

ADOPTED: December 19, 2002

CITY OF ANN ARBOR EMPLOYEES' RETIREMENT SYSTEM

DISABILITY RETIREMENT PROCEDURE

1. Member or his/her department head submits a written application to the Retirement Board requesting a disability retirement (Form CAAERS-DIS 1). The member is encouraged to submit all medical and/or other information in support of the application and must submit a medical authorization form to the Retirement Board (Form CAAERS-DIS 2). In the event the application is submitted by the member's department head, the Retirement Board's Executive Director shall forward to the member the application; a request for all medical and/or other information; and a medical authorization form to be executed by the member and returned to the Board. The Board must be in receipt of a completed disability application and authorization form to process any requests for disability retirement.
2. The Executive Director shall commence processing of the application upon receipt and schedule an appointment for the member with the Board's designated physician (Medical Director). The member shall not be responsible for the cost of the examination by the Medical Director; however, a member may incur a cancellation charge due to the member's failure to keep a scheduled appointment.
3. The Retirement Board, at its next regularly scheduled meeting, shall acknowledge receipt of the application and notify the appropriate parties.
4. The Retirement Board, through its Executive Director, requests copies of all medical records and/or incident reports on file with the member's department head, Human Resources Department, the member's physician(s), and other identified sources as the Retirement Board deems pertinent in its sole discretion.
5. The Retirement Board sends a notice to the Board's Medical Director and requests that the physician conduct/direct an examination of the member. A copy of the member's job description in effect at the time of the alleged disability and copies of all medical records, incident reports, and other pertinent information shall be forwarded to the Medical Director. All relevant information and/or medical records that the applicant wishes to be considered, must be provided by the applicant to the Medical Director at or prior to the examination at the applicant's expense.
6. Examination of member by or under the direction of the Medical Director. If in the opinion of the Board's Medical Director the member should be examined by a specialist such examination will be conducted under the direction of the Medical Director. The Medical Director shall obtain prior authorization of the Executive Director prior to the scheduling of such additional examination.
7. Medical Director forwards to the Retirement Board its written medical report and certification (Form CAAERS-DIS 3) on the issue of: (1) whether member is mentally or physically totally incapacitated for duty in the service of the City, and (2) whether such incapacity will probably be permanent. "Incapacitated for duty in the service of the City"

shall mean that the member is mentally or physically incapacitated for the further performance of duty in the service of the City in the same or similar position said member held at the time of the claimed disability. All claims for disability retirement must be fully and completely established by or on behalf of the applicant and certified by the Medical Director prior to the Retirement Board's grant of a disability retirement.

8. The Retirement Board may request an opinion from its Medical Director as to whether the claimed disability arose as the natural and proximate result of personal injury or disease arising out of and in the course of the member's actual performance of duty in the employ of the City.
9. If the Medical Director indicates that the member can do other work, the Retirement Board, through its Executive Director, forwards a copy of the medical report to the Human Resources Director and requests a written determination as to whether the City has a position available that the member can perform in light of his/her condition.
10. The Executive Director shall place on the agenda an executive session during a regular meeting of the Board to discuss the member's disability application, medical reports and opinions, and all other pertinent information. The Executive Director shall notify the member of the meeting.
11. For members with less than five (5) years of service, the Retirement Board shall determine (1) whether the member is totally and permanently incapacitated for duty as the natural and proximate result of a personal injury or disease arising out of and in the course of his/her actual performance of duty in the employ of the City, and (2) that the member is in receipt of worker's compensation on account of his/her said physical or mental disability.
12. The Retirement Board, based upon: (a) Medical Director's findings, recommendations and certifications; (b) the review of the member's records; and (c) any other evidence deemed appropriate and relevant by the Board; resolves to grant or deny the disability retirement accordingly.
13. A member's effective date of disability retirement shall be (1) the date of application for disability retirement, or (2) such later date as the member actually last worked.
14. The Executive Director shall notify the member and the City in writing within 30 (thirty) days of the Retirement Board's action on the application for disability retirement.
15. The Board's decision may be appealed within 90 (ninety) days of the date of notification of the denial by filing with the Executive Director a written request for hearing and a statement of the reason(s) for believing the action to be improper. The Retirement Board shall schedule a hearing of the appeal before the Board within 60 (sixty) days of receipt of the request to appeal. The applicant will have the ability to present any new information to the Board which may be forwarded to the Medical Director for consideration. A final decision on the matter being appealed shall be made by the Retirement Board. Appeal of a final decision of the Board may be made to a court of appropriate jurisdiction.
16. Disability retirees shall be subject to re-examination and all other terms and conditions contained within the Retirement System Ordinance and applicable collective bargaining agreement in effect at the time of disability retirement. The terms of the collective bargaining agreement shall control in the event of conflicting plan provisions. **In the event it is**

determined upon re-examination that the disability retirant is no longer eligible to receive disability retirement benefits, the disability retirement allowance will cease. If a disability retirant waives rights to seniority and employment as part of a worker's compensation redemption, the individual will have no rights to re-employment.

