

# DPD RETIREES PEER SUPPORT NEWSLETTER

*“In the war for the streets, there are no unwounded soldiers.”*



## GOOD NEWS FROM THE SOCIAL SECURITY ADMINISTRATION!!

### We May Owe You Additional Benefits

We have been reducing or withholding your Social Security benefits because you receive a pension from work not covered by Social Security. The Social Security Fairness Act eliminates Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP) retroactive to January 2024. Your benefits may increase because of the new law. However, if you owe past due Medicare premiums or have an outstanding overpayment balance, we may withhold some or all the retroactive benefits you are due.

### How We Will Process the Payments

This law affects over three million beneficiaries. Our electronic payment systems cannot make all the necessary changes at the same time. Therefore, we will need to process the actions in Sev-

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### NEED A HELPING HAND?

#### Retirees Peer Support Psychologists

Nicoletti/Flater  
Phone: 303-989-1617  
Or [www.nfa.com](http://www.nfa.com)

#### Police & Public Safety

Dr. Debra Tasci  
Phone: 303-989-1617

#### Peer Support

Phone: 720-340-1485  
Or email us at [RetPeerSup@gmail.com](mailto:RetPeerSup@gmail.com)

### VETERANS'S CORNER

#### SIGNS OF A STROKE

- F – FACE: Ask the person to smile. ...
- A – ARMS: Ask the person to raise both arms. ...
- S – SPEECH: Ask the person to repeat a simple phrase, such as “It may rain today.” Is their speech slurred or strange?
- T – TIME: If you observe any of these signs, call 9-1-1 immediately.

**Veteran's Crisis Line**  
**Dial 988 then press “1”**  
**You are not alone!**

**INSPIRING THOUGHTS**

*“There are two ways to spread light: to be the candle or the mirror that reflects it.”*

*Edith Wharton*

### Dilbert



(SSA.gov (continued))

eral stages, which are expected to begin in late-February.

### When Your Monthly Payments May Increase

Social Security benefits are paid one month behind. For example, you receive February's payment in March. If you are due retroactive benefits as a result of the Social Security Fairness Act, you will receive a single retroactive payment that covers the increase in your benefit amount back to January 2024.

You will get your new benefit amount the following month.


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**NOTE: You may receive two mailed notices, the first when the WEP or GPO is removed from your record, and a second when your monthly benefit is adjusted to reflect the increase. You may receive your retroactive payment before the mailed notice.**

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**What We Need You to Do** Sign in to your personal my Social Security account at [www.ssa.gov/myaccount/](http://www.ssa.gov/myaccount/) to verify or update your mailing address and direct deposit information. **NOTE:** If you have filed for spouse's or widow (er)'s benefits but are not receiving any monthly benefits due to GPO, please call us at 1-800-772-1213 if you would like to update your direct deposit information. If you had any change in your pension amount between January 2022 and December 2023, please provide us with the date of the change and the old and new pension amounts. You do not need to report any changes that occurred after December 2023.

**NEED SOMEONE  
TO TALK TO?**

  
An Officer's Lifeline 1-800-267-5463

COPLINE is the first international law enforcement officer's hotline, manned entirely by retired law enforcement officers.

An active or retired officer or their family can call 24/7 and be assured there is a trained active listener on the other end of the line.

**COPLINE is strictly confidential.**

If you or someone you know is struggling, please have them reach out to COPLINE and/or seek professional help.

**CALL: (800) COP-LINE (267-5463)**

**ATTENTION RETIRED OFFICERS**  
COPLINE is always in need of retired officers to volunteer to answer the "Call." The training is free. The application and other info can be found at <http://www.copline.org/volunteer>.

For information on volunteering for COPLINE, please feel free to contact Stephanie Samuels at [Director@copline.org](mailto:Director@copline.org) or (732) 577-8300 x8

(SSA.gov (continued))

You can visit [www.ssa.gov/benefits/retirement/social-security-fairness-act.htm](http://www.ssa.gov/benefits/retirement/social-security-fairness-act.htm) to

learn more about the SSFA.

**Beware of scams.** Please ensure you are on the Social Security Administration's official website, [www.ssa.gov](http://www.ssa.gov), before entering any personal information.

### TWELVE VALUABLE PREDICTORS OF SUICIDE POTENTIAL

**History of Previous Attempts:** 50% to 80% of those who ultimately commit suicide have a history of at least one prior attempt.

**Lethality of Attempts:** If an individual has made an attempt on his life that would have resulted in death if he/she had not been found and brought for treatment. The risk is much greater for another attempt than if the person employed a more benign method (e.g., 10 aspirins). Gunshot wounds, jumping from high places, and hanging are usually associated with quick deaths and therefore, represent more lethal attempts. Wrist cuttings and minor ingestions are considered less lethal.

**Workable Plan:** The danger of a potentially lethal suicide attempt is increased if the individual has a plan for suicide that is workable and readily carried out, (e.g., access to, and familiarity with firearms, other weapons, medications, poisons, etc., and articulated plans using such a method).

**Depressed Mood:** Suicide risk increases with depressed mood, especially if vegetative signs are present, such as loss of appetite and weight, decreased libido, sleep difficulties, early morning awakening. Suicide risk may increase early during treatment with anti-depressants as the return of energy brings about an increased ability to act out self-destructive wishes.

**Lack of Future Plans:** No plans for the future increases risk. This is especially so if an individual talks of how he will be viewed at his funeral, and what friends and relatives will do after he is gone.

**Alcohol and Drug Abuse:** Suicide risk is difficult to predict in alcoholics, and many accidental deaths on the highway may represent suicides. Alcohol and/or various drugs may trigger self and other directed violent impulses. Barbiturates or benzodiazepines and alcohol represent a particularly lethal combination. Alcohol and drugs may be a way to self-medicate a depression, psychosis, or other acute disturbance.

**Recent Loss:** Risk is increased if a person recently experienced a loss of a loved one through death, separation, or divorce.

**Physical Illness:** There is an increase in risk if an individual has a physical illness, especially if the individual was previously independent and robust, and is afflicted with a painful and/or disabling illness or injury condition, (e.g., cancer, heart attack, traumatic injury with loss of functions).

**Marital Status:** The suicide rate for single individuals is approximately twice that of married persons. Divorced and widowed individuals have rates that are four to five times that of married persons. In the widowed population, risks are greatest during the first year after the death of a spouse. Rates are lowest among married persons, especially if they have children

**Sex:** More women attempt suicide but more men succeed. Studies indicate the percentage of successful suicides is about 70% for men and about 30% for women. This may in part be due to the fact that men typically use more lethal means such as firearms while women tend to overdose permitting more time for discovery or reconsideration prior to the attempt becoming lethal.

**Sexual Orientation:** Individuals with a predominately homosexual orientation have a higher risk, especially if depressed, aging, without partner, or alcohol and/or drug involved.

**Family History:** Risk is increased if there is a family history of suicide, especially in a same sex parent. Some studies have shown that up to 25% of individuals attempting suicide had a history of suicide in the immediate family.