MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Disability Retirement Application Handbook

625-B Kings Court, Ukiah, CA 95482 • Tel: (707) 463-4328 • Fax: (707) 467-6472 •
retirementassociation@mendocinocounty.org

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The Mendocino County Employees Retirement Association (MCERA) is governed by the County Employees Retirement Law (CERL) of 1937 (Government Code Section 31450 et. seq.). Disability and retirement laws are complex.

No statement in this handbook is a legally binding interpretation, enlargement or amendment of the provisions in the CERL or MCERA's policies. If conflict arises between these procedures and the CERL, the decision will be based on the CERL and other governing law.

The information presented in this handbook should not be construed as legal advice or as a legal opinion on specific facts. For legal advice regarding specific facts, consult an attorney knowledgeable in disability retirement law matters.

Please note: You can expect it to take several months to process a disability retirement application.

General Information Regarding The Disability Application Process

This handbook is designed to provide general information about disability retirement. It is *not* a complete summary of all the rules and procedures relating to the disability retirement process. For a more thorough discussion, please refer to the Procedures for Disability Retirement and Applications, which are found in this handbook.

Permanent Disability
In order to be eligible for disability retirement benefits, you must be permanently incapacitated. Permanent incapacity means the substantial and permanent inability to perform the usual duties of your job class specification. If your department is able to accommodate your restrictions, you are not considered to be permanently incapacitated.

Service-Connected Disability Retirement
If you are permanently incapacitated, physically or mentally, from performing your job duties, and your incapacity is the result of a job related injury, illness or disease, you may be eligible for a service-connected disability retirement benefit, regardless of your age or length of service. Your incapacity must arise out of and in the course of your employment. To prove service connection, there must be substantial evidence of a real and measurable connection between your disability and the activities associated with your job.

Non-Service Connected Disability Retirement
If your permanent incapacity is not job related, you may be eligible for a non-service connected disability retirement benefit. To receive this benefit, you must have at least five years of retirement service credit, which may include reciprocal retirement service credit. By applying for service-connected disability retirement, you are also applying for non-service connected disability retirement if the Board finds no service connection for the disability. If eligible for a non-service connected disability retirement, you will receive the greater of that benefit or a regular service retirement.

Application for Disability Retirement
An application for disability retirement must be filed by you, by the head of your department or by any person on your behalf. An application must be filed:

- While you are in service; or
- Within four months after discontinuance of service; or
- At any time if, from the date of discontinuance of service to the time the application is filed, you demonstrate you have been continuously physically or mentally incapacitated to perform your job duties; or
- Within four months after the expiration of the period during which any of the following presumptions, if applicable, are extended beyond your discontinuance of service.

Presumptions Applicable to Safety Members
If you are a Safety member or a member in active law enforcement (or a County probation officer in the case of the blood-borne infectious disease presumption) and you have completed a combined five years or more of service as a member of MCERA or a reciprocal retirement system, one of the following presumptions may apply, provided that you otherwise satisfy the requirements of the presumption, including permanent incapacitation:

- Blood-borne infectious disease
- Heart trouble
- Cancer
- Exposure to biochemical substances

If you feel there is a possibility that one of these presumptions may apply to you, a MCERA service representative can provide you with additional information.

Burden of Proof
The burden of proof on issues of permanent incapacity and service connection is placed on the applicant by law. The amount and nature of the medical evidence you submit to the Board of Retirement to substantiate your claim is at your discretion. If you are filing your own application, you must prove by a preponderance of the evidence that you are permanently incapacitated. If your department or some other person is filing on your behalf, it is their obligation to prove by a preponderance of the evidence that you are permanently incapacitated.

"Proof by a preponderance of the evidence" means proof which leads the trier of fact to become persuaded that, considering all of the evidence in the case, it is more probable than not that you are permanently incapacitated. If your application is for a service-connected disability retirement, you must also prove by a preponderance of the evidence that your incapacity is due to a job related injury, illness or disease. If the application is filed by your department or someone else for you (see Gov. Code §31721), it is still your obligation to prove that your incapacity is service-connected.

Please be aware that even though workers' compensation or Social Security may have found you disabled, this decision is not binding on MCERA. Although workers' compensation and disability retirement laws may be similar, they are not the same, and it is not unusual for the Board of Retirement to find that a person is not permanently incapacitated even after they have been granted an award by workers' compensation or Social Security.

Please note: Awards for disability from Workers' Compensation and/or Social Security are not applied to any benefit received from MCERA.

Issues the Board Will Consider in Deciding Permanent Incapacitation

The Board will review all pertinent medical reports and records, including those submitted by you and any additional medical reports that may be obtained by MCERA staff. Other documents that may be considered include: personnel records, department head statements, documents relating to any workers' compensation claims, and any investigator's reports.

The Board will look at what employment, if any, you were engaged in after you left service to see if you were performing activities you claimed you were unable to perform because of a disability.

In addition, if you are granted a disability retirement benefit and you are under age 55, MCERA can require you to submit to a medical re-evaluation. If the Board determines you are no longer permanently incapacitated, your disability retirement can be canceled, but only if your employer agrees to reinstate you to your former position which was evaluated in the disability process.

Disability Application Process

Step 1. Application for Disability Retirement

To apply for a disability retirement, a Disability Retirement Application must be submitted to MCERA. An application can be obtained by contacting MCERA. The application packet includes the following documents:

- Application for Disability Retirement Checklist
- Application for Disability Retirement
- Authorization for Release of Medical Records and Information
- Attending Physician Report (APR)
- Disability Retirement Benefit Options & Beneficiary Designation
- Frequently Asked Questions

The member must submit their job description to their physician to use when filling out the Attending Physician Report. Both the Application for Disability Retirement and the Attending Physician Report must be completed, signed and submitted together for the application to be accepted.

An incomplete or altered application will be returned to the member in its entirety. This will delay the processing of the application and may delay the effective date for benefits. It is the applicant's responsibility to supply any medical records to substantiate a disability. Costs associated with copying such records are the responsibility of the member. MCERA may request copies of medical records directly from physicians.

Step 2. Discovery and Obtaining Records

MCERA and its medical consultant, Managed Medical Review Organization Incorporated (MMRO) may obtain all or some of the following records:

1. Records from Risk Management
2. Personnel records
    a. Performance evaluations
    b. Grievance filings
    c. Internal investigations
    d. Accommodations records
    e. Payroll records
3. Workers' compensation
    a. Benefits awards
    b. Notice of work restrictions
    c. All claims filed
4. Report from department head
    a. Includes information regarding accommodation or alternative employment
    b. Description of actual job duties/ job analysis

Step 3. Disability Application Review Process

MCERA staff will review the file for completeness and will certify that the application meets the requirements to file for disability retirement. Incomplete applications that do not meet requirements may be returned to member.

MCERA and its medical consultant, Managed Medical Review Organization Incorporated (MMRO) may obtain additional evidence, where necessary including medical and personnel records (see Step 2), or it may request an additional medical evaluation or investigation. Upon receipt of the additional information, MCERA and its medical consultant, Managed Medical Review Organization Incorporated (MMRO) may refer the application to an independent medical advisor to summarize the medical evidence and provide an opinion on permanent incapacitation and, where appropriate, service connection.

Step 4. Board Meeting

Once the member's application has been deemed complete, it will be placed on the Board of Retirement's Closed Session agenda.

The member will be advised of the date and time that the Board will consider the application. The member does not need to be present at the meeting. Oral testimony is <u>not</u> taken at the Board meeting. The member will be notified by mail of the Board's decision.

The Board will review the materials submitted by the applicant and the Board's consultant. Based on the

review of these materials, the Board will make an administrative determination regarding the disability application as follows:

If Applicant is seeking a Service Connected Disability:
The Board will first determine if the applicant is permanently disabled. If the Board determines the applicant is not permanently disabled, the application for service connected disability will be denied. If the Board determines the applicant is, in fact, permanently disabled, the Board will then consider whether the disability is job related. If the Board determines the disability is job related, the Board will approve the service connected disability application. If the Board determines the applicant is permanently incapacitated, but that the disability is not job related, then the Board will deny the service connected disability and approve a non-service connected disability, if the applicant has at least five years of service credit. The applicant will receive the greater of a regular service retirement or non-service connected disability retirement.

If the Board denies a service connected disability application, the applicant may appeal the Board's determination by proceeding to the next step if they so choose. If the Board denies a service connected disability application and approves the lesser included benefit of a non-service connected disability, the applicant may appeal the Board's determination that the disability is not service connected by proceeding to the next step if they so choose.

If Applicant is seeking a Non-Service Connected Disability:
The Board will determine if the applicant is permanently disabled. If the Board determines the applicant is permanently disabled, the application for non-service connected disability will be approved. If the Board determines the applicant is not permanently disabled, the application for non-service connected disability will be denied.

