additional mammography views that are required for proper evaluation.

(5) Ultrasound services, if determined medically necessary by the physician treating the covered individual.

(l) The coverage for breast cancer diagnostic services required by subsection (h) and the breast cancer diagnostic services required by subsection (i) shall be provided in addition to any benefits

specifically provided for x-rays, laboratory testing, or wellness examinations.

As added by P.L.35-1992, SEC.1. Amended by P.L.26-1994, SEC.1; P.L.170-1999, SEC.1.

IC 5-10-8-7.3

Early intervention services for first steps children

Sec. 7.3. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "early intervention services" means services provided to a first steps child under IC 12-12.7-2 and 20 U.S.C. 1432(4).

(c) As used in this section, "first steps child" means an infant or toddler from birth through two (2) years of age who is enrolled in the Indiana first steps program and is a covered individual.

(d) As used in this section, "first steps program" refers to the program established under IC 12-12.7-2 and 20 U.S.C. 1431 et seq. to meet the needs of:

- (1) children who are eligible for early intervention services; and
- (2) their families.

The term includes the coordination of all available federal, state, local, and private resources available to provide early intervention services within Indiana.

(e) As used in this section, "health benefits plan" means a:

- (1) self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(f) A health benefits plan that provides coverage for early intervention services shall reimburse the first steps program for payments made by the program for early intervention services that are covered under the health benefits plan.

(g) The reimbursement required under subsection (f) may not be applied to any annual or aggregate lifetime limit on the first steps child's coverage under the health benefits plan.

(h) The first steps program may pay required deductibles, copayments, or other out-of-pocket expenses for a first steps child directly to a provider. A health benefits plan shall apply any payments made by the first steps program to the health benefits plan's deductibles, copayments, or other out-of-pocket expenses according to the terms and conditions of the health benefits plan.

As added by P.L.121-1999, SEC.1. Amended by P.L.246-2005, SEC.47; P.L.93-2006, SEC.2.

IC 5-10-8-7.5

Prostate specific antigen test

Sec. 7.5. (a) As used in this section, "covered individual" means a male individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or renewed under section 7(c) of this chapter.

(b) As used in this section, "prostate specific antigen test" means a standard blood test performed to determine the level of prostate specific antigen in the blood.

(c) A self-insurance program established under section 7(b) of this chapter to provide health care coverage must provide covered individuals with coverage for prostate specific antigen testing.

(d) A contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter must provide covered individuals with prostate specific antigen screening.

(e) The coverage required under subsections (c) and (d) must include the following:

- (1) At least one (1) prostate specific antigen test annually for a covered individual who is at least fifty (50) years of age.
- (2) At least one (1) prostate specific antigen test annually for a covered individual who is less than fifty (50) years of age and who is at high risk for prostate cancer according to the most recent published guidelines of the American Cancer Society.

(f) The coverage required under this section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to covered individuals than the dollar limits, deductibles, copayments, or coinsurance provisions applying to physical illness generally under the self-insurance program or contract with a health maintenance organization.

(g) The coverage for prostate specific antigen screening shall be provided in addition to benefits specifically provided for x-rays, laboratory testing, or wellness examinations.

As added by P.L.170-1999, SEC.2.

IC 5-10-8-7.7

Surgical treatment for morbid obesity

Sec. 7.7. (a) As used in this section, "covered individual" means an individual who is covered under a health care plan.

(b) As used in this section, "health care plan" means:

- (1) a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) a contract entered into under section 7(c) of this chapter to provide health services through a prepaid health care delivery plan.

(c) As used in this section, "health care provider" means a:

- (1) physician licensed under IC 25-22.5; or
- (2) hospital licensed under IC 16-21;

that provides health care services for surgical treatment of morbid obesity.

(d) As used in this section, "morbid obesity" means:

- (1) a body mass index of at least thirty-five (35) kilograms per meter squared, with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes; or
- (2) a body mass index of at least forty (40) kilograms per meter squared without comorbidity.

For purposes of this subsection, body mass index is equal to weight in kilograms divided by height in meters squared.

(e) Except as provided in subsection (f), the state shall provide coverage for nonexperimental, surgical treatment by a health care provider of morbid obesity:

- (1) that has persisted for at least five (5) years; and
- (2) for which nonsurgical treatment that is supervised by a physician has been unsuccessful for at least six (6) consecutive months.

(f) The state may not provide coverage for surgical treatment of morbid obesity for a covered individual who is less than twenty-one (21) years of age unless two (2) physicians licensed under IC 25-22.5 determine that the surgery is necessary to:

- (1) save the life of the covered individual; or
- (2) restore the covered individual's ability to maintain a major life activity (as defined in IC 4-23-29-6);

and each physician documents in the covered individual's medical record the reason for the physician's determination.

As added by P.L.78-2000, SEC.1. Amended by P.L.196-2005, SEC.1; P.L.102-2006, SEC.1.

IC 5-10-8-7.8

Colorectal cancer testing coverage

Sec. 7.8. (a) As used in this section, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or
- (2) entitled to services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or renewed under section 7(c) of this chapter.

(b) A:

- (1) self-insurance program established under section 7(b) of this chapter to provide health care coverage; or
- (2) contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter;

must provide coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic covered individual, in accordance with the current American Cancer Society guidelines.

(c) For a covered individual who is:

- (1) at least fifty (50) years of age; or

(2) less than fifty (50) years of age and at high risk for colorectal cancer according to the most recent published guidelines of the American Cancer Society; the coverage required under this section must meet the requirements set forth in subsection (d).

(d) A covered individual may not be required to pay an additional deductible or coinsurance for the colorectal cancer examination and laboratory testing benefit that is greater than an annual deductible or coinsurance established for similar benefits under a self-insurance program or contract with a health maintenance organization. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer examination and laboratory testing benefit required under this section.

As added by P.L.54-2000, SEC.1.

IC 5-10-8-8

Retired employees; ability of employer to pay premiums

Sec. 8. (a) This section applies only to the state and employees who are not covered by a plan established under section 6 of this chapter.

(b) After June 30, 1986, the state shall provide a group health insurance plan to each retired employee:

(1) whose retirement date is:

(A) after June 29, 1986, for a retired employee who was a member of the field examiners' retirement fund;

(B) after May 31, 1986, for a retired employee who was a member of the Indiana state teachers' retirement fund; or

(C) after June 30, 1986, for a retired employee not covered by clause (A) or (B);

(2) who will have reached fifty-five (55) years of age on or before the employee's retirement date but who will not be eligible on that date for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.; and

(3) who:

(A) for an employee who retires before January 1, 2007, will have completed:

(i) twenty (20) years of creditable employment with a public employer on or before the employee's retirement date, ten (10) years of which shall have been completed immediately preceding the retirement; and

(ii) at least fifteen (15) years of participation in the retirement plan of which the employee is a member on or before the employee's retirement date; or

(B) for an employee who retires after December 31, 2006, will have completed fifteen (15) years of creditable employment with a public employer on or before the employee's retirement date, ten (10) years of which shall have been completed immediately preceding the retirement.

(c) The state shall provide a group health insurance program to

each retired employee:

- (1) who is a retired judge;
- (2) whose retirement date is after June 30, 1990;
- (3) who is at least sixty-two (62) years of age;
- (4) who is not eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.; and
- (5) who has at least eight (8) years of service credit as a participant in the Indiana judges' retirement fund, with at least eight (8) years of that service credit completed immediately preceding the judge's retirement.

(d) The state shall provide a group health insurance program to each retired employee:

- (1) who is a retired participant under the prosecuting attorneys retirement fund;
- (2) whose retirement date is after January 1, 1990;
- (3) who is at least sixty-two (62) years of age;
- (4) who is not eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.; and
- (5) who has at least ten (10) years of service credit as a participant in the prosecuting attorneys retirement fund, with at least ten (10) years of that service credit completed immediately preceding the participant's retirement.

(e) The state shall make available a group health insurance program to each former member of the general assembly or surviving spouse of each former member, if the former member:

- (1) is no longer a member of the general assembly;
- (2) is not eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq. or, in the case of a surviving spouse, the surviving spouse is not eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.; and
- (3) has at least ten (10) years of service credit as a member in the general assembly.

A former member or surviving spouse of a former member who obtains insurance under this section is responsible for paying both the employer and the employee share of the cost of the coverage.

(f) The group health insurance program required under subsections (b) through (e) and subsection (k) must be equal to that offered active employees. The retired employee may participate in the group health insurance program if the retired employee pays an amount equal to the employer's and the employee's premium for the group health insurance for an active employee and if the retired employee within ninety (90) days after the employee's retirement date files a written request for insurance coverage with the employer. Except as provided in subsection (l), the employer may elect to pay any part of the retired employee's premium with respect to insurance coverage under this chapter.

(g) Except as provided in subsection (j), a retired employee's eligibility to continue insurance under this section ends when the employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the employer terminates the health

insurance program. A retired employee who is eligible for insurance coverage under this section may elect to have the employee's spouse covered under the health insurance program at the time the employee retires. If a retired employee's spouse pays the amount the retired employee would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired employee. The surviving spouse's eligibility ends on the earliest of the following:

- (1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the employer terminates the health insurance program.
- (3) Two (2) years after the date of the employee's death.
- (4) The date of the spouse's remarriage.

(h) This subsection does not apply to an employee who is entitled to group insurance coverage under IC 20-28-10-2(b). An employee who is on leave without pay is entitled to participate for ninety (90) days in any health insurance program maintained by the employer for active employees if the employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance.

