

CITY OF	<u>Manchester Employees' Contributory Retirement System</u> ORDINARY DISABILITY RETIREMENT APPLICATION FORM
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

I hereby request consideration for a Non-Work Related Disability Benefit pursuant to Chapter 218:15 Laws of 1974 as amended and Administrative Rule 2.3. I further certify that I have read and understand the provisions of those Sections which were provided to me with this application and understand that I must compile and submit justification for my request inclusive of supporting medical evidence.

Please print:

Name _____

Address _____

City, State, Zip Code _____

Date of Birth _____ Social Security # _____ Gender _____

Department _____ Date of Hire _____

To qualify for this benefit, you must have at least 15 years of creditable service in the Plan. If your service was ever interrupted for any reason in a way which might compromise your total service, please provide a separate list of the dates, durations and causes for such interruptions.

In signing this application, I certify that I am permanently disabled, incapable of performing my work duties, and no longer working in a full time capacity in the job for which I was hired.

Signature of applicant _____ Date _____

Return this completed application to:

Manchester Employees' Contributory Retirement System
1045 Elm Street - Suite 403
Manchester, NH 03101-1824

EXCERPT FROM CHAPTER 218 LAWS OF 1974 AS AMENDED

218:15 Disability Benefits and Their Payment.

I. Any member of the retirement system who, after 15 years of continuous service as an employee of the city, shall become totally and permanently disabled such that the member is incapable of performing the essential functions of his or her position prior to such disability, may be retired for disability according to the provisions of this act. The determination as to total and permanent disability shall be made by the retirement board upon review of an application for disability benefits submitted by the member and consultation with at least 2 impartial physicians selected by the retirement board who shall examine the member and submit written reports to the retirement board.

II. Members who retire for disability under this act shall be entitled to an annual disability benefit payable until the earlier of the termination of such disability or the member's death, computed on the basis of service completed prior to the date of disability in an amount equal to the sum of:

40:5 Disability Retirement Benefit Calculation. Amend 1973, 218:15, II(a), as amended by 2002, 194:1 to read as follows:

(a) One and 1/2 percent of the member's final average earnings multiplied by the number of years, including the fractions of years represented by full months, of service completed prior to January 1, 1999, except that any service credit upgraded to the 2 percent rate pursuant to section 12, paragraph VI shall be calculated in accordance with subparagraph (b); plus

(b) Two percent of the member's final average earnings multiplied by the number of years, including the fractions of years represented by full months, of service completed after December 31, 1998.

The disabled member may also receive his or her disability benefit in the form of a contingent annuity as described in section 17.

III. If such total disability is shown, to the satisfaction of the retirement board, to have been sustained during the performance of duties pertaining to the member's employment by the city, the member shall be entitled to retirement for disability irrespective of the duration of employment. In order for a member to receive disability benefits under this section, the member shall submit an application for disability benefits within 60 days of termination of employment. However, any member receiving a disability benefit on account of total and permanent disability sustained during the performance of duties pertaining to employment by the city, as provided herein, shall receive a benefit equal to the greater of the sum of the amounts determined in accordance with (a) and (b) of paragraph II, or 50 percent of final average earnings. If a member has less than 3 years of service at the time of becoming totally disabled in the performance of duties pertaining to the member's employment by the city, the member's pension shall be based upon the member's annualized disability earnings. The disabled member may also receive his or her disability benefit in the form of a contingent annuity as described in section 17.

40:6 Disability Benefits; Medical Examination. Amend 1973, 218:15, IV, as amended by 2002, 194:1 to read as follows:

IV. Following the retirement of a member with a disability retirement pension and prior to the member's normal retirement date, the retirement board may require such retiree to undergo a medical examination to be made by or under the direction of a physician or physicians designated by the retirement board. Should any disabled member refuse to submit to such medical examination, the disability retirement pension shall be discontinued by the retirement board until the withdrawal of the refusal. If the refusal continues for one year, all the member's rights in and to a disability retirement pension shall be revoked by the retirement board. If, upon such medical examination, the physician or physicians certify to the retirement board that the disabled member is physically and mentally able and capable of resuming in the capacity in which the member became disabled, the member's disability benefit shall be terminated.

V. Each disabled member shall, until his or her normal retirement date, submit a report each year to the retirement board indicating earnings from employment. If the retirement board finds that any disabled member is engaged in any substantial gainful employment other than for the primary purpose of rehabilitation, the member's disability benefit shall be reduced if such gainful occupation pays more than the difference between the member's annual disability benefit and final average earnings, after making allowance for changes in the cost of living as approved by the board. The amount of reduction shall be equal to one dollar of benefits for each 2 dollars of employment earnings in excess of the difference between the member's final average earnings (after making allowance for changes in the cost of living) and the annual disability benefit. The board shall have the right to suspend payments of a permanent disability pension if the disabled person fails to report earned income. Such suspension shall be for the period during which there is no satisfactory report, with restoration of benefits upon acceptance of such report, or until the member's normal retirement date, whichever occurs first.

VI. A member's disability retirement benefit shall be reduced by any amounts which may be paid or payable to, or on behalf of, any member or retired member for the same disability under the provisions of any city-funded workers' compensation or similar plan, except that any city employee who is receiving both disability retirement benefits and workers' compensation benefits as of January 1, 1986, shall not be affected.