If the Board denies a non-service connected disability application, the applicant may appeal the Board's determination by proceeding to the next step

if they choose.

Step 5. Board Denial and Administrative Hearing

If an applicant is denied a disability retirement based on lack of permanent incapacitation
or failure to prove service connection, a letter will be sent no later than three working days after the decision, advising the applicant of his/her right to an administrative hearing.

This administrative hearing is held before a hearing officer. After the hearing is held, the hearing officer will make a recommendation on the disability retirement application to the Board.

The matter will then be placed on the Retirement Board's agenda for a final determination.

Step 6. Judicial Review

If the Board's final determination following Administrative Hearing is to deny application for disability, a letter will be sent no later than three working days after the decision advising the applicant of his/her right to judicial review. This letter will include notice of the time limitation for filing for judicial review by writ of mandate.

Judicial review of final retirement decisions shall be subject to the Code of Civil Procedure section 1094.6, which means that if you want to challenge the Board's decision, you must file an action in Superior Court within 90 days of final determination.

The following forms and documents are required to process your disability retirement application:

Application for Disability Retirement and Authorizations for use and disclosure of information:

Incomplete applications will not be accepted. All questions on the application must be answered, and responses must be legible. All records, reports and documentation submitted must also be legible.

All supporting medical records, reports, and documentation:

An applicant must submit all information to support his/her disability case at the time the application is filed.

Member's Job Class Specification:

Must be submitted with the disability retirement application. Human Resources can provide this information.

Attending Physician Report:

Must be completed by a treating medical provider and submitted with the disability retirement application.

Benefit Payment Option Election:

This form must be signed by the member and the spouse or registered domestic partner, if applicable.

Benefit Beneficiary Designation and Burial Benefit Designation:

Beneficiary Designation forms naming beneficiary(ies).

Social Security number(s) of your named beneficiary(ies):

Please include social security number/s on all beneficiary designation forms.

Member and Beneficiary age verification:

Certified copy of your birth certificate or your passport*, Certified copy of the birth certificate or passport of your spouse/domestic partner*

Marriage Certificate or California Certificate of Registration of Domestic Partnership:

Certified copy of Marriage Certificate or California Certificate of Registration of Domestic Partnership, to determine eligibility for the unmodified option.*

Domestic Relations Order (DRO), Joinder, and/or Divorce Settlement

Required if your marriage and/or domestic partnership was dissolved during your MCERA membership.

Direct Deposit Authorization:

Please complete and submit with the disability retirement application.

Tax Withholding Election:

If approved, a service-connected disability retirement is not subject to federal and state income tax up to 50% of final average salary (FAS). Any amount above 50% FAS is considered taxable. Non-service connected benefits are considered taxable.

Return to Work Acknowledgment:

Acknowledgment of laws governing working retirees.

* Photocopies will not be accepted. You can obtain a certified copy of your marriage or birth certificate through the vital records office of the state or county where you were married or born. MCERA Staff will make a photocopy and return the original document to you.

Application for Disability Retirement

MCERA USE ONLY
Years of Service: _____
Member Age: _____

Member Name: _____

I am applying for disability retirement because I believe I am permanently disabled from performing the usual duties of my assigned job.

Applicant Signature**:** _____ Date**:** _____

Section 1: General Information. If address changes during disability process, you must notify MCERA in writing.

Street Address			Social Security Number ___ ___
City	State	Zip	Birth Date (mm/dd/yyyy)
Home Phone Number ( )	Work Phone Number ( )		Cell Phone Number ( )
Email Address			

Section 2: Application Type. Please indicate type(s) of disability retirement you are applying for.

☐ **Non-service Connected Disability Retirement**

- Injury/Illness that has not incurred at work.
- Five (5) years of service is required, per California Government Code §31720(b).

Do you have five (5) years of service?

☐ Yes ☐ No ☐ Unsure

☐ **Service-Connected Disability Retirement***

- Injury/Illness that was incurred at work.
- No minimum years of service required.

If the Board of Retirement finds you to be permanently incapacitated, but not on a service connected basis, you will be granted a non-service connected disability retirement if you have at least five years of service.

* By applying for service-connected disability retirement, applicant is also applying for non-service connected disability retirement if the board finds no service connection for the disability. If eligible for a non-service connected disability retirement, applicant will receive the greater of that benefit or a regular service retirement.

Section 3: Current employment. Please provide the following information about your current employment.

Permanent Position Disabled From: _____

Department: _____ **Immediate Supervisor:** _____

Membership Status: ☐ **General** ☐ **Safety**

Original Date of Employment: _____ **Date Assigned to Most Recent Position:** _____

Since your original date of employment, was there a time when you were not employed by this employer or you were on an extended leave of absence? *Please check one box:*
☐ Yes ☐ No If yes, please explain: _____

_____

Application for Disability Retirement (Continued)

Section 4: Reciprocity. When a member who has established reciprocity with MCERA and another retirement system retires on disability, under California Government Code §31838.5, each system is required to pay only its proportional share of the disability payment, based on the portion of the overall combined service that was earned in each system. The member may not receive a total benefit amount for more than what they would have received had all service been earned in one retirement system.

Please check and complete all that apply:

☐ I am currently an active member of MCERA and have reciprocity with _____.

☐ I am currently a reciprocal member of MCERA and an active member of: _____

☐ Reciprocity does not apply.

If you are an active member of MCERA, please continue to complete the rest of the application. If you are a deferred member of MCERA, you may stop filling out the application. MCERA requires verification from the reciprocal agency of your disability benefit, including the type (service or non-service connected), effective date, final average salary used, years of service credited in the agency, and monthly benefit amount.

Section 5: Current status. Please check any of the following that applies to you, and answer the questions.

☐ **Currently receiving retirement benefits.** Are you currently receiving any retirement benefits? If yes, please specify the company (or employer) and the type of retirement.

_____

_____

☐ **Terminal illness.** Check if you are currently suffering from a terminal illness and have medical documentation regarding your status.

Section 6: Effective Date. If you are ultimately granted a disability retirement, your disability retirement allowance shall be effective as of the date your application is filed with MCERA or the date following your last day of compensation. You may request an earlier effective date when that date is earlier than the date your application is accepted. However, you must demonstrate that the filing of your application was delayed by administrative oversight or by an inability to ascertain the permanency of your incapacity.

If you are requesting an earlier effective date, you must provide the information requested:

☐ **I request an earlier effective date**. I have attached the following information:

- ☐ Medical report or documentation stating when my injury or illness became permanent, or
- ☐ No such documentation exists. I have attached documentation showing my injury is not yet permanent, or
- ☐ Documentation demonstrating that filing delay was caused by administrative oversight, and
- ☐ Documentation regarding my last day of compensation, which was: _____

☐ **I am not requesting an earlier effective date**.

Application for Disability Retirement (Continued)

Section 7: Purchase of Service. Eligibility for non-service connected disability requires five (5) years of credited service with MCERA. If you have previously withdrawn contributions accumulated during prior service years, you may be able to purchase those years of service. If you must purchase service years to achieve eligibility and have service years available to buy, you must do so prior to completing this application in order to receive credit for those previously withdrawn service years. [See Gov. Code §31652(a).]
Read carefully: Failure to purchase withdrawn service prior to completing this disability retirement application will constitute a waiver of your rights to redeposit those contributions.

☐ I understand that I may purchase contributions previously withdrawn from MCERA prior to completing my disability retirement application in order to receive credit for those additional service years.

☐ I do not have previously withdrawn contributions to purchase from MCERA.

Section 8: Notice of right to legal representation. You are not required to have an attorney at any time to apply for a disability retirement. However, you are entitled, at your own expense, to be represented by legal counsel at any and all stages of the disability proceedings. Should you choose to be represented by legal counsel, you must file a written notice with MCERA regarding the hiring, changing or dismissal of counsel. Once written notification is received by MCERA that you have legal counsel, all notices, correspondence and documents shall be sent to that attorney. Absent such written designation, MCERA is not obligated to recognize any attorney claiming to represent you. If you decide to change attorneys or no longer wish to be represented by a specific attorney, you must notify MCERA in writing.

I understand that I have the right to be represented by legal counsel at any and all stages of the disability proceedings.

Please choose one:

☐ I am not represented by legal counsel at this time. I understand that should I later choose to be represented by counsel, I must file a written notice of the hiring of counsel with MCERA.

Applicant Signature: _____ Date: _____

☐ I am represented by legal counsel for my disability retirement process. His/Her contact information is listed below. I hereby authorize my attorney to receive copies of all notices, correspondence, and documents relevant to my disability application. I understand that MCERA will also contact me directly. I acknowledge that this authorization may be revoked at any time by me in writing.

Name: _____ Firm: _____

Address: _____ Phone: _____

Applicant Signature: _____ Date: _____

Application for Disability Retirement (Continued)

Section 9: Current Work status with MCERA employer. Please check the appropriate section(s), and provide the information requested.