(i) An employer may provide group health insurance for retired employees or their spouses not covered by this section and may provide group health insurance that contains provisions more favorable to retired employees and their spouses than required by this section. A public employer may provide group health insurance to an employee who is on leave without pay for a longer period than required by subsection (h).

(j) An employer may elect to permit former employees and their spouses, including surviving spouses, to continue to participate in a group health insurance program under this chapter after the former employee (who is otherwise qualified under this chapter to participate in a group insurance program) or spouse has become eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq. An employer who makes an election under this section may require a person who continues coverage under this subsection to participate in a retiree health benefit plan developed under section 8.3 of this chapter.

(k) The state shall provide a group health insurance program to each retired employee:

- (1) who was employed as a teacher in a state institution under:
 - (A) IC 11-10-5;
 - (B) IC 12-24-3;
 - (C) IC 16-33-3;
 - (D) IC 16-33-4;
 - (E) IC 20-21-2-1; or
 - (F) IC 20-22-2-1;
- (2) who is at least fifty-five (55) years of age on or before the employee's retirement date;
- (3) who is not eligible for Medicare coverage as prescribed by

42 U.S.C. 1395 et seq.; and

(4) who:

- (A) has at least fifteen (15) years of service credit as a participant in the retirement fund of which the employee is a member on or before the employee's retirement date; or
- (B) completes at least ten (10) years of service credit as a participant in the retirement fund of which the employee is a member immediately before the employee's retirement.

(l) The president pro tempore of the senate and the speaker of the house of representatives may not elect to pay any part of the premium for insurance coverage under this chapter for a former member of the general assembly or the spouse of a former member of the general assembly whose last day of service as a member of the general assembly is after July 31, 2007.

As added by P.L.39-1986, SEC.5. Amended by P.L.42-1990, SEC.1; P.L.67-1995, SEC.1; P.L.233-1999, SEC.3; P.L.13-2001, SEC.8; P.L.1-2005, SEC.77; P.L.178-2006, SEC.3; P.L.43-2007, SEC.12.

IC 5-10-8-8.1

Retired legislators

Sec. 8.1. (a) This section applies only to the state and former legislators.

(b) As used in this section, "legislator" means a member of the general assembly.

(c) After June 30, 1988, the state shall provide to each retired legislator:

- (1) whose retirement date is after June 30, 1988;
- (2) who is not participating in a group health insurance coverage plan:
 - (A) including Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.; but
 - (B) not including a group health insurance plan provided by the state or a health insurance plan provided under IC 27-8-10;
- (3) who served as a legislator for at least ten (10) years; and
- (4) who participated in a group health insurance plan provided by the state on the legislator's retirement date;

a group health insurance program that is equal to that offered active employees.

(d) A retired legislator who qualifies under subsection (c) may participate in the group health insurance program if the retired legislator:

- (1) pays an amount equal to the employer's and employee's premium for the group health insurance for an active employee; and
- (2) within ninety (90) days after the legislator's retirement date files a written request for insurance coverage with the employer.

(e) Except as provided in section 8(j) of this chapter, a retired legislator's eligibility to continue insurance under this section ends

when the member becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the employer terminates the health insurance program.

(f) A retired legislator who is eligible for insurance coverage under this section may elect to have the legislator's spouse covered under the health insurance program at the time the legislator retires. If a retired legislator's spouse pays the amount the retired legislator would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired legislator and is not affected by the retired legislator's eligibility for Medicare. Except as provided in section 8(j) of this chapter, the spouse's eligibility ends on the earliest of the following:

- (1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the employer terminates the health insurance program.
- (3) The date of the spouse's remarriage.

(g) The surviving spouse of a legislator who dies or has died in office may elect to participate in the group health insurance program if all of the following apply:

- (1) The deceased legislator would have been eligible to participate in the group health insurance program under this section had the legislator retired on the day of the legislator's death.
- (2) The surviving spouse files a written request for insurance coverage with the employer.
- (3) The surviving spouse pays an amount equal to the employer's and employee's premium for the group health insurance for an active employee.

(h) Except as provided in section 8(j) of this chapter, the eligibility of the surviving spouse of a legislator to purchase group health insurance under subsection (g) ends on the earliest of the following:

- (1) When the employer terminates the health insurance program.
- (2) The date of the spouse's remarriage.
- (3) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

As added by P.L.43-1988, SEC.2. Amended by P.L.36-1992, SEC.1; P.L.22-1998, SEC.2; P.L.233-1999, SEC.4; P.L.13-2001, SEC.9.

IC 5-10-8-8.2

Former legislators

Sec. 8.2. (a) As used in this section, "former legislator" means a former member of the general assembly.

(b) As used in this section, "dependent" means an unmarried person who:

- (1) is:
 - (A) a dependent child, stepchild, foster child, or adopted

child of a former legislator or spouse of a former legislator;
or

(B) a child who resides in the home of a former legislator or spouse of a former legislator who has been appointed legal guardian for the child; and

(2) is:

(A) less than twenty-three (23) years of age;

(B) at least twenty-three (23) years of age, incapable of self-sustaining employment by reason of mental or physical disability, and is chiefly dependent on a former legislator or spouse of a former legislator for support and maintenance;
or

(C) at least twenty-three (23) years of age and less than twenty-five (25) years of age and is enrolled in and is a full-time student at an accredited college or university.

(c) As used in this section, "spouse" means a person who is or was married to a former legislator.

(d) After June 30, 2001, the state shall provide to a former legislator:

(1) whose last day of service as a member of the general assembly was after December 31, 2000;

(2) who served in all or part of at least four (4) terms of the general assembly (as defined in IC 2-2.1-1-1);

(3) who pays an amount equal to the employee's and employer's premium for the group health insurance for an active employee; and

(4) who files a written request for insurance coverage with the employer within ninety (90) days after the former legislator's:

(A) last day of service as a member of the general assembly;

or

(B) retirement date;

a group health insurance program that is equal to that offered to active employees.

(e) Except as provided by section 8(j) of this chapter, the eligibility of a former legislator to continue insurance under this section ends when the former legislator becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq. or when the employer terminates the health insurance program.

(f) A former legislator who is eligible for insurance coverage under this section may elect to have a spouse or dependent of the former legislator covered under the health insurance program. A former legislator who makes an election under this subsection must pay the employee's and employer's premium for the group health insurance program for an active employee that is attributable to the inclusion of a spouse or dependent.

(g) A spouse or dependent may continue insurance under this section after the death of the former legislator if the spouse or dependent pays the amount the former legislator would have been required to pay for coverage selected by the spouse or dependent.

(h) Except as provided under section 8(j) of this chapter, the

eligibility of a spouse to continue insurance under this section ends on the earliest of the following:

- (1) When the employer terminates the health insurance program.
- (2) The date of the legislative spouse's remarriage.
- (3) When the required amount for coverage is not paid with respect to the spouse.
- (4) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

(i) The eligibility of a dependent to continue insurance under this section ends on the earliest of the following:

- (1) When the employer terminates the health insurance program.
- (2) The date the dependent no longer meets the definition of a dependent.
- (3) When the required amount for coverage is not paid with respect to the dependent.

(j) The spouse of a deceased former legislator may elect to participate in the group health insurance program under this section if all of the following apply:

- (1) The deceased legislator:
 - (A) died after December 31, 2000, while serving as a member of the general assembly; and
 - (B) served in all or part of at least four (4) terms of the general assembly (as defined in IC 2-2.1-1-1).
- (2) The surviving spouse files a written request for insurance coverage with the employer.
- (3) The surviving spouse pays an amount equal to the employee's and employer's premium for the group health insurance for an active employee, including any amount with respect to covered dependents of the former legislator.

(k) Except as provided under section 8(j) of this chapter, the eligibility of the surviving spouse under subsection (j) ends on the earliest of the following:

- (1) When the employer terminates the health insurance program.
- (2) The date of the spouse's remarriage.
- (3) When the required amount for coverage is not paid with respect to the spouse and any covered dependent.
- (4) When the surviving spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.

As added by P.L.13-2001, SEC.10. Amended by P.L.1-2007, SEC.26.

IC 5-10-8-8.3

Former state and legislative employees; health benefit plans

Sec. 8.3. (a) As used in this section, "department" refers to the state personnel department.

(b) The department shall establish, or contract for the establishment of, at least two (2) retiree health benefit plans to be available for former employees of:

- (1) the state; and
- (2) the legislative branch of government;

whose employer elects under section 8(j) of this chapter to permit its former employees to continue to participate in a health insurance program under this chapter after the employees have become eligible for Medicare coverage. At least one (1) of the plans offered to former employees must include coverage for prescription drugs comparable to a Medicare plan that provides prescription drug benefits.

As added by P.L.13-2001, SEC.11.

IC 5-10-8-8.4

Revocation or alteration by employer

Sec. 8.4. Except as provided by an enactment of the general assembly, an election by an employer under:

- (1) section 8(f) of this chapter concerning the payment of a retired employee's premium; or
- (2) section 8(j) of this chapter concerning Medicare coverage and program eligibility;

may not be revoked or altered at any time by the employer or a subsequent employer to the detriment of a person entitled to benefits under section 8.2 of this chapter.

As added by P.L.184-2001, SEC.6.

IC 5-10-8-8.5

Establishment of retiree health benefit trust fund

Sec. 8.5. (a) The retiree health benefit trust fund is established to provide funding for a retiree health benefit plan developed under IC 5-10-8.5.

