



100 CLUB OF SOUTHEAST TEXAS

Qualification Process For Catastrophic Injury Date_____

Name: _____ Injury Date_____

Address: _____

Telephone: _____

Email: _____

Dependents & DOB: _____

1. Obtain a letter from Chief of Police/Sheriff or Fire Department Chief on Department Letterhead. They must certify:

a. Officer/firefighter was on duty at the time of the substantial injury.

b. Chief/Sheriff will provide pertinent details about how the injury occurred.

c. Is the individual still being paid full salary and benefits, or has his/her salary been reduced due to receiving workers compensation?

d. Has the individual been on Workers Compensation for a minimum of thirty (30) days?