Are you still receiving a paycheck, including sick leave and vacation time? ☐ Yes ☐ No

If no, when did you receive your last paycheck? _____

When was the last day you actually worked? _____

Please complete the following if you are currently working.

I am currently working _____ hours per week, as follows:

☐ Usual and customary work, or

☐ Modified work. Effective date of modified duty: _____

The modified duty is: ☐ Temporary ☐ Permanent

Please complete the following if you are currently not working.

I am currently not working, although I am still an employee in the following status:

☐ Regular sick leave. Approximate date your leave will end: _____

☐ Leave without pay. Date your paid compensation ended: _____

☐ Leave with pay/administrative leave. Reason: _____

☐ Labor Code Section 4850 (leave with compensation).

Effective date: _____ Approximate date your leave ends: _____

☐ Temporary disability (workers' compensation)

Effective date: _____ Approximate date your leave ends: _____

☐ Permanent disability (workers' compensation)

Date deemed permanent and stationary: _____ (please submit copy of doctor's report)

☐ State disability

☐ Other (please specify): _____

(Section 9 continues on next page)

Application for Disability Retirement (Continued)

Section 9: Current Work status with MCERA employer (continued)

Please complete the following if you are no longer employed with the County or other MCERA employer.

☐ I resigned from my employment. If so, please specify effective date of termination and reason for leaving:

_____

_____

☐ I was terminated from my employment for cause or I am in the process of being terminated.

Effective date of termination: _____

☐ I took a regular service retirement.

Effective date of service retirement: _____

Section 10: Present Non MCERA Employment. If you are presently working for an employer other than the County of Mendocino or a MCERA special district (including self-employment, non-compensated work or any other circumstances in which you may perform services for money or other compensation), please provide the following information: employer name, address and telephone number; dates of employment; and type of work.

Name of Employer	Address of Employer	Phone # of Employer	Dates of Employment	Type of Work

Section 11: Injury / Illness. A permanent disability may be the result of an injury, illness or disease. The cause may or may not be work related. Please complete the following section for each and every injury, illness or disease that forms the basis of your disability application. If additional pages are required, please check the box below and provide the requested information on a separate page.

Each injury/illness that causes your permanent disability must be listed separately on pages 10-14. Use additional pages as needed. Indicate the number of additional pages you are attaching:_____.

Injury / Illness #1, Primary medical condition which causes permanent disability and/or permanent work restrictions.

Injury / Illness type: _____

Description of injury / illness: _____

When did you first experience symptoms? _____

Date you first became disabled: _____

(Section 11 continues on next page)

Application for Disability Retirement (Continued)

Section 11: Injury / Illness (continued)

Physician(s) Treating Injury / Illness	Phone Number	Treatment Date(s)

If you are receiving ongoing medical or therapeutic treatment pertaining to the injury, illness or disease for which you are applying, please provide the information requested below:

Type of Treatment / Therapy	Name of Health Care Provider	Phone Number

Is your disability the result of a disease? ☐ Yes ☐ No

If yes, please provide the following information:

(a) Description of the disease: _____

_____

_____

(b) When did you first experience symptoms of the disease? _____

_____

(c) The date the disease was first diagnosed and the name of the diagnosing physician: _____

_____

(Section 11 continues on next page)

Application for Disability Retirement (Continued)

Section 11: Injury / Illness (continued)

Is your disability the result of an injury or injuries? ☐ Yes ☐ No

If yes, please provide the following information:

(a) The date, time of day and location the injury occurred:_____

_____

(b) How and why the injury occurred:_____

_____

(c) The name, address and telephone number of all witnesses to the injury:_____

_____

_____

_____

Do you feel your employment caused or contributed to your injury / illness? ☐ Yes ☐ No

If yes, please describe how: _____

_____

_____

_____

_____

_____

_____

_____

Have you ever had a similar injury, disease, symptom, complaint, disability or other condition? ☐ Yes ☐ No

If yes, for each such prior injury or condition, please describe:_____

_____

_____

_____

_____

_____

_____

(Section 11 continues on next page)

Application for Disability Retirement (Continued)

Section 11: Injury / Illness (continued)

Injury / Illness #2, Secondary medical condition which causes permanent disability and/or permanent work restrictions.

Injury / Illness type: _____

Description of injury / illness: _____

When did you first experience symptoms? _____

Date you first became disabled: _____

Physician(s) Treating Injury / Illness	Phone Number	Treatment Date(s)

If you are receiving ongoing medical or therapeutic treatment pertaining to the injury, illness or disease for which you are applying, please provide the information requested below:

Type of Treatment / Therapy	Name of Health Care Provider	Phone Number

Is your disability the result of a disease? ☐ Yes ☐ No

If yes, please provide the following information:

(d) Description of the disease: _____

_____

(e) When did you first experience symptoms of the disease? _____

(f) The date the disease was first diagnosed and the name of the diagnosing physician: _____

_____

_____

(Section 11 continues on next page)

Application for Disability Retirement (Continued)

Section 11: Injury / Illness (continued)

Is your disability the result of an injury or injuries? ☐ Yes ☐ No

If yes, please provide the following information:

(a) The date, time of day and location the injury occurred: _____

_____

(b) How and why the injury occurred: _____

_____

(c) The name, address and telephone number of all witnesses to the injury: _____

_____

_____

_____

Do you feel your employment caused or contributed to your injury / illness? ☐ Yes ☐ No

If yes, please describe how: _____

_____

_____

_____

_____

_____

_____

_____

Have you ever had a similar injury, disease, symptom, complaint, disability or other condition? ☐ Yes ☐ No

If yes, for each such prior injury or condition, please describe: _____

_____

_____

_____

_____

_____

_____

Application for Disability Retirement (Continued)

Section 12: Permanent incapacity from performing Job Duties (To be eligible for a disability retirement, applicant must demonstrate that he/she is permanently disabled from substantially performing the essential duties of his/her job. Please answer the questions below concerning the permanency of your claimed injury/illness.)

Please describe, in your own words, all of the usual duties of your employment at the time you became disabled (include only those activities that you were actually required to perform and those you actually did perform). *Do not substitute a job description for this answer. You may include a Job Analysis, if available.*

Do you believe that you are permanently disabled from performing one or more of the duties described in response to the previous question? ☐ Yes ☐ No

You must have documentation (a letter or other documentation from a medical provider) containing an opinion on the permanency of your condition and that you are unable to perform your essential job duties. If you are applying for a service-connected disability retirement, documentation should also include the manner in which your condition is job related.

Are you scheduled for surgery for the injury/illness claimed or has any medical provider recommended surgery for your condition? ☐ Yes ☐ No

In your own words, please state which duties you cannot perform as a result of your injury/illness.

What accommodation(s) do you feel could be made that would allow you to return to work?

Have these accommodations been discussed with your department? ☐ Yes ☐ No

If yes, when? What were the results?

At any time since you first became disabled, has your condition improved enough so that you would have been capable of performing your usual duties? ☐ Yes ☐ No

If yes, when?

Application for Disability Retirement (Continued)

Section 13: Medical treatment other than listed Injury/Illness Within last five (5) years

Were you examined or treated by any health care provider for any reason within the five years immediately before the injury or illness that is the basis for your application for disability retirement? ☐ Yes ☐ No

If yes, for each such provider, please state the following: name; address; date (or date range) of examination or treatment; and a description of each symptom, complaint or other condition for which you were examined or treated.

Health Care Provider Name	Address	Date(s) of Examination or Treatment	Description of Complaint, Symptom, Condition

Provide the following information for each health care provider you have seen for any reason other than routine medical services since the onset of the injury or illness that is the basis for your disability retirement application. Please state the following: name; address; date (or date range) of examination or treatment; and a description of each symptom, complaint or other condition for which you were examined or treated.

Health Care Provider Name	Address	Date(s) of Examination or Treatment	Description of Complaint, Symptom, Condition

****** Do not complete Section 14 if you are a General Member. ******

Section 14: Safety Member's Injury / Illness (If you are a safety member who has completed five (5) or more years of service in MCERA or another California public pension plan, please answer the questions below.)

Section 14.1 Is this application based on heart trouble? ☐ Yes ☐ No

Section 14.2 Is this application based on a disability related to any cancer? ☐ Yes ☐ No

Section 14.3 Is this application based on a blood borne infectious disease? ☐ Yes ☐ No

Section 14.4 Is this application based on an exposure to a biochemical substance? ☐ Yes ☐ No

Section 14.5 I am an eligible safety member applying for a service-connected disability based on one of the above presumptions. ☐ Yes ☐ No

Initial _____

Application for Disability Retirement (Continued)

Section 15: Other Claims Filed

Please check any claim(s) you have filed related to the injury, illness or disease that is the basis for your application for disability retirement, and indicate the date it was filed:

		Date Filed			Date Filed
☐	Workers' compensation	_____	☐	Social Security	_____
☐	Long Term disability	_____	☐	Unemployment	_____
☐	State disability	_____	☐	Other pending claim or legal action against employer	_____

For each such claim or action, please give the following information:

(a) The nature of the claim or action: _____

_____

_____

(b) The name and address of the court, company or agency where the claim or action was filed: _____

_____

_____

For multiple claims, please continue on a separate page.