(b) The trust fund shall be administered by the budget agency. The expenses of administering the trust fund shall be paid from money in the trust fund. The trust fund consists of cigarette tax revenues deposited in the fund under IC 6-7-1-28.1(7) and other appropriations, revenues, or transfers to the trust fund under IC 4-12-1.

(c) The treasurer of state shall invest the money in the trust fund not currently needed to meet the obligations of the trust fund in the same manner as other public money may be invested.

(d) The trust fund is considered a trust fund for purposes of IC 4-9.1-1-7. Money may not be transferred, assigned, or otherwise removed from the trust fund by the state board of finance, the budget agency, or any other state agency.

(e) The trust fund shall be established and administered in a manner that complies with Internal Revenue Code requirements concerning health reimbursement arrangement (HRA) trusts. Contributions by the state to the trust fund are irrevocable. All assets held in the trust fund must be held for the exclusive benefit of participants of the retiree health benefit plan developed under IC 5-10-8.5 and their beneficiaries. All assets in the trust fund:

- (1) are dedicated exclusively to providing benefits to participants of the plan and their beneficiaries according to the

terms of the plan; and

(2) are exempt from levy, sale, garnishment, attachment, or other legal process.

(f) Money in the trust fund does not revert to the state general fund at the end of any state fiscal year.

(g) The money in the trust fund is appropriated to the budget agency for providing the retiree health benefit plan developed under IC 5-10-8.5.

As added by P.L.182-2009(ss), SEC.68.

IC 5-10-8-9

Coverage of services for mental illness

Sec. 9. (a) This section does not apply if the application of this section would increase the premiums of the health services policy or plan, as certified under IC 27-8-5-15.7, by more than four percent (4%) as a result of complying with subsection (c).

(b) As used in this section, "coverage of services for mental illness" includes benefits with respect to mental health services as defined by the contract, policy, or plan for health services. The term includes services for the treatment of substance abuse and chemical dependency when the services are required in the treatment of a mental illness.

(c) If the state enters into a contract for health services through prepaid health care delivery plans, medical self-insurance, or group health insurance for state employees, the contract may not permit treatment limitations or financial requirements on the coverage of services for mental illness if similar limitations or requirements are not imposed on the coverage of services for other medical or surgical conditions.

(d) This section applies to a contract for health services through prepaid health care delivery plans, medical self-insurance, or group medical coverage for state employees that is issued, entered into, or renewed after June 30, 1997.

(e) This section does not require the contract for health services to offer mental health benefits.

As added by P.L.42-1997, SEC.1. Amended by P.L.81-1999, SEC.1; P.L.291-2001, SEC.230.

IC 5-10-8-10

Examining infants for HIV; payment

Sec. 10. (a) The state shall cover the testing required under IC 16-41-6-4 and the examinations required under IC 16-41-17-2 under a:

(1) self-insurance program established or maintained under section 7(b) of this chapter to provide group health coverage; and

(2) contract entered into or renewed under section 7(c) of this chapter to provide health services through a prepaid health care delivery plan.

(b) Payment to a hospital for a test required under IC 16-41-6-4

must be in an amount equal to the hospital's actual cost of performing the test.

As added by P.L.91-1999, SEC.1. Amended by P.L.237-2003, SEC.1.

IC 5-10-8-10.5

Dental care provisions required

Sec. 10.5. (a) As used in this section, "child" means an individual who is less than nineteen (19) years of age.

(b) As used in this section, "covered individual" means a child or an individual:

(1) with a physical or mental impairment that substantially limits one (1) or more of the major life activities of the individual; or

(2) who:

(A) has a record of; or

(B) is regarded as;

having an impairment described in subdivision (1).

(c) If the state enters into a contract for basic health care services (as defined in IC 27-13-1-4) through prepaid health care delivery plans, medical self-insurance, or group health insurance for state employees, the contract must include coverage for anesthesia and hospital charges for dental care for a covered individual if the mental or physical condition of the covered individual requires dental treatment to be rendered in a hospital or an ambulatory outpatient surgical center. The Indications for General Anesthesia, as published in the reference manual of the American Academy of Pediatric Dentistry, are the utilization standards for determining whether performing dental procedures necessary to treat the covered individual's condition under general anesthesia constitutes appropriate treatment.

(d) A health care contractor that issues a contract for basic health care services as described in subsection (c) may:

(1) require prior authorization for hospitalization or treatment in an ambulatory outpatient surgical center for dental care procedures in the same manner that prior authorization is required for hospitalization or treatment of other covered medical conditions; and

(2) restrict coverage to include only procedures performed by a licensed dentist who has privileges at the hospital or ambulatory outpatient surgical center.

(e) This section does not apply to treatment rendered for temporal mandibular joint disorders (TMJ).

As added by P.L.189-1999, SEC.1.

IC 5-10-8-11

Use of diagnostic or procedure codes

Sec. 11. (a) As used in this section, "administrator" means:

(1) the state personnel department;

(2) an entity with which the state contracts to administer health coverage under section 7(b) of this chapter; or

(3) a prepaid health care delivery plan with which the state contracts under section 7(c) of this chapter.

(b) As used in this section, "health care plan" has the meaning set forth in section 7.7 of this chapter.

(c) As used in this section, "provider" has the meaning set forth in IC 27-8-11-1.

(d) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:

(1) an administrator shall begin using the most current version of the:

- (A) current procedural terminology (CPT);
- (B) international classification of diseases (ICD);
- (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
- (D) current dental terminology (CDT);
- (E) Healthcare common procedure coding system (HCPCS);
- and
- (F) third party administrator (TPA);

codes under which the administrator pays claims for services provided under a health care plan; and

(2) a provider shall begin using the most current version of the:

- (A) current procedural terminology (CPT);
- (B) international classification of diseases (ICD);
- (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
- (D) current dental terminology (CDT);
- (E) Healthcare common procedure coding system (HCPCS);
- and
- (F) third party administrator (TPA);

codes under which the provider submits claims for payment for services provided under a health care plan.

(e) If a provider provides services that are covered under a health care plan:

(1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (d); and

(2) before the administrator begins using the most current version of the diagnostic or procedure code;

the administrator shall reimburse the provider under the version of the diagnostic or procedure code that was in effect on the date that the services were provided.

As added by P.L.161-2001, SEC.1. Amended by P.L.66-2002, SEC.1.

IC 5-10-8-12

Department report of the number of stimulant medication prescriptions for covered children diagnosed with certain disorders

Sec. 12. (a) As used in this section, "covered individual" means an individual who is covered under an employee health plan.

(b) As used in this section, "employee health plan" means:

- (1) a self-insurance program established under section 7(b) of this chapter; or

(2) a contract with a prepaid health care delivery plan entered into under section 7(c) of this chapter; that provides a prescription drug benefit.

(c) The state personnel department may report to the drug utilization review board established by IC 12-15-35-19, not later than October 1 of each calendar year, the number of covered individuals who are:

- (1) less than eighteen (18) years of age; and
- (2) prescribed a stimulant medication approved by the federal Food and Drug Administration for the treatment of attention deficit disorder or attention deficit hyperactivity disorder.

As added by P.L.107-2002, SEC.3.

IC 5-10-8-13

Mail order or Internet based pharmacy

Sec. 13. (a) As used in this section, "covered individual" means an individual who is entitled to coverage under an employee health benefit plan.

(b) As used in this section, "employee health benefit plan" means a group plan of self-insurance, policy, or contract that:

- (1) provides coverage for prescription drugs; and
- (2) is established, purchased, or entered into by an employer for the benefit of the employer's employees.

(c) As used in this section, "employer" means the following:

- (1) A public employer.
- (2) A state educational institution.

(d) As used in this section, "mail order or Internet based pharmacy" has the meaning set forth in IC 25-26-18-1.

(e) An employee health benefit plan that provides coverage for prescription drugs may designate a mail order or an Internet based pharmacy to provide prescription drugs to a covered individual.

(f) An employee health benefit plan may not require a covered individual to obtain a prescription drug from a pharmacy designated under subsection (e) as a condition of coverage.

As added by P.L.251-2003, SEC.1. Amended by P.L.2-2007, SEC.83.

IC 5-10-8-14

Coverage for prosthetic devices

Sec. 14. (a) As used in this section, "covered individual" means an individual who is entitled to coverage under a state employee health plan.

(b) As used in this section, "orthotic device" means a medically necessary custom fabricated brace or support that is designed as a component of a prosthetic device.

(c) As used in this section, "prosthetic device" means an artificial leg or arm.

(d) As used in this section, "state employee health plan" means a:

- (1) self-insurance program established under section 7(b) of this chapter; or
- (2) contract with a prepaid health care delivery plan that is

entered into or renewed under section 7(c) of this chapter; to provide group health coverage. The term does not include a dental or vision plan.

(e) A state employee health plan must provide coverage for orthotic devices and prosthetic devices, including repairs or replacements, that:

(1) are provided or performed by a person that is:

(A) accredited as required under 42 U.S.C. 1395m(a)(20); or

(B) a qualified practitioner (as defined in 42 U.S.C. 1395m(h)(1)(F)(iii));

(2) are determined by the covered individual's physician to be medically necessary to restore or maintain the covered individual's ability to perform activities of daily living or essential job related activities; and

(3) are not solely for comfort or convenience.

(f) The:

(1) coverage required under subsection (e) must be equal to the coverage that is provided for the same device, repair, or replacement under the federal Medicare program (42 U.S.C. 1395 et seq.); and

(2) reimbursement under the coverage required under subsection (e) must be equal to the reimbursement that is provided for the same device, repair, or replacement under the federal Medicare reimbursement schedule, unless a different reimbursement rate is negotiated.