EXCERPT FROM ADMINISTRATIVE RULE SECTION II

2.3 Ordinary or Non-Work-Related Disability:

2.3.1. Ordinary disability applications shall be considered by the Board only after an Ordinary Disability Retirement Application Form and an Attending Physician's Statement Form are both filed with the Board. The Ordinary Disability Retirement Application Form and the Attending Physician's Statement shall be filed with the Board while a Member is in service or within 60 days of the termination date of the Member's service. In the event that eligibility for Ordinary Disability could not conclusively be determined within the 60 day period, the applicant may, by virtue of a formal written request to the Board of Trustees inclusive of supporting evidence, request a waiver of the 60 day filing requirement. Upon approval by the Board of Trustees, the effective date of retirement for the commencement of payments shall be the first of the month following the latter of the member's date of termination from employment or the month in which the applicant filed for receipt of retirement benefits.

2.3.2. A physical examination shall be performed by at least two impartial physicians selected by the Board of Trustees to determine whether disability is permanent and whether it is total.

2.3.3. The Board of Trustees shall dispose of the applicant's request based on proof of total and permanent incapacity to perform the duties of the position held or comparable to the position held, medical reports, Attending Physician's Statement and the recommendation of the impartial physicians selected by the Board.

CITY OF	Manchester Employees' Contributory Retirement System AUTHORIZATION TO RELEASE RECORDS
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

In connection with my claim for City of Manchester Employees' Contributory Retirement System disability benefits, I hereby authorize any doctor, hospital, clinic, physical therapist, counseling service, rehabilitation center, workers' compensation carrier or administrator, other disability insurance carrier, or any employer to release copies of any and all medical records including, but not limited to, records pertaining to alcohol and substance abuse to the City of Manchester Employees' Contributory Retirement System.

This authorization also allows release of the Department of Labor's file relating to any workers' compensation claim of mine, as well as release of the file maintained by the workers' compensation insurance carrier or administrator with regard to any workers' compensation claim of mine.

I understand that I must pay any costs assessed by record providers for the reproduction of requested documents.

A photocopy of this form as signed by me shall be equivalent to an original.

Signature of Applicant: _____

Date: _____

Social Security Number: _____

Witness: _____

PLEASE FORWARD ALL REQUESTED MATERIAL TO:

CITY OF MANCHESTER EMPLOYEES'
CONTRIBUTORY RETIREMENT SYSTEM
1045 ELM STREET, SUITE 403
MANCHESTER, NEW HAMPSHIRE 03101-182

CITY OF	Manchester Employees' Contributory Retirement System ATTENDING PHYSICIAN'S STATEMENT
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

Name of Patient _____

Address _____

City, State, Zip Code _____

HISTORY:

A. When did present illness begin, or injury occur? _____

B. Date insured was obliged to cease work? _____

C. Was disability sustained in the course of performance of duties as a City Employee? _____

D. Was disability the result of non-employment factors (e.g. medical history)? _____

PRESENT CONDITION:

A. Subjective symptoms: _____

B. Objective findings: _____

- Give report of X-rays, E.K.G.'s or any other special tests

Ambulatory?....() Bed confined?....() House confined?....() Hospital confined?....()

DIAGNOSIS: _____

TREATMENT:

- A. Date of first visit: _____ Date of last visit: _____ Frequency of visits: _____
 - B. When did you last examine the insured? _____
-

PROGRESS:

Recovered.....() Improved.....() Unimproved.....() Retrogressed.....()

DEGREE OF DISABILITY:

- A. Has the insured been able to do any of his/her regular work? Yes.....() No.....()

If "Yes", from what date?

Regular Work: ____ / ____ / ____ Comparable Work: ____ / ____ / ____

- B. If "No", when do you think he/she will be able to work? (Approximate Date)

Regular Work ____ / ____ / ____ Comparable Work: ____ / ____ / ____

Indefinite.....() Never.....()

- C. Is patient 100% totally and permanently disabled from performing the duties of a position comparable in duties and responsibilities held prior to disability? Yes___No___

Additional Comments: _____

Name of Attending Physician: _____

Address: _____

Signature: _____

Date: _____

CITY OF	<u>Manchester Employees' Contributory Retirement System</u> <u>Ordinary Disability Checklist</u>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

- Read excerpts of Chapter 218:15 and Administrative Rule 2.3 that have been provided to you.
- Complete the Application Form for disability retirement (if approved, your pension will start the first of the month following your termination/resignation date or the date you signed the disability application, whichever is later).
- Sign the authorization to release records and provide a copy to your primary care physician, treating physician(s) for the disabling illness, and the Retirement Office.
- Have your physician complete the Attending Physicians Statement and ask him/her to forward it to the Retirement Office along with any and all medical records related to your disability. The Retirement System is not responsible for any amount your physician may charge for copying your medical records.
- Once the Retirement Office has received all of the above paperwork we will schedule you for 2 Independent Medical Evaluations (IME's) and notify you by mail. Please call the Retirement Office at 603-624-6506 to confirm your appointments. You may be asked to hand carry any x-rays or MRI's to your appointments. It is imperative that the Retirement Office have all of the medical records you intend to submit before your IME is scheduled. Late submissions may be rejected and no additional records should be sent directly to IME physicians without the written prior approval of the Retirement Office.
- Following receipt of the results of the IME's the Executive Director will issue a recommendation to the Retirement Board to approve or disapprove your disability request and it will be placed on the agenda for the following Retirement Board meeting. You will receive a copy of this recommendation along with the date of the meeting. You are welcome to attend the meeting however it is not required that you attend. You will be notified of the results of the board's decision to approve or disapprove your disability request following the meeting.
- If approved, you will be asked to come in to the Retirement Office and complete your retirement paperwork so you can be set up to receive payment the 1st of the following month.