CITY OF ANN ARBOR EMPLOYEES' RETIREMENT SYSTEM

APPLICATION FOR DISABILITY RETIREMENT

(To be filled out in ink - Please Print)

SOCIAL SECURITY NUMBER

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Submitted by: ___ Member ___ Department Head

1. Applicant's Name	8. Is applicant on restricted duty? If so, please explain.
2. Residence Address	9. What duties can applicant not perform?
3. Date of Birth ___ Month ___ Day ___ Year	10. Is applicant's disability duty related? Please explain.
4. Department employed in	11. When did applicant first notice disability? (Give date)
5. Division	12. When did applicant first consult a physician about the disability?
6. Title on payroll	13. Is applicant receiving worker's compensation benefits? If so, when did benefits begin?
7. Date applicant last attended their duties.	14. If the disability is the result of an accident, give names and addresses of witnesses.

15. Give full explanation of the nature and causes of disability.

16. Name and addresses of physicians you have consulted in connection with your disability.

NAME	ADDRESS	DATES OF ATTENDANCE

The undersigned member hereby makes claim to the City of Ann Arbor Employees Retirement System for disability benefits and authorizes the above named physicians who have attended him/her to report directly to the Medical Director of the Retirement System regarding his/her physical condition. The undersigned member agrees that the furnishing of this form or other forms supplemental thereto by the Retirement System is not to be considered nor constitute an admission of liability by the Retirement System.

Dated at _____ **This** _____ **Day of** _____ **20** _____

Signature of Department Head

Signature of Member

AUTHORIZATION FOR RELEASE OF RECORDS

I authorize the Board of Trustees of the City of Ann Arbor Employees Retirement System and its attorney, employees or agents, to receive any and all past, present and future medical reports, x-rays, charts, documents of every kind and description, including psychiatric reports, evaluations and information relating to my medical condition, personnel/employment records, incident reports, police reports, etc. This form shall also serve as authorization for any treating physician, hospital, former employer, health care provider or any other person to release originals or complete copies of my complete health record, including all records, reports, findings, charts, documents, x-rays, of every kind and description. I understand that this authorization may include disclosure of information relating to alcohol and/or drug abuse, mental health treatment, except psychotherapy notes, and confidential HIV-related information. The Board of Trustees, and its attorney, employees and agents are prohibited from re-disclosing such information without my authorization unless permitted to do so under federal or state law. I understand that other information used or disclosed pursuant to this authorization may be disclosed by the Board of Trustees and its staff and may no longer be protected by the Federal Privacy Rules.

I further understand and authorize the Board of Trustees or any person acting on its behalf to include any discussion of this medical or employment information in its official records and provide copies of any and all documentation to its physicians, trustees, employees and agents.

I agree, as a condition of application for disability retirement, to the utilization of the information as described above and release the Retirement System, the Board of Trustees, and its employees and agents from any liability connected with the utilization of those records as described in this form.

This authorization shall be in force and in effect until the conclusion of my pending disability retirement or a different time if specified below. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send it to the hospital, doctor, or other custodian of medical information. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I have read this document, understand its effect, and have voluntarily agreed to its execution. A copy of this authorization shall serve as an original.

Applicant's Signature

Applicant's Social Security Number

Applicant's Name (Please Print)

Applicant's Date of Birth

Date

Date on which this authorization expires

CITY OF ANN ARBOR EMPLOYEES' RETIREMENT SYSTEM
DECISION OF EXAMINING PHYSICIAN

RE: _____
(Name of Applicant)

The undersigned has reviewed the available medical information regarding the application for disability retirement of the foregoing employee of the City of Ann Arbor.

I find that:

- (1) the member is mentally or physically totally incapacitated for duty in the service of the City in the same or similar position said member held at the time of disability Yes No
- (2) that such incapacity will probably be permanent: Yes No

Signature

Date

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE
CITY OF ANN ARBOR EMPLOYEES' RETIREMENT SYSTEM**

Please print:

Examining Physician: _____

Address: _____

Phone: _____