This subsection does not require a deductible under a state employee health plan to be equal to a deductible under the federal Medicare program.

(g) Except as provided in subsections (h) and (i), the coverage required under subsection (e):

(1) may be subject to; and

(2) may not be more restrictive than;

the provisions that apply to other benefits under the state employee health plan.

(h) The coverage required under subsection (e) may be subject to utilization review, including periodic review, of the continued medical necessity of the benefit.

(i) Any lifetime maximum coverage limitation that applies to prosthetic devices and orthotic devices:

(1) must not be included in; and

(2) must be equal to;

the lifetime maximum coverage limitation that applies to all other items and services generally under the state employee health plan.

(j) For purposes of this subsection, "items and services" does not include preventive services for which coverage is provided under a high deductible health plan (as defined in 26 U.S.C. 220(c)(2) or 26 U.S.C. 223(c)(2)). The coverage required under subsection (e) may not be subject to a deductible, copayment, or coinsurance provision that is less favorable to a covered individual than the deductible, copayment, or coinsurance provisions that apply to other items and

services generally under the state employee health plan.
As added by P.L.109-2008, SEC.1.

IC 5-10-8-15

Coverage for care related to cancer clinical trials

Sec. 15. (a) As used in this section, "care method" means the use of a particular drug or device in a particular manner.

(b) As used in this section, "clinical trial" means a Phase I, II, III, or IV research study:

(1) that is conducted:

(A) using a particular care method to prevent, diagnose, or treat a cancer for which:

(i) there is no clearly superior, noninvestigational alternative care method; and

(ii) available clinical or preclinical data provides a reasonable basis from which to believe that the care method used in the research study is at least as effective as any noninvestigational alternative care method;

(B) in a facility where personnel providing the care method to be followed in the research study have:

(i) received training in providing the care method;

(ii) expertise in providing the type of care required for the research study; and

(iii) experience providing the type of care required for the research study to a sufficient volume of patients to maintain expertise; and

(C) to scientifically determine the best care method to prevent, diagnose, or treat the cancer; and

(2) that is approved or funded by one (1) of the following:

(A) A National Institutes of Health institute.

(B) A cooperative group of research facilities that has an established peer review program that is approved by a National Institutes of Health institute or center.

(C) The federal Food and Drug Administration.

(D) The United States Department of Veterans Affairs.

(E) The United States Department of Defense.

(F) The institutional review board of an institution located in Indiana that has a multiple project assurance contract approved by the National Institutes of Health Office for Protection from Research Risks as provided in 45 CFR 46.103.

(G) A research entity that meets eligibility criteria for a support grant from a National Institutes of Health center.

(c) As used in this section, "covered individual" means an individual entitled to coverage under a state employee plan.

(d) As used in this section, "nonparticipating provider" means a health care provider that has not entered into a contract with a state employee plan to serve as a participating provider.

(e) As used in this section, "participating provider" means a health care provider that has entered into a contract with a state employee

plan to provide health care services to covered individuals with an expectation of directly or indirectly receiving payment from the state employee plan.

(f) As used in this section, "routine care cost" means the cost of medically necessary services related to the care method that is under evaluation in a clinical trial. The term does not include the following:

- (1) The health care service, item, or investigational drug that is the subject of the clinical trial.
- (2) Any treatment modality that is not part of the usual and customary standard of care required to administer or support the health care service, item, or investigational drug that is the subject of the clinical trial.
- (3) Any health care service, item, or drug provided solely to satisfy data collection and analysis needs that are not used in the direct clinical management of the patient.
- (4) An investigational drug or device that has not been approved for market by the federal Food and Drug Administration.
- (5) Transportation, lodging, food, or other expenses for the patient or a family member or companion of the patient that are associated with travel to or from a facility where a clinical trial is conducted.
- (6) A service, item, or drug that is provided by a clinical trial sponsor free of charge for any new patient.
- (7) A service, item, or drug that is eligible for reimbursement from a source other than a covered individual's state employee plan, including the sponsor of the clinical trial.

(g) As used in this section, "state employee plan" means one (1) of the following:

- (1) A self-insurance program established under section 7(b) of this chapter to provide group health coverage.
- (2) A contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.

(h) A state employee plan must provide coverage for routine care costs that are incurred in the course of a clinical trial if the state employee plan would provide coverage for the same routine care costs not incurred in a clinical trial.

(i) The coverage that must be provided under this section is subject to the terms, conditions, restrictions, exclusions, and limitations that apply generally under the state employee plan, including terms, conditions, restrictions, exclusions, or limitations that apply to health care services rendered by participating providers and nonparticipating providers.

(j) This section does not do any of the following:

- (1) Require a state employee plan to provide coverage for clinical trial services rendered by a participating provider.
- (2) Prohibit a state employee plan from providing coverage for clinical trial services rendered by a participating provider.
- (3) Require reimbursement under a state employee plan for services that are rendered in a clinical trial by a nonparticipating provider at the same rate of reimbursement that would apply to

the same services rendered by a participating provider.

(k) This section does not create a cause of action against a person for any harm to a covered individual resulting from a clinical trial.

As added by P.L.109-2009, SEC.1.

IC 5-10-8.1

Chapter 8.1. State Employee Health Benefits; Provider Payment

IC 5-10-8.1-1

"Administrator" defined

Sec. 1. As used in this chapter, "administrator" means:

- (1) the state personnel department;
- (2) an entity with which the state contracts to administer health coverage under IC 5-10-8-7(b); or
- (3) a prepaid health care delivery plan with which the state contracts under IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-2

"Clean claim" defined

Sec. 2. As used in this chapter, "clean claim" means a claim submitted by a provider for payment under a health benefit plan that has no defect, impropriety, or particular circumstance requiring special treatment preventing payment.

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-3

"Covered individual" defined

Sec. 3. As used in this chapter, "covered individual" means an individual who is:

- (1) covered under a self-insurance program established under IC 5-10-8-7(b) to provide group health coverage; or
- (2) entitled to services under a contract for health services entered into or renewed under IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-4

"Health benefit plan" defined

Sec. 4. As used in this chapter, "health benefit plan" means a self-insurance program established to provide group health coverage as described in IC 5-10-8-7(b), or a contract for health services as described in IC 5-10-8-7(c).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-5

"Provider" defined

Sec. 5. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-6

Notice of deficiencies in claims

Sec. 6. (a) The administrator shall pay or deny each clean claim in accordance with section 7 of this chapter.

- (b) An administrator shall notify a provider of any deficiencies in

a submitted claim not more than:

- (1) thirty (30) days for a claim that is filed electronically; or
- (2) forty-five (45) days for a claim that is filed on paper;

and describe any remedy necessary to establish a clean claim.

(c) Failure of an administrator to notify a provider as required under subsection (b) establishes the submitted claim as a clean claim. *As added by P.L.162-2001, SEC.1. Amended by P.L.137-2002, SEC.1.*

IC 5-10-8.1-7

Payment or denial of claims; interest

Sec. 7. (a) The administrator shall pay or deny each clean claim as follows:

- (1) If the claim is filed electronically, not more than thirty (30) days after the date the claim is received by the administrator.
- (2) If the claim is filed on paper, not more than forty-five (45) days after the date the claim is received by the administrator.

(b) If:

- (1) the administrator fails to pay or deny a clean claim in the time required under subsection (a); and
- (2) the administrator subsequently pays the claim;

the administrator shall pay the provider that submitted the claim interest on the health benefit plan allowable amount of the claim paid under this section.

(c) Interest paid under subsection (b):

(1) accrues beginning:

- (A) thirty-one (31) days after the date the claim is filed under subsection (a)(1); or
- (B) forty-six (46) days after the date the claim is filed under subsection (a)(2); and

(2) stops accruing on the date the claim is paid.

(d) In paying interest under subsection (b), the administrator shall use the same interest rate as provided in IC 12-15-21-3(7)(A).

As added by P.L.162-2001, SEC.1.

IC 5-10-8.1-8

Permitted forms

Sec. 8. A provider shall submit only the following forms for payment by an administrator:

- (1) HCFA-1500.
- (2) HCFA-1450 (UB-92).
- (3) American Dental Association (ADA) claim form.

As added by P.L.162-2001, SEC.1.

IC 5-10-8.5

Chapter 8.5. Retirement Medical Benefits Account

IC 5-10-8.5-1

Application of chapter

Sec. 1. (a) This chapter applies to an individual who is one (1) of the following:

- (1) An employee of the executive, legislative, or judicial branch of state government.
- (2) A state elected or appointed officer.
- (3) A member of the general assembly.
- (4) An elected officer paid by the state.
- (5) An officer paid by the state under IC 33-23-5-10, IC 33-38-5-7, or IC 33-39-6-2.

(b) An individual described in subsection (a) is a participant in the retirement medical benefits account.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-2

"Account"

Sec. 2. As used in this chapter, "account" refers to the retirement medical benefits account established by section 11 of this chapter.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-3

"Budget agency"

Sec. 3. As used in this chapter, "budget agency" refers to the budget agency established under IC 4-12-1-3.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-4

"Department"

Sec. 4. As used in this chapter, "department" refers to the state personnel department established under IC 4-15-1.8-2.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-5

"Employer"

Sec. 5. As used in this chapter, "employer" means the following:

- (1) For an elected officer, appointed officer, or employee of the executive branch of state government, the state, including any board, commission, department, division, authority, institution, establishment, facility, or governmental unit under the supervision of the state, having a payroll in relation to persons it immediately employs.
- (2) For a member of the general assembly or an employee of the legislative branch of state government:
 - (A) the president pro tempore of the senate, for a member or an employee of the senate;
 - (B) the speaker of the house, for a member or an employee

of the house of representatives; or
(C) the personnel subcommittee of the legislative council,
for an employee of the legislative services agency.