Section 16: Miscellaneous

Do you have any hobbies? If yes, please list: _____

Do you play sports? If yes, please list: _____

Do you engage in any physical activities? If yes, please list: _____

_____

In the past 15 years, have you engaged in any hobbies, sports and/or physical activities? If yes, please list all: _____

_____

_____

_____

Did you have any other job(s) or engage in any other work while employed by an MCERA Employer? If yes, please describe the type of work and duration: _____

_____

_____

_____

Application for Disability Retirement (Continued)

Section 17: Additional Information

Please include any further information that might aid the Board of Retirement in making a determination on your application for disability retirement: _____

_____

_____

_____

Section 18: Declaration

I declare under penalty of perjury that the foregoing responses contained in this application for disability retirement are true and correct, and that this declaration was signed on _____, in _____, California.
(Month Day, Year) (City)

PROCESSING OF THIS DISABILITY APPLICATION IS CONTINGENT UPON RECEIPT OF A COMPLETED DISABILITY APPLICATION, ATTENDING PHYSICIAN REPORT(S) AND SUPPORTING MEDICAL DOCUMENTATION.

Applicant Signature	Applicant Name *(please print)*	Date
_____	_____	_____

FOR MCERA USE ONLY

Certification by Retirement Association

The official retirement records of this applicant have been reviewed, and the application meets the requirements to file for disability retirement.

Yes _____ No _____ (reviewer initials)

Date Reviewed: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF PERSONNEL INFORMATION

I, _____, hereby authorize disclosure of any and all information or records relating to my employment with the _____ to the Mendocino County Employees Retirement Association (MCERA) and its medical consultant, Managed Medical Review Organization Incorporated (MMRO), for the purposes of processing my disability retirement application and to assist the Board of Retirement in making a determination regarding my eligibility for disability retirement.

These records include but are not limited to: Personnel files, performance evaluations, information in connection with job applications, accident/injury reports, workers' compensation claims filed and any medical records including application for accommodations and correspondence related to disability, Family Medical Leave (FMLA) and supporting documents, fit for duty evaluations, disciplinary actions, letters of counseling or reprimand, eligibility for rehire, letters or memoranda to the employee, letters or memoranda to the employer, information regarding complaints or claims, statements of supervisors or co-workers, or administrative records.

I understand and agree that this authorization shall remain in force until a final determination is made regarding my disability retirement application. However, in no event shall this consent be valid for a period in excess of two (2) years from the date of its execution. I further understand that I have a right to receive a copy of this authorization and that I may obtain copies of the information that I am being asked to allow use or disclosure of upon my request.

I understand that I may revoke this authorization at any time, but I must do so in writing and submit to the Mendocino County Employees Retirement Association (MCERA) at 625-B Kings Court, Ukiah, CA 95482. I further understand that if I revoke this authorization for any reason, I will not be in compliance with the disability application procedure and process; therefore my pending disability application may be returned to me or denied by the Board of Retirement.

PLEASE NOTE: SIGNATURE MUST BE WITNESSED ON SAME DATE

_____
Applicant Name (Please Print)

_____ _____
Applicant Signature Date Signed

_____ _____
Witness Date Signed
(Must be at least 18 years of age and not beneficiary)

AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION

I, _____, hereby authorize disclosure of any and all information or records relating to my Worker's Compensation Case held by York Risk Services Group, Inc. (Workers Compensation Carrier) to the Mendocino County Employees Retirement Association (MCERA) and its medical consultant, Managed Medical Review Organization Incorporated (MMRO), for the purposes of processing my disability retirement application and to assist the Board of Retirement in making a determination regarding my eligibility for disability retirement.

I understand and agree that this authorization shall remain in force until a final determination is made regarding my disability retirement application. However, in no event shall this consent be valid for a period in excess of two (2) years from the date of its execution. I further understand that I have a right to receive a copy of this authorization and that I may obtain copies of the information that I am being asked to allow use or disclosure of upon my request.

PLEASE NOTE: SIGNATURE MUST BE WITNESSED ON SAME DATE

_____
Applicant Name (Please Print)

_____ _____
Applicant Signature Date Signed

_____ _____
Witness Date Signed
(Must be at least 18 years of age and not beneficiary)

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

Explanation:
This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Civil Code section 56 *et seq*.

I, _____, hereby authorize use or disclosure of any and all medical records and information pertaining to my medical history, any disability or medical condition, mental or physical conditions, services rendered or treatment of myself to the Mendocino County Employees Retirement Association (MCERA) and its medical consultant, Managed Medical Review Organization Incorporated (MMRO), for the purposes of processing my disability retirement application and to assist the Board of Retirement in making a determination regarding my eligibility for disability retirement. I further give my informed consent and authorize MCERA and its medical consultant, MMRO, to use and disclose any of the aforementioned information to any independent medical examiners and consultants retained by MCERA or MMRO to assist in evaluation of my application for disability retirement.

I understand and agree that this authorization shall remain in force until a final determination is made regarding my disability retirement application. However, in no event shall this consent be valid for a period in excess of two (2) years from the date of its execution. I further understand that I have a right to receive a copy of this authorization and that I may obtain copies of the information that I am being asked to allow use or disclosure of upon my request.

PLEASE NOTE: SIGNATURE MUST BE WITNESSED ON SAME DATE

_____
Applicant Name (Please Print)

_____ _____
Applicant Signature Date Signed

_____ _____
Witness Date Signed
(Must be at least 18 years of age and not beneficiary)

AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

Explanation:
This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Civil Code section 56 *et seq*.

I, _____, hereby authorize _____ (healthcare provider), to disclose any and all medical records and information pertaining to my medical history, any disability or medical condition, mental or physical conditions, services rendered or treatment of myself to the Mendocino County Employees Retirement Association (MCERA) and its medical consultant, Managed Medical Review Organization Incorporated (MMRO), for the purposes of processing my disability retirement application and to assist the Board of Retirement in making a determination regarding my eligibility for disability retirement. I further give my informed consent and authorize MCERA and its medical consultant, MMRO, to use and disclose any of the aforementioned information to any independent medical examiners and consultants retained by MCERA or MMRO to assist in evaluation of my application for disability retirement.

I understand and agree that this authorization shall remain in force until a final determination is made regarding my disability retirement application. However, in no event shall this consent be valid for a period in excess of two (2) years from the date of its execution. I further understand that I have a right to receive a copy of this authorization and that I may obtain copies of the information that I am being asked to allow use or disclosure of upon my request.

PLEASE NOTE: SIGNATURE MUST BE WITNESSED ON SAME DATE

_____
Applicant Name (Please Print)

_____ _____
Applicant Signature Date Signed

_____ _____
Witness Date Signed
(Must be at least 18 years of age and not beneficiary)

Attending Physician Report

To qualify for a disability retirement, the MCERA member must be substantially incapacitated from the performance of the usual duties of his/her position. A person's incapacity is permanent if change for the better or worse is not to be reasonably anticipated under usual standards. It is not necessary that the person be physically or mentally incapable of performing each and every duty or task that might arise within the job classification.

Authorization for the release of medical information in connection with submission of attending physician report.

Member Name: _____ **Date of Birth:** _____

To: _____ (Name of medical provider completing this report)

You are hereby authorized to release directly to the Mendocino County Employees Retirement Association (MCERA) and its medical consultant, Managed Medical Review Organization Incorporated (MMRO) this completed Attending Physician Report (APR). I understand that the information you provide therein will be used to determine my eligibility for disability retirement and that the medical information and APR may be disclosed to the following: Managed Medical Review Organization (MMRO), MCERA staff, counsel, hearing officers, physicians, other consultants, and the Board of Retirement.

Member Signature: _____ **Date:** _____

Printed Member Name: _____ **Phone:** _____

***** This report must be typed or printed legibly and signed by a duly licensed medical provider. *****

Physician Acknowledgement

Full Name of Member/Patient: _____

Please identify the claimed disability (i.e., injury, illness and/or disease) for which you are evaluating this patient. Please be specific as to any body part that forms the basis of this application: _____

_____

_____

_____

Date of last visit: _____

Been treating patient since: _____

Name of all persons completing this form: _____

☐ Please check this box to confirm that you have reviewed the member's application for disability retirement.

Attending Physician Report (continued)

Patient's Medical Condition (Physician to complete. Reports can be submitted to support information below.)

