

CITY OF	<b>Manchester Employees' Contributory Retirement System          WORK-RELATED DISABILITY RETIREMENT          APPLICATION FORM</b>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Injury \_\_\_\_\_

Brief description of injury : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for Work-Related Disability Retirement. I have received, read and understand copies of Chapter 218:15 Laws of 1974 , as amended, which address disability retirement, as well as Part 2.4 and all of Part 3 of the Retirement System's Administrative Rules pertaining to disability benefits. I further agree pursuant to Chapter 218:15,V, to keep the Retirement System informed of wages earned by complying with periodic informational requests which may be made by the Retirement System on the status of my condition and any continued employment.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Employer Certification:**

Do employment records indicate that the applicant was involved in a work-related injury?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant currently out of work as a result of this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1. Has the applicant been found compensable for worker's compensation as a result of this injury? Yes \_\_\_ No \_\_\_
  2. Is the applicant currently in receipt of any workers compensation amounts pertaining to this injury? Yes \_\_\_ No \_\_\_
  3. Has the applicant lump sum settled with worker's compensation pertaining to this injury? Yes \_\_\_ No \_\_\_
  4. Are worker's compensation settlement talks still in progress pertaining to this injury? Yes \_\_\_ No \_\_\_
- (Please provide copies of any payment or settlement agreements)

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

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<b>For Retirement Office use:</b> Presented for Board Approval On: _____	Date _____
Disability Approved _____	Date _____
Yes/No	

## 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.

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.

90:5 Repeal. 1973, 218:15, VI, as amended by 2002, 194:1, relative to worker's compensation offset provisions applied to disabled participants, is repealed.

## EXCERPT FROM ADMINISTRATIVE RULE SECTIONS II & III

### 2.4 Work-Related Disability:

**2.4.1.** Work-related disability applications shall be considered by the Board only after the Work-related Disability Retirement Application Form and Attending Physician's Statement Form are both filed with the Board. These forms shall be filed with the Board while the Member is in service or within 60 days of the termination date of the Member's service. In the event that eligibility for Work-related Disability could not conclusively be determined within the 60 day period cited above, 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.

**2.4.2.** 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.

**2.4.3.** 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.

**Sections 2.4.4 through 2.4.5 ceased prospectively on June 20, 2008 with the repeal of Chapter 218:15, VI, per Chapter 90 Laws of 2008.**

~~**2.4.4.** Any amounts received by any Member or Retired Member under the provisions of the worker's compensation statute on account of any disability relating to employment by the City of Manchester shall be deducted from the disability retirement benefits received on account of the same disability. Such deduction shall be made only for the indemnity or wage portion of the workers' compensation benefits including attorney's fees, and shall not include workers' compensation benefits relating to medical expenses.~~

~~**2.4.5.** Whenever a Member or Retired Member arrives at a lump sum settlement in connection with a workers' compensation claim arising out of employment by the City of Manchester, and such lump sum settlement is approved by the New Hampshire Department of Labor, a copy of the approved lump sum settlement shall be provided to the Board. No disability retirement pension payments shall be made until the monthly disability retirement pension payments that would have been made but for the lump sum settlement have reached the dollar value of the lump sum settlement award attributable to wages, which includes that part of the lump sum award which the member chooses to pay his/her attorney.~~

~~Disability retirement benefit payment beneficiaries will receive, on an annual basis, a Workers Compensation Lump Sum Status Report which will state the amount of the lump sum settlement including attorneys' fees, the annual disability retirement pension payment, and the number of years that must elapse before disability retirement pension payments commence. Cost of living adjustments shall be reflected on the report form.~~

## **PART 3: GAINFUL OCCUPATION**

**3.1 Purpose:** The purpose of this rule is to provide guidance regarding the administrative processes used to ensure compliance with Chapter 218:15, IV and V. In accordance with Chapter 218:15, IV disability recipients may be required to undergo an examination to be made by or under the direction of a physician or physicians designated by the board. Furthermore, in accordance with Chapter 218:15, V disability recipients “shall, until his or her normal retirement date, submit a report each year to the retirement board indicating earnings from employment.”