(3) For:

(A) a justice;

(B) a judge;

(C) a prosecuting attorney;

(D) an officer described under section 1(a)(5) of this
chapter; or

(E) an employee of the judicial branch of state government,
including an employee of any board, commission,
department, division, authority, institution, establishment,
facility, or governmental unit under the supervision of the
judicial branch, having a payroll in relation to persons it
immediately employs;

the Indiana supreme court.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-6

"Fund"

Sec. 6. As used in this chapter, "fund" refers to the public
employees' retirement fund established under IC 5-10.3-2-1.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-7

"Internal Revenue Code"

Sec. 7. As used in this chapter, "Internal Revenue Code":

(1) means the Internal Revenue Code of 1954, as in effect
September 1, 1974, if permitted with respect to governmental
plans; or

(2) to the extent not inconsistent with subdivision (1), has the
meaning set forth in IC 6-3-1-11.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-8

"Participant"

Sec. 8. As used in this chapter, "participant" means an individual
for whom a subaccount is established under section 14 of this
chapter.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-9

"Retired participant"

Sec. 9. (a) As used in this chapter, "retired participant" means:

(1) A participant who is eligible for and has applied to receive
a normal, unreduced or disability retirement benefit (as
determined by the Indiana public employee retirement fund of
which the participant is a member) on the participant's last day
of service.

(2) A participant who has completed at least ten (10) years of

service as an elected or appointed officer on the participant's last day of service as an elected or appointed officer.

(b) For a participant described in subsection (a)(2) who has service with more than one (1) employer, the participant's years of service is the sum of all of the participant's years of service.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-10

"Subaccount"

Sec. 10. As used in this chapter, "subaccount" means a participant's allocable share of the account.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-11

Account established; administered by budget agency; specific appropriation required

Sec. 11. (a) The budget agency shall adopt provisions to establish a retirement medical benefits account as a health reimbursement arrangement or as a separate fund under another applicable section of the Internal Revenue Code for the purpose of funding by an employer on a pretax basis benefits for sickness, accident, hospitalization, and medical expenses for a participant and the spouse and dependents of a participant after the participant's retirement.

(b) The budget agency shall administer the account and may request the assistance of the department, the fund, and other state agencies. The account shall be maintained as a separate account to pay benefits for sickness, accident, hospitalization, and medical expenses for retired participants and their spouses and dependents.

(c) Notwithstanding any other provision of this chapter, the budget agency may not establish the account or implement the health reimbursement arrangement unless the general assembly makes a specific appropriation to implement the health reimbursement arrangement.

(d) The budget agency may adopt rules under IC 4-22-2 that it considers appropriate or necessary to administer the account.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-12

Authorization to request Internal Revenue Service rulings

Sec. 12. The budget agency may request from the Internal Revenue Service any rulings or determination letters that the budget agency considers necessary or appropriate in order to implement or administer the account.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-13

Management and pooling of account assets; confidentiality of account records

Sec. 13. (a) The budget agency may designate the board of

trustees of the fund to manage the assets in the account in the same manner and with the same limitations that apply to the management of the assets in the fund.

(b) The assets in the account may be commingled or pooled with other public funds for investment purposes.

(c) The account and subaccount records of individual participants and participants' information are confidential, except for the name and contributions made on behalf of the participant.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-14

Account; subaccounts; administrative costs

Sec. 14. (a) The account consists of the following:

- (1) Contributions made by a participant's employer to the account under section 15 or 16 of this chapter.
- (2) All earnings on investments or deposits of the account.
- (3) All contributions or payments to the account made in a manner provided by the general assembly.

(b) The administrative costs of the account shall be paid from the earnings of the account before the earnings are credited to participants' subaccounts.

(c) The budget agency shall establish a subaccount for each participant. Each participant's subaccount shall be credited with:

- (1) the contributions made to the account on behalf of the participant under this chapter; and
- (2) after the costs described in subsection (b) are paid, the earnings attributable to the balance of the subaccount.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-15

Annual employer contributions

Revisor's Note: P.L.182-2009(ss), SEC.517 directed that the amendments to this section made by P.L.182-2009(ss), SEC.69 not be given effect and required this section to be published as follows.

Sec. 15. (a) A participant's employer shall make contributions annually to the account on behalf of the participant. The amount of the contribution each fiscal year must equal the following, based on the participant's age on the last day of the calendar year that is in the fiscal year in which the contribution is made:

Participant's Age in Years	Annual Contribution Amount
Less than 30	\$500
At least 30, but less than 40	\$800
At least 40, but less than 50	\$1,100
At least 50	\$1,400

(b) The budget agency shall determine by rule the date on which the contributions are credited to participants' subaccounts.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-16

Employer additional contribution; eligibility; computation;

expiration date

Sec. 16. (a) If a participant meets all of the following conditions, the participant is entitled to receive an additional contribution credited to the participant's subaccount and computed as described in subsection (b):

(1) The participant is:

(A) on the participant's last day of service with the participant's employer, eligible for and has applied to receive a normal, unreduced retirement benefit from the public employee retirement fund of which the participant is a member; or

(B) on the participant's last day of service, an elected or appointed officer.

(2) After June 30, 2007, and before July 1, 2017, the participant terminates service:

(A) from the employer; or

(B) as an elected or appointed officer.

(3) By the participant's last day of service, the participant has completed:

(A) fifteen (15) years of service with the employer; or

(B) ten (10) years of service as an elected or appointed officer.

(b) The amount of the contribution to a participant's subaccount under this section is the product of:

(1) the participant's years of service (rounded down to the nearest whole year):

(A) with the participant's employer, determined on the participant's last day of service with the participant's employer; or

(B) as an elected or appointed officer, determined on the participant's last day of service as an elected or appointed officer; multiplied by

(2) one thousand dollars (\$1,000).

(c) For a participant who has service with more than one (1) employer, the participant's years of service used in the computation under subsection (b)(1) is the sum of all of the participant's years of service.

(d) The participant's employer must credit the additional contribution made under this section to the participant's subaccount not later than sixty (60) days after the participant's last day of service.

(e) A participant who meets the requirements to receive an additional contribution under this section may receive the additional contribution only once, regardless of the participant's employment after the payment of the additional contribution.

(f) This section expires July 1, 2017.

As added by P.L.44-2007, SEC.1. Amended by P.L.3-2008, SEC.25.

IC 5-10-8.5-17**Eligibility for benefits**

Sec. 17. (a) A retired participant is entitled to receive a benefit from the account.

(b) A participant who is not a retired participant is not entitled to receive a benefit from the account when the participant separates from service.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-18

Account benefits; coverage

Sec. 18. The balance in a retired participant's subaccount may be used by the retired participant and the spouse and dependents of the retired participant to pay premiums for individual or group health coverage.

As added by P.L.44-2007, SEC.1. Amended by P.L.124-2008, SEC.1.

IC 5-10-8.5-19

Surviving spouse or dependent use of account; forfeiture

Sec. 19. (a) The surviving spouse or dependent of a retired participant may use amounts credited to the retired participant to pay health insurance and other health care related expenses to the same extent and in the same manner as the retired participant.

(b) If a retired participant dies without a surviving spouse or dependents, unused amounts credited to the retired participant are forfeited.

(c) Any forfeited amount may be used to reduce the contributions required under this chapter.

As added by P.L.44-2007, SEC.1.

IC 5-10-8.5-20

Budget committee annual review

Sec. 20. The budget committee shall annually review the financial status of the account.

As added by P.L.44-2007, SEC.1.

IC 5-10-9

Chapter 9. Deposits on Behalf of Local Employees

IC 5-10-9-1

"Municipal corporation" defined

Sec. 1. As used in this chapter:

"Municipal corporation" means county, city, town, township, school corporation, library district, fire protection district, public transportation corporation, local hospital authority or corporation, local airport authority district, special service district, or other separate local governmental entity that may sue and be sued. The term does not include special taxing district.

As added by Acts 1980, P.L.8, SEC.43.

IC 5-10-9-2

Deposits

Sec. 2. An employee of a municipal corporation may make a written request that any compensation due him from the municipal corporation be deposited to his account in a bank or trust company. Upon receipt of request, the officer responsible for making the disbursements may:

(1) draw a check in favor of the bank or trust company set forth in the request for the credit of the employee; or

(2) in the event more than one (1) employee of the same municipal corporation designates the same bank or trust company, draw a single check in favor of the bank or trust company for the total amount due the employees and transmit the check to the bank or trust company identifying each employee and the amount to be deposited in each employee's account.

As added by Acts 1980, P.L.8, SEC.43.

IC 5-10-9-3

Payments

Sec. 3. Payment by a municipal corporation of a check properly endorsed and drawn in accordance with this chapter constitutes full payment for the amount due the employee.

As added by Acts 1980, P.L.8, SEC.43.

IC 5-10-10

Chapter 10. Special Death Benefit Fund

IC 5-10-10-1

"Board" defined

Sec. 1. As used in this chapter, "board" refers to the board of trustees of the public employees' retirement fund.

As added by P.L.44-1988, SEC.1.

