



**KEVIN J. LILLY** A.S.A., C.F.A

Nassau County Property Appraiser

*Consistent, Fair, Efficient*

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## First Responders Totally & Permanently Disability Exemption

Any real estate that is owned and used as a homestead by a person who has a total and permanent disability as a result of an injury or injuries sustained in the line of duty *while serving as a first responder in this state or during an operation in another state or country authorized by this state or a political subdivision of this state* is exempt from taxation if the first responder is a permanent resident of this state on January 1 of the year for which the exemption is being claimed.

### First Responder

Only Florida first responders are eligible for the exemption. First responder is described as:

- "Law enforcement officer" - § 943.10(1)
- "Correctional officer" - § 943.10(2)
- "Firefighter" - § 633.102(9)
- "Emergency medical technician" - § 401.23(11)
- "Paramedic" - § 401.23(17)

To the extent that it may be unclear under section 196.081(6)(c)1, the bill specifically requires the injury sustained in the line of duty to have occurred "while serving as a first responder in this state" or during an operation in another state or country "authorized by this state or a political subdivision of this state."

### Totally and Permanently Disabled

"Total and permanent disability' means an impairment of the mind or body that renders a first responder unable to engage in any substantial gainful occupation and that is reasonably certain to continue throughout his or her life." The bill provides that proof of totally and permanently disabled may be provided in two separate methods, both of which are prima facie evidence of disability:

1. Satisfying the requirements of section 196.101, Florida Statutes, which authorizes an exemption for a quadriplegic, paraplegic, hemiplegic, legally blind, or totally and permanently disabled person who must use a wheelchair for mobility. A certificate of such disability from two licensed doctors of this state is required. *The gross income requirement of section 196.101, however, does not apply.*
2. a. Documentation from the Social Security Administration stating that the applicant is totally and permanently disabled. The documentation must be provided to the property appraiser within three months after issuance. The applicant also must have one certificate of disability from a licensed doctor of this state.  
  
b. An applicant that cannot obtain the medical status determination because of ineligibility for social security or Medicare benefits must provide documentation to that effect from the Social Security Administration and physician certifications from two professionally unrelated licensed physicians of this state.

## **Line of Duty**

The bill adopts the same line of duty requirements for first responders who died in the line of duty by reference to section 196.081, Florida Statutes. All applicants will be required to obtain an "Employer Certificate," which may be provided to the property appraiser by the applicant or directly from the employer. The Employer Certificate must contain, at a minimum:

- a. The title of the person signing the certificate;
- b. The name and address of the employing entity;
- c. A description of the incident that caused the injury or injuries;
- d. The date and location of the incident; and
- e. A statement that the first responder's injury or injuries were:
  - (I) Directly and proximately caused by service in the line of duty.
  - (II) Without willful negligence on the part of the first responder.
  - (III) The sole cause of the first responder's total and permanent disability.

The Employer Certificate must be supplanted with documentation of the incident or event that caused the injury, such as an accident or incident report.

There are additional requirements for injuries caused by cardiac events. In such cases, the certificate must include a statement from the first responder's cardiologist for cardiac events that, within a reasonable degree of medical certainty:

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

## **Other provisions**

An applicant has a duty to notify of any change in status. "An applicant who is granted the exemption under this section has a continuing duty to notify the property appraiser of any changes in his or her status with the Social Security Administration or in employment or other relevant changes in circumstances which affect his or her qualification for the exemption."

The bill allows a surviving spouse of a qualifying first responder to receive the exemption, provided that he or she continues to permanently reside on the property and does not remarry. If the property is subsequent sold, an exemption not to exceed the amount of the exemption from the most recent tax roll may be carried forward to the new residence.

Applicants also may apply before obtaining all of the necessary documentation. In the same manner as veterans' exemptions, refunds will be issued for the year of original application for up to the four-year period set forth in section 197.182, Florida Statutes.



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## First Responder's Employer Certification of Injury

Section 196.102, Florida Statutes

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

Section 196.102, Florida Statutes

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

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

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

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

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

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

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

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

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

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