**3.2 Gainful Occupation Information:** It shall be the responsibility of every disability recipient who is subject to the Gainful Occupation provisions of Chapter 218:15, V to annually, on or before June 30 provide the Board of Trustees with Gainful Occupation information for the previous calendar year:

**3.2.1.** Earnings from Employment information shall be reported on the Gainful Occupation Form and shall include all Earnings from Employment as defined in Section 1.5. The Form must also include the names of the disability recipient's current employer/s and a description of the disability recipient's current job duties.

**3.2.2.** A copy of the disability recipient's federal income tax return shall be attached to the Gainful Occupation Form if the recipient is required to file a federal income tax return.

**3.2.3.** If not employed during the previous year, a statement to that effect must be designated on the Gainful Occupation Form.

**3.2.4.** If a disability recipient fails to submit annually the Gainful Occupation Form together with other required documents by June 30 of each calendar year, the Board shall suspend payments of a permanent disability pension until the forms are received or the normal retirement date is reached, whichever occurs first. In the event that a member's disability payments are halted pursuant to this Section and that member subsequently satisfies both the monetary and informational requirements of Section 3.2, then the member's disability payments, net of required reductions shall be paid retroactive to the date of benefit suspension.

**3.3 Reduction of Retirement Allowance:**

**3.3.1.** Disability recipients whose income exceeds the limits established in Part 3.1.1 of these Rule and pursuant to Chapter 218:15, V shall have their disability retirement benefits reduced in accordance with the method contained in that section of law.

**3.3.2.** The amount of the reduction shall, at the option of the disability recipient, be paid either by certified or bank check or money order made payable to the System and delivered to the System no later than 30 days after the date of the notification letter, or shall be paid by means of a cessation of disability retirement benefits until repayment to the System has been made in full. In the event neither a certified or bank check nor money order is received within the specified 30 day

period, the System will cease making the recipient's disability retirement benefit payments until repayment to the System has been made in full. (Amended 11-22-94)

**3.4 Medical Examination:** Disability recipients who have not reached normal retirement age may be required by the Board to undergo medical examination, as described in Section 3.4.1, to determine their eligibility for continued permanent disability benefits as authorized pursuant to Chapter 218:15, IV. Medical examinations shall be administered in accordance with the following provision:

**3.4.1** Each year the Board will select two (2) disability recipients to undergo medical examination. Medical examinees will be selected at random from among all current disability recipients. In addition, the Board may require, at its sole discretion, that a disability recipient undergo examination in either of the following circumstances: (1) when the self-reported Earnings from Employment data and/or job description data provided pursuant to Section 3.2 indicates to the Board that the disability recipient may no longer be disabled under Chapter 218:15, I or (2) when the Board becomes aware of any other information suggesting that a disability recipient is no longer disabled under Section 218:15, I.

**3.4.2** Medical examination shall be made by or under the direction of a physician or physicians designated by the Board. In order to accomplish a full and fair medical evaluation, the disability recipient shall provide written authorization to release his or her intervening medical history and records to the physician. The costs of the medical examination and the production of the intervening medical history and records shall be paid by the System. Should such a disability recipient refuse to submit to such a medical examination or to provide authorization for release of intervening medical history and records, then the disability recipient's pension may be discontinued by the Board until the disability recipient withdraws such refusal. No retroactive payment will be made for pension benefits withheld during any period in which a disability recipient refuses to comply with the requirements of this provision. If such refusal continues for one year, all rights of the disability recipient in and to a disability retirement pension shall be revoked by the Board. (Amended 11-14-1995)

CITY OF	<b>Manchester Employees' Contributory Retirement System</b>  <b>AUTHORIZATION TO RELEASE RECORDS</b>
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 agree to reimburse the said System for its costs associated with the reproduction of the 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 03101-1824**

CITY OF	<b>Manchester Employees' Contributory Retirement System ATTENDING PHYSICIAN'S STATEMENT</b>
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	<p><b><u>Manchester Employees' Contributory Retirement System</u></b></p> <p><b><u>Work Related Disability Checklist</u></b></p>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

- Read excerpts of Chapter 218:15 and Administrative Rule part 2.4 and part 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 disability 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 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.