IC 5-10-10-1.5

"Correctional officer" defined

Sec. 1.5. As used in this chapter, "correctional officer" includes:

- (1) a county jail officer under IC 11-12-4-4;
- (2) a person who has received a correctional officer training certificate under IC 11-8-2-8;
- (3) a prison matron or an assistant prison matron under IC 36-8-10-5;
- (4) any other person whose duties include the daily or ongoing supervision and care of persons who are lawfully detained (as defined in IC 35-41-1-18) in a facility operated by the state or a political subdivision of the state; and
- (5) a hazardous duty employee of the department of correction who:
 - (A) works within a prison or juvenile facility; or
 - (B) performs parole or emergency response operations and functions.

As added by P.L.42-1991, SEC.1. Amended by P.L.8-2006, SEC.1.

IC 5-10-10-2

"Dies in the line of duty" defined

Sec. 2. As used in this chapter, "dies in the line of duty" refers to a death that occurs as a direct result of personal injury or illness resulting from any action that the public safety officer, in the public safety officer's capacity as a public safety officer, is obligated or authorized by rule, regulation, condition of employment or service, or law to perform in the course of controlling or reducing crime or enforcing the criminal law. For purposes of a public safety officer who is an employee (as defined in IC 5-10-13-2), the term includes a death presumed incurred in the line of duty under IC 5-10-13.

As added by P.L.44-1988, SEC.1. Amended by P.L.52-1993, SEC.1; P.L.185-2002, SEC.2.

IC 5-10-10-3

"Fund" defined

Sec. 3. As used in this chapter, "fund" refers to the special death benefit fund.

As added by P.L.44-1988, SEC.1.

IC 5-10-10-4

"Public safety officer" defined

Sec. 4. As used in this chapter, "public safety officer" means any of the following:

- (1) A state police officer.
- (2) A county sheriff.
- (3) A county police officer.
- (4) A correctional officer.
- (5) An excise police officer.
- (6) A county police reserve officer.
- (7) A city police reserve officer.
- (8) A conservation enforcement officer.
- (9) A town marshal.
- (10) A deputy town marshal.
- (11) A probation officer.
- (12) A state educational institution police officer appointed under IC 21-39-4.
- (13) A police officer whose employer purchases coverage under section 4.5 of this chapter.
- (14) An emergency medical services provider (as defined in IC 16-41-10-1) who is:
 - (A) employed by a political subdivision (as defined in IC 36-1-2-13); and
 - (B) not eligible for a special death benefit under IC 36-8-6-20, IC 36-8-7-26, IC 36-8-7.5-22, or IC 36-8-8-20.
- (15) A firefighter who is employed by the fire department of a state university.
- (16) A firefighter whose employer purchases coverage under section 4.5 of this chapter.
- (17) A member of a consolidated law enforcement department established under IC 36-3-1-5.1.
- (18) A gaming agent of the Indiana gaming commission.
- (19) A person who is:
 - (A) employed by a political subdivision (as defined in IC 36-1-2-13); and
 - (B) appointed as a special deputy under IC 36-8-10-10.6.
- (20) A school corporation police officer appointed under IC 20-26-16.
- (21) A gaming control officer of the Indiana gaming commission.
- (22) An eligible chaplain who meets the requirements of section 4.7 of this chapter.

As added by P.L.44-1988, SEC.1. Amended by P.L.42-1991, SEC.2; P.L.52-1993, SEC.2; P.L.66-2000, SEC.1; P.L.246-2001, SEC.1; P.L.56-2003, SEC.1; P.L.10-2005, SEC.1; P.L.227-2005, SEC.3; P.L.170-2005, SEC.16; P.L.1-2006, SEC.96; P.L.43-2006, SEC.1; P.L.2-2007, SEC.84; P.L.132-2007, SEC.4; P.L.227-2007, SEC.56; P.L.3-2008, SEC.26; P.L.115-2008, SEC.2.

IC 5-10-10-4.5

Special death benefits coverage purchased for eligible officers

Sec. 4.5. (a) As used in this section, "eligible officer" means a

police officer or firefighter whose employer purchases coverage under this section.

(b) As used in this section, "employer" means:

(1) with respect to a police officer:

(A) a postsecondary educational institution, other than a state educational institution, that appoints a police officer under IC 21-17-5; or

(B) an operator that employs the police officer under IC 8-22-3-34(b); or

(2) with respect to a firefighter:

(A) a postsecondary educational institution, other than a state educational institution, located in Indiana that:

(i) maintains a fire department;

(ii) employs firefighters for the fire department; and

(iii) is accredited by the North Central Association; or

(B) an operator that enters into an operating agreement under IC 5-23 for the operation of a public use airport that:

(i) maintains a fire department; and

(ii) employs firefighters for the fire department.

(c) If an employer purchases coverage for an eligible officer, the eligible officer is eligible for a special death benefit from the fund in the same manner that any other public safety officer is eligible for a special death benefit from the fund. The cost of the coverage shall be one hundred dollars (\$100) for each eligible officer annually. The cost of the coverage shall be paid to the board for deposit in the fund.

(d) If an employer elects to provide coverage under this section, the employer must purchase coverage for all eligible officers of the employer. The board shall allow an employer to purchase coverage by making quarterly payments on dates prescribed by the board.

As added by P.L.10-2005, SEC.2. Amended by P.L.43-2006, SEC.2; P.L.2-2007, SEC.85.

IC 5-10-10-4.7

Special death benefit for eligible chaplain

Sec. 4.7. (a) As used in this section, "eligible chaplain" means an individual who is appointed or officially designated to serve, with or without compensation, as a chaplain of any of the following:

(1) A law enforcement agency (as defined in IC 4-33-2-11.6).

(2) A full-time police department of a political subdivision (as defined in IC 36-1-2-13).

(3) A full-time fire department of a political subdivision (as defined in IC 36-1-2-13).

(4) A volunteer fire department (as defined in IC 36-8-12-2).

(5) A sheriff's department of a county.

(b) An eligible chaplain who dies as a direct result of personal injury or illness resulting from the eligible chaplain's performance of duties as a chaplain for the agency or department that the eligible chaplain was appointed or officially designated to serve is eligible for a special death benefit from the fund in the same manner as any other public safety officer is eligible for a benefit from the fund.

As added by P.L.115-2008, SEC.3.

IC 5-10-10-5

Establishment of fund; source of funding; administration; investments; reversion

Sec. 5. (a) The special death benefit fund is established for the purpose of paying lump sum death benefits under section 6 of this chapter. The fund consists of the fees remitted to the board under IC 35-33-8-3.2 and section 4.5 of this chapter. The fund shall be administered by the board. The expenses of administering the fund shall be paid from money in the fund.

(b) The board shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as the board's other funds may be invested. Interest that accrues from these investments shall be deposited in the fund.

(c) Money in the fund at the end of a state fiscal year does not revert to the state general fund.

As added by P.L.44-1988, SEC.1. Amended by P.L.1-1990, SEC.58; P.L.107-1998, SEC.1; P.L.10-2005, SEC.3; P.L.1-2006, SEC.97.

IC 5-10-10-6

Special death benefits; suspension of payment

Sec. 6. (a) Except as provided in subsection (b), a special death benefit of seventy-five thousand dollars (\$75,000) for a public safety officer who dies in the line of duty before January 1, 1998, and one hundred fifty thousand dollars (\$150,000) for a public safety officer who dies in the line of duty after December 31, 1997, shall be paid in a lump sum from the fund to the following relative of a public safety officer who dies in the line of duty:

- (1) To the surviving spouse.
- (2) If there is no surviving spouse, to the surviving children (to be shared equally).
- (3) If there is no surviving spouse and there are no surviving children, to the parent or parents in equal shares.

(b) If the fund would be reduced below two hundred fifty thousand dollars (\$250,000) by payment in full of all claims that become final in any month, the board shall proceed as follows:

- (1) The board shall suspend payment of the claims that become final during that month and the following two (2) months.
- (2) At the end of the suspension period, the board shall pay all suspended claims. If the fund would be exhausted by payment in full of all suspended claims, the amount paid to each claimant shall be prorated.

As added by P.L.44-1988, SEC.1. Amended by P.L.42-1991, SEC.3; P.L.53-1993, SEC.1; P.L.49-1998, SEC.1.

IC 5-10-10-7

Other benefits; effect

Sec. 7. The special death benefit provided by this chapter is in addition to any other benefits provided by state or federal law.

As added by P.L.44-1988, SEC.1.

IC 5-10-11

Chapter 11. State Employees' Death Benefit

IC 5-10-11-1

"Board" defined

Sec. 1. As used in this chapter, "board" refers to the board of trustees of the public employees' retirement fund.

As added by P.L.49-1989, SEC.7.

IC 5-10-11-2

"Dies in the line of duty" defined

Sec. 2. As used in this chapter, "dies in the line of duty" refers to a death that occurs as a direct result of personal injury or illness resulting from a state employee's performance of the duties of the employee's job.

As added by P.L.49-1989, SEC.7.

IC 5-10-11-3

"State employee" defined

Sec. 3. As used in this chapter, "state employee" means an employee of a state agency, except a state educational institution. "State employee" does not include a public safety officer who receives benefits under IC 5-10-10.

As added by P.L.49-1989, SEC.7. Amended by P.L.2-2007, SEC.86.

IC 5-10-11-4

Establishment of program and fund

Sec. 4. The state shall establish and operate a death benefit program for the payment of lump sum death benefits to the survivors of a state employee who dies in the line of duty. The state may provide these benefits by purchasing group life insurance or by establishing a program of self-insurance. If the state establishes a program of self-insurance, the state shall establish a fund to be managed by the board and funded by such contributions as considered necessary by the board. The board shall pay benefits out of the fund established by the state under this section.

As added by P.L.49-1989, SEC.7. Amended by P.L.25-1994, SEC.2.