1. Describe the patient's current complaints: _____

2. List other medical conditions that may have contributed to the claimed disability: _____

3. Provide the patient's employment history and identify the duties/activities being performed by the patient at the onset of the claimed disability: _____

4. Describe the work duties the patient last performed or is currently performing in service: _____

Patient's Medical History (Physician to complete. Reports can be submitted to support information below.)

1. Provide the patient's medical history following the date of claimed disability: _____

2. Identify all medical records upon which you are relying in forming your opinions: _____

Attending Physician Report (continued)

Physical Examination

Did you perform a physical examination? ☐ Yes ☐ No Date: _____

Explain the examination performed and your findings: _____

Diagnosis

Identify the diagnosis related to the claimed disability (i.e., illness, injury or disease): _____

Permanent Incapacity

1. Is the patient permanently incapacitated from performing his/her usual duties? ☐ Yes ☐ No

2. Do you expect a change in the patient's claimed disability?

☐ No

☐ Yes, for the better. Please explain and include anticipated timeframe for change: _____

☐ Yes, for the worse. Please explain and include anticipated timeframe for change: _____

Attending Physician Report (continued)

Permanent Incapacity (continued)

3. Is there any treatment that might permit the patient to return to full duty?

☐ No

☐ Yes, please describe the treatment, its availability and acceptance in the medical community. Also, please estimate the time and requirements for a recovery and advise whether the benefits of treatment clearly outweigh the risks of treatment:

4. Please discuss in detail if any reasonable accommodations or reasonable medical treatment, including surgery, can be made that would allow the patient to accomplish the job duties listed in Section 12 of the disability application. Your discussion should identify precisely what the recommended treatment consists of and the probability that the applicant can return to his/her former job.

5. Based on the review of the patient's job description, please list the permanent restrictions/limitations (prophylactic or otherwise) required by the patient as a result of the claimed disability. If this application is based on more than one condition, please match the required restriction/limitation with the corresponding claimed disability. Please be specific.

Examples: "Patient cannot lift more than 20 pounds due to lower back pain" or "Patient is unable to type more than four hours in an eight hour workday due to condition of the upper extremities."

6. If the patient is unable to perform any of the essential job functions described in the patient's job description, is the patient able to perform any other kind of work? ☐ No ☐ Yes, please explain below:

Attending Physician Report (continued)

Causation (Please complete ONLY for service-connected disability retirement claims.)

1. What, if any, is the connection between the patients' claimed disability and his/her employment? _____

_____

_____

Please explain the basis for your finding: _____

_____

Please describe any/all contributing factors: _____

_____

2. Is the patient's claimed disability due to intemperate use of alcohol or drugs? ☐ Yes ☐ No

3. Is the patient's claimed disability due to willful misconduct? ☐ Yes ☐ No

***** Do not complete "Delayed disability" section below if applicant is still actively employed. *****

Delayed Disability Application Affidavit. (This section must be completed by the member's medical provider if the application is not filed within four (4) months of discontinuation of service.)

Was the patient continuously physically or mentally incapacitated from performing his/her duties from the date of discontinuance of service to the current date? ☐ Yes ☐ No

Did the incapacitation exist at the time of the discontinuance? ☐ Yes ☐ No

Please provide a copy of all documentation relied upon to conclude that the patient has been continuously incapacitated.

Review of Medical Records

Did you review the patient's medical records? ☐ Yes ☐ No

Penalty of Perjury Statement

I declare under penalty of perjury that the information contained in this questionnaire and its attachments, if any, are true and correct to the best of my knowledge and belief, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Printed Name: _____ Date: _____

Signature: _____ Medical ID Number: _____

Mailing Address: _____

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Member Information and Service Retirement Allowance Pending Determination

MEMBER INFORMATION							
Name (Last, First MI)		Social Security Number — —		Birth Date		Retirement Effective Date	
Street Address		City		State	Zip		
Department	Membership Type: ☐ General ☐ Safety	Home Phone		Work Phone			
Email address (optional)				Cell Phone (optional)			
Name of Spouse or Registered Domestic Partner		Social Security Number		Birth Date		Date of Marriage/DPA	

ADDITIONAL INFORMATION (Please answer the following questions by checking the appropriate box.)		
Do you have any leaves of absence without pay?	☐ Yes	☐ No
Was your entire service as a member of MCERA rendered on a full time basis?	☐ Yes	☐ No
Do you have any leaves of absence due to medical reasons?	☐ Yes	☐ No
Have you ever withdrawn contributions?	☐ Yes	☐ No
Have you purchased credit for prior part time/extra help service?	☐ Yes	☐ No
Have you purchased credit for public service prior to MCERA membership?	☐ Yes	☐ No
NOTE: You must notify your department/district of your pending retirement date. I understand that my retirement will not be effective until I notify my department/district and separate from employment. I hereby authorize MCERA to speak with my department/district regarding my date of retirement and the date of my filing application for disability retirement.	☐ Yes	☐ No

I hereby certify under penalty of perjury that the information submitted is true and correct, and I affirm my consent to release information as provided above.

Member's Signature Date Signed

SERVICE RETIREMENT ALLOWANCE PENDING DETERMINATION

At any time after filing an application for disability retirement the member may, if eligible, apply for and receive a service retirement allowance pending the determination of his or her entitlement to disability retirement. If he or she is found to be eligible for disability retirement, appropriate adjustments shall be made in his or her retirement allowance retroactive to the effective date of his or her disability retirement as provided in Government Code Section 31724.

Do you wish to begin service retirement, if eligible, while your disability application is pending? ☐ Yes ☐ No

A service retirement will not become effective until separation from employment. In the event a member who retired for service is found not to be entitled to disability retirement he or she shall not be entitled to return to his or her job as provided in Government Code Section 31725.

MCERA

Disability Benefit Payment Option Election

Elect one of the benefit payment options below after reading "Benefit Payment Options Explained" on the back of this form. Your election will impact your monthly benefit amount and survivorship benefits payable after your death. Therefore, please ensure that you understand the advantages and disadvantages of each option before making a choice. Contact a retirement specialist if you have any questions.

Your benefit payment option election is irrevocable and <u>cannot</u> be changed once your first benefit payment is issued.

☐ UNMODIFIED OPTION

_____ Member Initials _____ Spouse or RDP Initials

☐ OPTION 1

_____ Member Initials _____ Spouse or RDP Initials

☐ OPTION 2 (Non Service Only)

_____ Member Initials _____ Spouse or RDP Initials

_____
Print Member Name

_____ _____
Member Signature Date

The signature of the Spouse or Registered Domestic Partner (RDP) must be notarized unless signed in the presence of a member of the MCERA staff, with proof of identification.

_____
Print Spouse or RDP Name

_____ _____
Spouse or RDP Signature Date

_____ _____
Retirement Representative Signature Date

Government Code Section 31760.3 requires notification to the member's current spouse or domestic partner of the election of an optional settlement. If a spouse/RDP's signature does not appear, the following information must be completed by the member.

I declare under penalty of perjury under the laws of the State of California that:

☐ I am not married.

☐ My current spouse/RDP has no identifiable community property interest in any benefits earned through my employment.

☐ I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/RDP.

☐ My current spouse/RDP has been advised of my election and has refused to sign the written acknowledgment.

☐ My current spouse/RDP is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.

☐ My current spouse/RDP and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

_____ _____
Member Signature Date

MCERA

Disability Benefit Payment Options Explained

Unmodified Allowance

In general, the unmodified allowance provides for the highest possible monthly retirement benefit during your life.

Service Connected Continuance

This option provides, upon your death, a lifetime benefit equal to 100% of the benefit you received during retirement to your eligible beneficiary (100% benefit + 100% cost of living, if applicable). This survivor benefit is restricted to your eligible spouse, qualified domestic partner or eligible child only.

Non-Service Connected Continuance

This option provides, upon your death, a lifetime benefit equal to 60% of the benefit you received during retirement to your eligible beneficiary (60% benefit + 60% cost of living, if applicable). This survivor benefit is restricted to your eligible spouse, qualified domestic partner or eligible child only.

Your spouse or registered domestic partner is considered eligible if you have been married or registered for at least one year at the time of your retirement and you continue to be married or registered to that spouse/domestic partner until the time of your death.

If you do not have an eligible spouse or registered domestic partner, the benefit may be paid to your eligible child upon your death.

An eligible child is an unmarried child under the age of 18, or an unmarried full-time student under the age of 22.

If you do not have an eligible spouse, registered domestic partner or eligible child at the time of your death, your designated beneficiary will receive a lump-sum refund of any of your remaining contributions and interest.

Under the Unmodified Option, you may change your designated beneficiary for the burial benefit at any time without affect to the benefit continuance payable to an eligible spouse, registered domestic partner or eligible child.

Option 1

This option does not provide a continuance. Upon your death, a lump-sum payment of any remaining contributions becomes payable to your named beneficiary.