IC 5-10-11-5

Lump sum payment

Sec. 5. The board shall pay a death benefit of fifty thousand dollars (\$50,000) in a lump sum to the surviving spouse, or if there is no surviving spouse, to the surviving children (to be shared equally) of a state employee who dies in the line of duty.

As added by P.L.49-1989, SEC.7.

IC 5-10-11-6

Additional benefit

Sec. 6. The death benefit provided by this chapter is in addition to any other benefits provided by state or federal law.

As added by P.L.49-1989, SEC.7.

IC 5-10-12

Chapter 12. Cafeteria Plan Benefits for Certain Unused Vacation, Sick, or Personal Days

IC 5-10-12-1

"Department" defined

Sec. 1. As used in this chapter, "department" means the state personnel department.

As added by P.L.195-1999, SEC.8.

IC 5-10-12-2

"State agency" defined

Sec. 2. As used in this chapter, "state agency" means an authority, board, branch, commission, committee, department, division, or other instrumentality of state government, but does not include:

- (1) a state educational institution;
- (2) a state elected official's office; and
- (3) the legislative and judicial branches of state government.

As added by P.L.195-1999, SEC.8. Amended by P.L.2-2007, SEC.87.

IC 5-10-12-3

Eligibility

Sec. 3. (a) Subject to subsections (b) and (c), an employee who:

- (1) has at least ten (10) years of creditable service with a state agency;
- (2) retires after June 30, 2000; and
- (3) has accrued and unused sick days, vacation days, or personal days on the employee's retirement date;

is entitled to have the amounts specified in section 5 of this chapter deposited by the state into a cafeteria plan under Section 125 of the Internal Revenue Code.

(b) The provisions of this chapter requiring the department to make deposits into a cafeteria plan on behalf of retired employees described in subsection (a) apply only if the department has received from the Internal Revenue Service any approvals or rulings that the department considers necessary or appropriate for the cafeteria plan.

(c) The provisions of this chapter requiring the department to make deposits into a cafeteria plan on behalf of retired employees described in subsection (a) do not apply if the plan described in IC 5-10-1.1-7.5(b) is implemented and the deferred compensation committee has received from the Internal Revenue Service any rulings or determination letters that the committee considers necessary or appropriate for the plan described in IC 5-10-1.1-7.5(b).

As added by P.L.195-1999, SEC.8. Amended by P.L.184-2001, SEC.7.

IC 5-10-12-4

Payments to plan

Sec. 4. (a) The department shall adopt rules under IC 4-22-2 that it considers necessary to make periodic payments to a cafeteria plan

under Section 125 of the Internal Revenue Code on behalf of retired employees described in section 3 of this chapter and to otherwise carry out this chapter.

(b) The rules adopted by the department may include provisions setting forth the following:

- (1) The minimum or maximum total amount or annual amount that may be deposited by the state under this chapter on behalf of retired employees.
- (2) The period of years of deposits.
- (3) Payment provisions.

As added by P.L.195-1999, SEC.8.

IC 5-10-12-5

Calculation of deposits

Sec. 5. The amount that shall be deposited on behalf of a participating retired employee may not exceed five thousand dollars (\$5,000) and is based on:

- (1) the hourly rate the employee was paid on the employee's retirement date; and
- (2) the following provisions concerning the employee's accrued and unused vacation days, sick days, or personal days:
 - (A) An employee with at least ten (10) years of creditable service but less than fifteen (15) years of creditable service is entitled to an amount based on twenty percent (20%) of the employee's accrued days.
 - (B) An employee with at least fifteen (15) years of creditable service but less than twenty (20) years of creditable service is entitled to an amount based on thirty-five percent (35%) of the employee's accrued days.
 - (C) An employee with at least twenty (20) years of creditable service is entitled to an amount based on not more than fifty percent (50%) of the employee's accrued days.

As added by P.L.195-1999, SEC.8.

IC 5-10-12-6

Application procedure

Sec. 6. Within ninety (90) days after an employee's retirement date, an employee who wishes to participate in a cafeteria plan as provided under this chapter must file with the department a written application and any information required by the department.

As added by P.L.195-1999, SEC.8.

IC 5-10-13

Chapter 13. Emergency and Public Safety Employee Death and Disability Presumed Incurred in the Line of Duty

IC 5-10-13-1

"Exposure risk disease" defined

Sec. 1. As used in this chapter, "exposure risk disease" refers to:

- (1) acquired immune deficiency syndrome (AIDS);
- (2) anthrax;
- (3) hepatitis;
- (4) human immunodeficiency virus (HIV);
- (5) meningococcal meningitis;
- (6) smallpox; and
- (7) tuberculosis.

As added by P.L.185-2002, SEC.3.

IC 5-10-13-2

"Employee" defined

Sec. 2. As used in this chapter, "employee" means an individual who:

- (1) is employed full time by the state or a political subdivision of the state as:
 - (A) a member of a fire department (as defined in IC 36-8-1-8);
 - (B) an emergency medical services provider (as defined in IC 16-41-10-1);
 - (C) a member of a police department (as defined in IC 36-8-1-9);
 - (D) a correctional officer (as defined in IC 5-10-10-1.5);
 - (E) a state police officer;
 - (F) a county police officer;
 - (G) a county sheriff;
 - (H) an excise police officer;
 - (I) a conservation enforcement officer;
 - (J) a town marshal;
 - (K) a deputy town marshal; or
 - (L) a member of a consolidated law enforcement department established under IC 36-3-1-5.1;
- (2) in the course of the individual's employment is at high risk for occupational exposure to an exposure risk disease; and
- (3) is not employed elsewhere in a similar capacity.

As added by P.L.185-2002, SEC.3. Amended by P.L.227-2005, SEC.4.

IC 5-10-13-3

"High risk for occupational exposure" defined

Sec. 3. As used in this chapter, "high risk for occupational exposure" means that risk is incurred by an individual in performing the basic duties of the individual's employment, including:

- (1) providing emergency medical treatment in a nonhealth care

setting where there is a potential for transfer of body fluids between individuals;

(2) working at the scene of an accident, a fire, or other rescue or public safety operation or in an emergency rescue vehicle or public safety vehicle during which the individual has contact with body fluids, containers of body fluids, hypodermic needles, or other materials that have been exposed to body fluids;

(3) engaging in the pursuit, apprehension, and arrest of law violators or suspected law violators during which the individual may be exposed to body fluids; or

(4) maintaining custody and physical restraint of prisoners or inmates of a prison, a jail, or other criminal detention facility during which the individual may be exposed to body fluids.

As added by P.L.185-2002, SEC.3.

IC 5-10-13-4

"Political subdivision" defined

Sec. 4. As used in this chapter, "political subdivision" has the meaning set forth in IC 6-3.5-2-1.

As added by P.L.185-2002, SEC.3.

IC 5-10-13-5

Presumption that disability or death incurred in the line of duty

Sec. 5. (a) Except as provided in section 6 of this chapter, an employee who:

(1) is diagnosed with a health condition caused by an exposure risk disease that:

(A) requires medical treatment; and

(B) results in total or partial disability or death;

(2) by written affidavit has provided to the employee's employer a verification described in subsection (b), (c), (d), (e), or (f); and

(3) before the employee is diagnosed with a health condition caused by hepatitis or tuberculosis, tests negative for evidence of hepatitis or tuberculosis through medical testing;

is presumed to have a disability or death incurred in the line of duty.

(b) An employee who is diagnosed with a health condition caused by hepatitis and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not:

(1) outside the scope of the employee's current employment, been exposed through transfer of body fluids to an individual known to have a medical condition caused by hepatitis;

(2) received blood products other than a transfusion received because of an injury to the employee that occurred in the scope of the employee's current employment;

(3) received blood products for the treatment of a coagulation

disorder since testing negative for hepatitis;

(4) engaged in sexual practices or other behavior identified as high risk by the Centers for Disease Control and Prevention or the Surgeon General of the United States;

(5) had sexual relations with another individual known to the employee to have engaged in sexual practices or other behavior described in subdivision (4); or

(6) used intravenous drugs that were not prescribed by a physician.

(c) An employee who is diagnosed with a health condition caused by meningococcal meningitis and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee, in the ten (10) days immediately preceding the diagnosis, was not exposed to another individual known to:

(1) have meningococcal meningitis; or

(2) be an asymptomatic carrier of meningococcal meningitis; outside the scope of the employee's current employment.

(d) An employee who is diagnosed with a health condition caused by tuberculosis and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not, outside the scope of the employee's current employment, been exposed to another individual known to have tuberculosis.

(e) An employee who is diagnosed with a health condition caused by AIDS or HIV and, if the health condition results in disability or death, wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not:

(1) outside the scope of the employee's current employment, been exposed through transfer of body fluids to an individual known to have a medical condition caused by AIDS or HIV;

(2) received blood products other than a transfusion received because of an injury to the employee that occurred in the scope of the employee's current employment;

(3) received blood products for the treatment of a coagulation disorder since testing negative for AIDS or HIV;

(4) engaged in sexual practices or other behavior identified as high risk by the Centers for Disease Control and Prevention or the Surgeon General of the United States;

(5) had sexual relations with another individual known to the employee to have engaged in sexual practices or other behavior described in subdivision (4); or

(6) used intravenous drugs that were not prescribed by a physician.

(f) An employee who is diagnosed with a health condition caused by smallpox and, if the health condition results in disability or death,

wishes to have a presumption of disability or death incurred in the line of duty apply to the employee shall, by written affidavit executed before death, provide verification that the employee has not, outside the scope of the employee's current employment, been exposed to another individual known to have smallpox.