Each month the annuity portion of your benefit is deducted from your contributions until the balance of your contributions is zero. You will continue to receive your benefit, but there would no longer be a lump-sum benefit payable to your beneficiary.

You may change your named beneficiary at any time.

Option 2 (Non Service Connected Disability Only)

At the time of your death, your designated beneficiary will receive the same monthly allowance you were receiving at the time of your death for the remainder of his or her lifetime (100% benefit + 100% cost of living, if applicable). An Actuary calculation may be required if the named beneficiary is not your spouse and/or they are more than 10 years younger than you.

In order to provide this continuance, your benefit is reduced during your retirement based on your life expectancy and the life expectancy of your beneficiary. Should your beneficiary pre-decease you, you will continue to receive the same reduced amount and you will not be allowed to designate a new beneficiary.

Retired Member Beneficiary Designation

The beneficiary(ies) listed on this form may be eligible for a lump-sum payment of any contributions and interest remaining in your retirement account. If your previous beneficiary was your spouse or California State registered domestic partner, then a death certificate or divorce/dissolution paperwork is required to change your beneficiary. You cannot elect a new beneficiary to receive a continuance of your monthly benefit after you have retired.

Part I. Member Information

Member Name (First Name, Middle Initial, Last Name) _____ Birth Date (mm/dd/yyyy) _____

Social Security Number _____ Phone Number _____ Email Address _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Marital Status: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who may receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Member Name: _____ Social Security Number: _____

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Alternate Beneficiary Name (First Name, Middle Initial, Last Name) | Relationship | % of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date (mm/dd/yyyy) | Social Security Number/Tax Id | Phone Number

Alternate Beneficiary Name (First Name, Middle Initial, Last Name) | Relationship | % of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date (mm/dd/yyyy) | Social Security Number/Tax Id | Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name (First Name, Middle Initial, Last Name)

Member Signature | Date (mm/dd/yyyy)

Part V. Spousal or Registered Domestic Partner Acknowledgment

Either Section A or Section B below **MUST** be completed and signed or the form will be rejected and returned to you.

SECTION A: Signature of Member's Spouse or Registered Domestic Partner

I am the spouse or state of California registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be a "consent," "waiver," or "transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or registered domestic partner.

Print Spouse/Registered Domestic Partner Name (First Name, Middle Initial, Last Name)

Spouse/Registered Domestic Partner Signature | Date (mm/dd/yyyy)

Member Name: _____ Social Security Number: _____

SECTION B: Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

I declare under penalty of perjury under the laws of the state of California that (please select one of the following:

- ☐ I am not married.
- ☐ My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.
- ☐ I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.
- ☐ My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.
- ☐ My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.
- ☐ My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

_____

Print Member Name (First Name, Middle Initial, Last Name)

_____ _____

Member Signature Date (mm/dd/yyyy)

Burial Benefit Beneficiary Designation

The beneficiary(ies) listed on this form will receive a $1,000 burial benefit payable upon your death and upon receipt of a certified copy of your death certificate. In cases of reciprocity, the burial benefit will be paid by the final employer's retirement system.

Part I. Member Information

Member Name (First Name, Middle Initial, Last Name) _____ Birth Date (mm/dd/yyyy) _____

Social Security Number _____ Phone Number _____ Email Address _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Marital Status: ☐ Single ☐ Married ☐ Divorced/Separated ☐ Widowed

Part II. Primary Beneficiary Designation

You may name one person or any number of persons as your primary or alternate beneficiary(ies). A Primary Beneficiary is the person(s) who will receive a benefit from MCERA upon your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Primary Beneficiary Name (First Name, Middle Initial, Last Name) _____ Relationship _____ % of Benefit _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Birth Date (mm/dd/yyyy) _____ Social Security Number/Tax Id _____ Phone Number _____

Member Name: _____ Social Security Number: _____

Part III. Alternate Beneficiary Designation

An Alternate Beneficiary is the person(s) who will receive a benefit from MCERA if you have no living primary beneficiaries on the date of your death. If this form does not provide enough space, you may attach additional sheets. Please sign, date, and write your social security number on any additional sheets.

Alternate Beneficiary Name (First Name, Middle Initial, Last Name) | Relationship | % of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date (mm/dd/yyyy) | Social Security Number/Tax Id | Phone Number

Alternate Beneficiary Name (First Name, Middle Initial, Last Name) | Relationship | % of Benefit

Street Address/PO Box | City | State | Zip Code

Birth Date (mm/dd/yyyy) | Social Security Number/Tax Id | Phone Number

Part IV. Member Acknowledgment

I hereby confirm the beneficiary designation(s) listed in Parts II and III. This Beneficiary Designation Form revokes any previous designation I have filed.

Print Member Name (First Name, Middle Initial, Last Name)

Member Signature | Date (mm/dd/yyyy)

Part V. Spousal or Registered Domestic Partner Acknowledgment

Either Section A or Section B below **MUST** be completed and signed or the form will be rejected and returned to you.

SECTION A: Signature of Member's Spouse or Registered Domestic Partner

I am the spouse or state of California registered domestic partner of the MCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify the current spouse or state registered domestic partner of the selection of benefits or change of beneficiary made by a member. It is not intended to be a "consent," "waiver," or "transmutation agreement" regarding the transfer of community property interest/assets of the signing spouse or registered domestic partner.

Print Spouse/Registered Domestic Partner Name (First Name, Middle Initial, Last Name)

Spouse/Registered Domestic Partner Signature | Date (mm/dd/yyyy)

Member Name: _____ Social Security Number: _____

SECTION B: Declaration of Reason for Absence of Spouse/Registered Domestic Partner Signature

I declare under penalty of perjury under the laws of the state of California that (please select one of the following:

☐ I am not married.

☐ My current spouse/registered domestic partner has no identifiable community property interest in any benefits earned through my employment.

☐ I do not know and have taken reasonable steps to determine the whereabouts of my current spouse/registered domestic partner.

☐ My current spouse/registered domestic partner has been advised of my election and has refused to sign the written acknowledgment.

☐ My current spouse/registered domestic partner is incapable of executing the written acknowledgment because of an incapacitating mental or physical condition.

☐ My current spouse/registered domestic partner and I have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the California Family Code which makes the community property law inapplicable to the marriage.

_____

Print Member Name (First Name, Middle Initial, Last Name)

_____ _____

Member Signature Date (mm/dd/yyyy)

MCERA

Direct Deposit Authorization

I hereby authorize the Mendocino County Employees Retirement Association to deposit all pension/annuity payments due to me from MCERA directly into the account identified below. This authority will remain in effect until I notify MCERA in writing to terminate this authorization. I understand that I must give MCERA enough notice to allow reasonable time to act on my instructions. In the event an overpayment from MCERA is credited to my account during or after my lifetime, I authorize MCERA to direct my financial institution to refund the same to MCERA and charge such payment to my account. I understand that I will not receive a check stub by mail with Direct Deposit but can obtain this information online at MemberDirect or by contacting MCERA.

Member Information

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip
Phone	Social Security		Date of Birth
Retiree Signature		Date	

Financial Institution

Tape Your Voided Blank Check Here.

(or)

Attach Typed Confirmation of Savings Account Number and Routing Number from the Financial Institution on their Letterhead. Handwritten Account Numbers Cannot Be Accepted

Tax Withholding Election

Name (First Name, Middle Initial, Last Name) _____ Social Security Number _____

Street Address/PO Box _____ City _____ State _____ Zip Code _____

Physical Address (if mailing address is a PO Box, your physical address is required.) _____

Federal Tax Withholding Certificate for Pension or Annuity Payments (W-4P)

CAUTION: There are penalties for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in IRS Publication 505.

☐ **Do not withhold** federal income tax.

OR

☐ **Withhold** federal income tax based on the tax tables for:

- ☐ Married with _____ tax withholding allowances.
  (Enter a number from 0 to 10.)
- ☐ Single or married (with two or more incomes) with _____ tax withholding allowances.
  (Enter a number from 0 to 10.)
- ☐ In addition to the amount withheld based on the tax tables, withhold $ _____ monthly.

State of California Tax Withholding Certificate for Pension or Annuity Payments (DE-4P)

☐ **Do not withhold** state of California income tax.

OR

☐ **Withhold a flat amount** of $_____ from each benefit payment. (Dollar amounts only.)

OR

☐ **Withhold** state of California income tax based on the tax tables for:

- ☐ Married with _____ tax withholding allowances.
  (Enter a number from 0 to 10)
- ☐ Single or married (with two or more incomes) with _____ tax withholding allowances.
  (Enter a number from 0 to 10)
- ☐ Head of household, with _____ tax withholding allowances.
  (Enter a number from 0 to 10)
- ☐ In addition to the amount withheld based on the tax tables, withhold $ _____ monthly.

Signature of Member _____ Date (mm/dd/yyyy) _____

This combination Federal Tax Withholding Certificate (W-4P) and State of California Tax Withholding Certificate (DE-4P) is being provided for you to make your tax withholding elections. This form may be used for both federal and state tax withholding. Please make one election for each and be sure to sign the certificate before returning it to MCERA.

Federal Tax Withholding Information

Federal regulations require all payees whose allowances are taxable to either make a specific election for no withholding or make an election using the tax tables based on marital status and exemption allowances. If no election is filed, MCERA is required by law to withhold taxes based on tax tables for married with three exemptions. Taxes will not be withheld unless your gross benefit exceeds the minimum amount listed on the tax table for that filing status.

IRS Code requires MCERA to automatically withhold federal income tax at the married and claiming three tax withholding allowances rate from:

- Individuals who provide a PO Box as their home address and
- US citizens and resident aliens who are living outside of the United States.

To have MCERA withhold federal tax at a rate other than married with three allowances or to elect not to have tax withheld, use this form to submit a US home address with a street number. **(In the event of an IRS audit, it will be your responsibility to substantiate your residence.)** This rule applies to federal income tax only.

We are required to remind you that there are penalties imposed by the IRS for not paying enough taxes during the year. Established tax requirements and penalties are explained in IRS Publication 505. Additionally, Publication 575, Pension and Annuity Income may also be of assistance.

State of California Tax Withholding Information

Unless you elect otherwise, the law requires that personal income tax be withheld, using the marital status and withholding allowance claimed on your W-4P. In compliance with Federal law, California income tax is not to be withheld from pension recipients who reside outside of California.

Service Connected Disabilities

If you were granted a Service Connected Disability, withholding tax will be based solely on the taxable portion (if any) of your retirement allowance. If your allowance is equal to 50 percent of your final compensation at retirement, your allowance qualifies as fully non-taxable. If your allowance exceeds 50 percent of your final compensation at retirement, the portion of your allowance over 50 percent is taxable.

Failure to properly complete the withholding form will result in MCERA rejecting your form.

Return to Work Acknowledgment

Member: Please read and sign the second page of this form after reading the attached, "Retiree Return to Covered Employment Policy."

Government Code §7522.56 restricts a public employer's ability to reemploy a retired person, a person who (1) previously retired under the employer's pension plan, and (2) is currently receiving a benefit from that plan.

A retired person shall not serve, be employed by, or be employed through a contract directly by, a public employer in the same public retirement system from which the retiree receives the benefit without reinstatement in the employer's plan upon reemployment. This means that the retired person's benefit payments under the plan would be suspended, and his or her compensation during the reemployment period would be pensionable. The retired person would receive service credit under the pension plan for the reemployment period, and the employer and retired person would have to pay required contributions to fund the corresponding benefits.

The law, however, provides that reinstatement is not required if the following conditions are satisfied:

- The retired person cannot be reemployed within 180 days after his or her retirement, unless (1) the employer reemploys the retired person either during an emergency to prevent stoppage of public business, or because the retired person has skills needed to perform work of limited duration, and that employer makes these findings and takes action on the regular calendar in a public meeting; or (2) the retiree is a returning public safety officer;

- The retired person's appointment is for no more than 960 hours per fiscal year;

- The retired person's pay rate must be within the range paid by the employer to other employees performing comparable duties (pay rate for this purpose is hourly and is determined by dividing monthly pay by 173.33); and

- The retired person must certify in writing to the employer that he or she did not, during the 12-month period preceding the reemployment date, receive unemployment insurance arising from prior employment subject to this section with a public employer.

If these conditions are satisfied, reinstatement does not apply. The retired person would continue to receive retirement benefits under the employer's plan, would not receive service credit for the reemployment period, and no plan contributions on the retired person's compensation would be required.

If a retired person exceeds the limit of 960 hours per fiscal year, their retirement benefit will be suspended for the remainder of the fiscal year. A fiscal year begins July 1 and ends June 30 of each year. Re-employed retired persons and their employers must periodically review the total number of hours worked to avoid exceeding this limit.

In addition to complying with the Government Code requirements described above, IRS rules require that any member who has not attained the age of 62 (or age 50 for safety members) prior to retirement must have a break of at least 60 days before returning to employment with the County or any employer participating in MCERA.

I acknowledge that I understand the above. I also acknowledge that I have received the "Retiree Return to Covered Employment Policy" and I understand that I am subject to this policy.

_____
Print Member Name

_____ _____
Member Signature Date (mm/dd/yyyy)

RETIREE RETURN TO COVERED EMPLOYMENT POLICY

I. PURPOSE AND BACKGROUND

In 2013 the California State Legislature instituted broad pension reforms with the enactment of the Public Employees' Pension Reform Act (PEPRA). These reforms imposed additional restrictions on MCERA retirees who return to work in Covered Employment. For purposes of this Policy, Covered Employment means either the employment or the contracting for services of a MCERA retiree by any MCERA plan sponsor (Mendocino County, Mendocino County Superior Courts and Russian River Cemetery District).

PEPRA also shifted the oversight responsibilities to public pension plans in several new areas. With respect to MCERA retired members, PEPRA transformed what was traditionally an employer oversight function into a shared auditing, monitoring and oversight function between the employer and the public pension plan. Retirees and plan sponsors need to be cognizant of this change and the additional restrictions imposed when a MCERA retiree enters Covered Employment; otherwise the MCERA retiree risks jeopardizing his/her retirement benefits.

MCERA retirees frequently return to the workforce after retirement; and they are free to do so without MCERA approval. However, if the retiree returns to Covered Employment, there are restrictions on how quickly the retiree can return to Covered Employment and how many hours he/she can work annually in Covered Employment. This policy is intended to assist retirees and plan sponsors to assure that the post-retirement employment relationship is in compliance with the law.

MCERA retirees working in any situation other than Covered Employment are generally free to work without restrictions or penalties. When MCERA retirees choose to work for employers that are not MCERA plan sponsors, it is permissible for the retiree to earn the income from that employment and continue to collect their MCERA retirement allowance. Because such employment relationships do not meet the definition of Covered Employment, the restrictions outlined below do not apply.

MCERA retirees are encouraged to contact MCERA to discuss returning to Covered Employment prior to doing so to fully understand the requirements. The consequences for failure to follow the laws and rules regarding a return to Covered Employment can be significant. MCERA staff is here to help you understand the requirements and avoid any negative impacts.

II. POLICY OBJECTIVES

This policy is adopted in order to ensure MCERA complies with its Plan Documents and to provide clear guidance to Members regarding requirements for returning to Covered Employment after MCERA retirement.

III. POLICY GUIDELINES

A. ELIGIBILITY TO RETURN TO COVERED EMPLOYMENT

1. PEPRA REQUIREMENTS

   For a MCERA retiree to be eligible to return to Covered Employment, PEPRA requires the retiree have a 180 day break in service, unless the Covered Employment qualifies for an exception from the 180 break in service requirement. MCERA retirees may qualify for an exception by either:

   a. The Covered Employment is in a public safety position, or

   b. The employer certifies by a vote of the governing body on a non-consent agenda item that two conditions exist: (1) either there exists an emergency requiring the retiree return to Covered Employment to prevent the stoppage of public business or the retiree has skills needed to perform work of limited duration in Covered Employment; and (2) that the appointment of the retiree is necessary to fill a critically needed position before the 180 day break in service.

   These exceptions to the PEPRA required break in service do not apply in certain situations. To ensure eligibility to return to Covered Employment, the retiree is encouraged to contact MCERA to discuss the specifics of their situation.

2. INTERNAL REVENUE CODE REQUIREMENTS

If the retiree is less than the MCERA defined "Normal Retirement Age", then there are additional requirements to be eligible to return to Covered Employment. Normal Retirement Age for MCERA is defined by the MCERA Regulation for Internal Revenue Code of 1986 (IRC) Section 401(a) – Normal Retirement Age adopted by the Board of Retirement in Resolution 2014-08. The regulation specifies the Normal Retirement Age as age 62 for General Members and 50 for Public Safety Members.

Before returning to Covered Employment, a MCERA retiree that is less than the Normal Retirement Age must have a bona fide break in service as outlined in the MCERA Regulations for the Internal Revenue Code of 1986 (IRC) Section 401(a) – Return To Work and Separation From Service, adopted by the Board of Retirement in Resolution 2014-08. The regulations require both of the following: (i) that the member has not entered into a predetermined agreement to return to work, and (ii) a minimum 60 day break in service for a member who is less than the Normal Retirement Age, regardless of whether the exceptions to the PEPRA required 180 day break in service outlined above are satisfied.