(g) A presumption of disability or death incurred in the line of duty may be rebutted by competent evidence.

(h) A meeting or hearing held to rebut a presumption of disability or death incurred in the line of duty may be held as an executive session under IC 5-14-1.5-6.1(b)(1).

As added by P.L.185-2002, SEC.3.

IC 5-10-13-6

Exception to presumption for vaccine or prevention measure

Sec. 6. If a standard, medically recognized vaccine or other measure exists for the prevention of an exposure risk disease and the vaccine or other measure is medically indicated for an employee according to immunization policies established by the Advisory Committee on Immunization Practices of the United States Public Health Service, the following apply:

(1) If:

(A) the employee receives the vaccine or other measure as required by the employee's employer; or

(B) the employee's physician provides written notice to the employer that the vaccine or other measure would pose a significant risk to the employee's health;

and the employee meets the other requirements of this chapter, a presumption of disability or death incurred in the line of duty under this chapter applies to the employee.

(2) If:

(A) the employee does not receive the vaccine or other measure as required by the employee's employer; and

(B) the employee's physician has not provided written notice that the vaccine or other measure would pose a significant risk to the employee's health;

a presumption of disability or death incurred in the line of duty under this chapter does not apply to the employee.

As added by P.L.185-2002, SEC.3.

IC 5-10-13-7

Employee report

Sec. 7. (a) An employee shall file a report with the employee's employer of each known or reasonably suspected exposure to an exposure risk disease in the scope of the employee's employment.

(b) The employer shall maintain a permanent record of a report filed by an employee under subsection (a).

As added by P.L.185-2002, SEC.3.

IC 5-10-13-8

Insurance coverage for disability or death presumed incurred in

the line of duty

Sec. 8. (a) The state or a political subdivision of the state may provide, in the life and disability insurance that covers employees of the state or political subdivision, accidental death coverage or double indemnity coverage for a health condition caused by a communicable disease that results in total or partial disability or death that is presumed to be a disability or death incurred in the line of duty under this chapter.

(b) This chapter does not require an insurer that issues a noncompulsory life insurance policy or a noncompulsory disability insurance policy to include in the policy coverage for a disability or death presumed incurred in the line of duty as described in this chapter.

As added by P.L.185-2002, SEC.3.

IC 5-10-13-9**Other requirements for disability benefits not affected**

Sec. 9. This chapter does not affect the requirements for determining eligibility for disability benefits provided by the state or a political subdivision of the state except to the extent of determining whether an employee incurred a disability in the line of duty.

As added by P.L.185-2002, SEC.3.

IC 5-10-14

Chapter 14. State Police Officer Survivor Health Coverage

IC 5-10-14-1

"Dies in the line of duty"

Sec. 1. As used in this chapter, "dies in the line of duty" refers to a death that occurs as a direct result of personal injury or illness resulting from an action that an employee, in the employee's capacity as an employee, is obligated or authorized to perform by rule, regulation, law, or condition of employment.

As added by P.L.24-2005, SEC.2.

IC 5-10-14-2

"Employee"

Sec. 2. As used in this chapter, "employee" means an individual who is employed full time by the state as a state police officer.

As added by P.L.24-2005, SEC.2.

IC 5-10-14-3

Health coverage for survivors of employees who die in line of duty

Sec. 3. (a) If the state police department offers health coverage for active employees, the state police department shall offer to provide and pay for health coverage under the health coverage plan provided for active employees for:

- (1) the surviving spouse; and
- (2) each natural child, stepchild, and adopted child;

of an employee who dies in the line of duty, regardless of whether the death occurs before July 1, 2005, or on or after July 1, 2005.

(b) The health coverage for a surviving natural child, stepchild, or adopted child provided under subsection (a) continues:

- (1) until the child becomes eighteen (18) years of age;
- (2) if the child is:
 - (A) enrolled in and regularly attending a secondary school; or
 - (B) a full-time student at an accredited college or university; until the child becomes twenty-three (23) years of age; or
- (3) if the child has a physical or mental disability, until the end of the physical or mental disability;

whichever period is longest.

(c) If the state police department offers health coverage to active employees, the health coverage that the state police department provides to a surviving spouse or a natural child, a stepchild, or an adopted child under this section must be equal to that offered to active employees.

(d) The state police department's offer to provide and pay for health coverage under subsection (a) must remain open as long as the state police department continues to offer the health coverage for active employees, and:

- (1) a surviving spouse is eligible for the health coverage under subsection (a); or

(2) a natural child, a stepchild, or an adopted child is eligible for the health coverage under subsections (a) and (b).

As added by P.L.24-2005, SEC.2. Amended by P.L.99-2007, SEC.14.

IC 5-10-15

Chapter 15. Emergency and Public Safety Employee Disability From Certain Cancers or Heart or Lung Disease Presumed Incurred in the Line of Duty

IC 5-10-15-1

Application of chapter

Sec. 1. This chapter does not apply to an individual who, at any time during the individual's employment by the state or a political subdivision of the state as:

- (1) a member of a fire department (as defined in IC 36-8-1-8);
- (2) an emergency medical services provider (as defined in IC 16-41-10-1); or
- (3) a member of a police department (as defined in IC 36-8-1-9);

uses tobacco products in any form in the last five (5) years.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-2

"At risk for occupational exposure"

Sec. 2. As used in this chapter, "at risk for occupational exposure" means that an individual incurs risk in performing the basic duties of the individual's employment, including:

- (1) providing emergency medical treatment in a nonhealth care setting where there is a potential for contact with;
- (2) working at the scene of an accident, a fire, or another rescue or public safety operation, or working in an emergency rescue vehicle or a public safety vehicle, during which the individual has contact with;
- (3) engaging in the pursuit, apprehension, and arrest of law violators, during which the individual may be exposed to; or
- (4) maintaining custody and physical restraint of prisoners or inmates of a prison, a jail, or another criminal detention facility during which the individual may be exposed to;

a known carcinogen, or a substance or condition that adversely affects an individual's cardiovascular, neurological, or respiratory system.

As added by P.L.62-2006, SEC.1. Amended by P.L.59-2009, SEC.1.

IC 5-10-15-3

"Employee"

Sec. 3. As used in this chapter, "employee" means an individual who:

- (1) is employed full time by the state or a political subdivision of the state as:
 - (A) a member of a fire department (as defined in IC 36-8-1-8);
 - (B) an emergency medical services provider (as defined in IC 16-41-10-1); or
 - (C) a member of a police department (as defined in

IC 36-8-1-9);

(2) in the course of the individual's employment, is at risk for occupational exposure; and

(3) is not employed elsewhere by the state or a political subdivision of the state in a similar capacity.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-4

"Exposure related cancer"

Sec. 4. As used in this chapter, "exposure related cancer" refers to a cancer that is caused by a known carcinogen to which an individual is at risk for occupational exposure.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-5

"Exposure related heart or lung disease"

Sec. 5. As used in this chapter, "exposure related heart or lung disease" refers to a disease or impairment of the cardiovascular or respiratory system caused by a substance or condition to which an individual is at risk for occupational exposure.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-5.5

"Exposure related Parkinson's disease"

Sec. 5.5. As used in this chapter, "exposure related Parkinson's disease" refers to Parkinson's disease that is caused by a toxin or head trauma:

(1) known to increase the risk for the development of Parkinson's disease; and

(2) to which an individual is at risk for occupational exposure.

As added by P.L.59-2009, SEC.2.

IC 5-10-15-6

"Known carcinogen"

Sec. 6. As used in this chapter, "known carcinogen" refers to a substance or agent the exposure to which is recognized by:

(1) the International Agency for Research on Cancer; or

(2) the National Institute for Occupational Safety and Health;

as creating a high risk for the development of cancer.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-7

"Political subdivision"

Sec. 7. As used in this chapter, "political subdivision" has the meaning set forth in IC 6-3.5-2-1.

As added by P.L.62-2006, SEC.1.

IC 5-10-15-8

"Substance or condition that adversely affects an individual's cardiovascular, neurological, or respiratory system"

Sec. 8. As used in this chapter, "substance or condition that adversely affects an individual's cardiovascular, neurological, or respiratory system" refers to a substance or condition the exposure to which is recognized by the National Institute for Occupational Safety and Health as creating a high risk for the development of heart, lung, or Parkinson's disease.

As added by P.L.62-2006, SEC.1. Amended by P.L.59-2009, SEC.3.

IC 5-10-15-9

Presumption of disability in line of duty; rebutting of presumption

Sec. 9. (a) An employee or former employee who:

(1) is diagnosed with an exposure related cancer, exposure related heart or lung disease, or exposure related Parkinson's disease that:

- (A) requires medical treatment; or
- (B) results in total or partial disability; and

(2) at the time of the diagnosis:

- (A) is actively employed; or
- (B) has terminated employment not more than sixty (60) months earlier;

is presumed to have a disability incurred in the line of duty.

(b) The presumption described in subsection (a) may be rebutted by competent evidence.

(c) A meeting or hearing held to rebut the presumption described in subsection (a) may be held as an executive session under IC 5-14-1.5-6.1(b)(1).

As added by P.L.62-2006, SEC.1. Amended by P.L.59-2009, SEC.4.

IC 5-10-15-10

Effect of chapter on determination of eligibility for disability benefits

Sec. 10. This chapter does not affect the requirements for determining eligibility for disability benefits provided by the state or a political subdivision of the state except to the extent of determining whether an employee incurred a disability in the line of duty.

As added by P.L.62-2006, SEC.1.