3. EXCEPTION TO PEPRA AND INTERNAL REVENUE CODE REQUIREMENTS

The only allowed exception to the eligibility requirements outlined in subsections 1. and 2. above is for emergency situations as defined in Government Code section 8558. MCERA requires certification from the employer that the Covered Employment of the retiree is directly related to the emergency situation. MCERA will review the certification from the employer as well as other sources of information and may reject the exception to the eligibility requirements to return to Covered Employment by sending a notice of such to both the employer and the MCERA retiree.

B. CONSEQUENCES OF VIOLATING ELIGIBILITY TO RETURN TO COVERED EMPLOYMENT

If a MCERA retiree returns to Covered Employment without meeting the eligibility requirements in Section A. above, the member is required to reinstate to active employment status as of the date the retiree returned to Covered Employment. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

In addition to the reinstatement to active employment status, the MCERA retiree may be required to return to MCERA any retirement benefit payments that are determined to have been paid after the member was reinstated to active employment status. Such payments shall be classified as overpayments and handled in accordance with the MCERA Board adopted Overpayment Policy.

C. LIMITS ON COVERED EMPLOYMENT

Once a MCERA retiree has established eligibility to return to Covered Employment, they are subject to limits on the amount of work they are eligible to perform in Covered Employment. MCERA retirees may not work or be compensated for more than 960 hours in any fiscal year. The rate of pay for a MCERA retiree that returns to Covered Employment must be in line with that of other employees performing comparable duties.

1. FULL-TIME, PART-TIME OR EXTRA HELP EMPLOYMENT

   The employer shall report the hours worked in full-time, part-time or extra help employment by a MCERA retiree in Covered Employment to MCERA each pay period. It is the responsibility of the MCERA retiree to ensure compliance with all MCERA plan documents regarding Covered Employment. Retirees should carefully monitor their hours worked in Covered Employment to ensure they do not exceed the limits.

   The accumulation of hours worked in a fiscal year is based on the date of payment for the hours. For example, if a MCERA retiree works in Covered Employment in late June for which they receive payment in early July, those hours count toward the 960 hour limit in the new fiscal year since the employee was paid in the new fiscal year.

2. CONTRACT FOR SERVICES

   A MCERA retiree that returns to Covered Employment via a contract for services is required to submit a copy of the approved contract with the employer and all invoices under the contract for services to MCERA. MCERA will review the contract and subsequent payments to determine the number of hours worked in Covered Employment. It is the responsibility of the MCERA retiree to ensure compliance with all MCERA plan documents regarding Covered Employment. Retirees should carefully monitor their hours worked in Covered Employment to ensure they do not exceed the limits.

3. EXCEPTION TO LIMITS ON COVERED EMPLOYMENT

The only allowed exception to the limits on Covered Employment outlined in this section is for emergency situations as defined in Government Code section 8558. MCERA requires certification from the employer that the Covered Employment of the retiree is directly related to the emergency situation. MCERA will review the certification from the employer as well as other sources of information and may reject the exception to the limit on Covered Employment by sending a notice of such to both the employer and the MCERA retiree.

D. CONSEQUENCES OF VIOLATING LIMITS ON COVERED EMPLOYMENT

If a MCERA retiree who is eligible to return to Covered Employment exceeds the limits on Covered Employment outlined in Section C. above, the retiree is required to reinstate to active employment status as of the date the retiree exceeded the limit on Covered Employment. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

In addition to the reinstatement to active employment status, the MCERA retiree may be required to return to MCERA any retirement benefit payments that are determined to have been paid after the member was reinstated to active employment status. Such payments shall be classified as overpayments and handled in accordance with the MCERA Board adopted Overpayment Policy.

1. EXCEPTION TO REINSTATEMENT FOR DE MINIMUS VIOLATION OF LIMIT ON COVERED EMPLOYMENT

   If a MCERA retiree that has returned to Covered Employment status, exceeds the limits on Covered Employment outlined in Section C. above by a de minimus amount, then the member may agree to a reduction in their next monthly retirement benefit payment by the amount of earnings in excess of the limit on Covered Employment. Such agreement will be on a form as set forth by MCERA and shall be signed by the retiree.

   If the retiree does not agree to the reduction in the next monthly retirement benefit, then the retiree is required to reinstate to active employment status. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

If a retiree agrees to the reduction in the next monthly retirement benefit and subsequently further exceeds the limits on Covered Employment, the retiree is required to reinstate to active employment status. Reinstatement to active employment status and the corresponding consequences are outlined in Section E. below.

E. REINSTATEMENT TO ACTIVE EMPLOYMENT STATUS

Upon the reinstatement of a MCERA retiree to active employment status, MCERA is required to suspend the member's retirement benefit until such time as the member retires from active employment status or provides evidence to MCERA that the member should not be reinstated to active employment status. Any MCERA retiree that is reinstated to active employment status under this Return to Covered Employment Policy shall have their retirement benefit suspended at least one month.

Once a retired member is reinstated to active employment status, the member will remain in such status until the member retires from active employment. After reinstatement to active employment status the member and employer are responsible for remitting all required retirement contributions in accordance with MCERA plan documents. The member will be eligible for an additional retirement benefit based upon the service and salary earned after reinstatement to active employment status. The suspended retirement benefit is not changed in any way due to the reinstatement to active employment and subsequent retirement.

F. APPEAL OF RETIREE RETURN TO COVERED EMPLOYMENT DECISION

A member may appeal an administrative decision related to this policy in accordance with the Administrative Hearing Policy adopted by the MCERA Board.

IV. POLICY REVIEW

This Policy is subject to change in the exercise of the Board's judgment. The Board shall review this Policy at least every three years to ensure that it remains relevant and appropriate and consistent with state and federal laws and regulations.

V. POLICY HISTORY

This policy was adopted by the Board of Retirement on September 19, 2018.

Disability Retirement Application Frequently Asked Questions

1. When should I file a disability application?

As soon as you are reasonably certain that your medical condition permanently prevents you from performing your usual job duties, you should file a disability application. You may apply while you are still employed or within four months following your separation from employment. You also may apply at any time from the date of discontinuance of service if you demonstrate, through medical evidence, that you have been continuously physically or mentally incapacitated from performing your job duties. You may not apply if you have withdrawn your retirement contributions.

2. May another person file a disability application for me?

Yes. Your department head or anyone else may file on your behalf, with or without your permission.

3. How is my eligibility to receive a disability retirement determined?

The Board will review pertinent medical reports and records to determine if you are permanently incapacitated. The medical reports are initially provided by you and additional medical reports may be obtained by MCERA.

4. Is workers' compensation the same thing as disability retirement?

No. MCERA and the County of Mendocino or Special Districts, which are responsible for administering workers' compensation, are separate legal entities whose actions and decisions are not binding on each other. In addition, any information provided to workers' compensation does not automatically go to MCERA. Any information pertaining to your disability retirement application/process should be sent to MCERA by you or someone on your behalf.

5. How long does this process take?

Usually 6 to 12 months from the date your application is filed. If the Retirement Board's decision is appealed, it may take longer. Each case is different, so processing times will vary.

6. Do I need an attorney to help me?

An application may be filed with or without the assistance of an attorney. If your matter goes to hearing, you may wish to obtain the services of an attorney. MCERA will be represented by an attorney. You may, however, represent yourself in any hearing or court proceeding. No other person, besides an attorney or yourself, may represent you.

7. May I receive a service retirement benefit while waiting for the Board of Retirement to decide on my application?

Yes. Whether or not you are disabled, if you are eligible to receive a regular service retirement benefit, you may file for a service retirement while you are awaiting determination of your disability application. Your retirement benefit would be adjusted, if necessary, if you are found to be permanently incapacitated by the Board.

8. Could there be any consequences if I take a service retirement benefit pending the Board's decision?

Yes. In order to receive a service retirement benefit, you must terminate your employment. If it is determined that you are not eligible for a disability retirement, you may not return to your job.

If you do not take a service retirement benefit pending the Board's decision on your disability retirement application, and it is determined that you are not permanently incapacitated, you have the right to be reinstated by your employer.

9. If my application is approved, when will my disability retirement become effective?

Your disability retirement will be effective on the date you filed your application with the Board of Retirement or the date following the last day for which you received regular compensation.

Disability Retirement Application Frequently Asked Questions (Continued)

If it is determined by the Board of Retirement that you delayed in filing your application because you could not determine the permanency of your disability, or if an administrative oversight caused the delay, the effective date of your disability retirement benefit will be the date following the last day for which you received regular compensation.

You and your department payroll/personnel representative should determine if you are eligible to use your paid sick leave before receiving your disability retirement benefit.

10. When will I receive my first check?

Usually within 2 months following the Board's approval of your application.

11. How much will my disability retirement benefit be?

The amount of money you receive for a service-connected disability retirement is usually 50% of your final compensation, which is based on the average of your highest consecutive 12/36 months of salary. A service connected disability retirement is not subject to federal and state income taxes up to the 50% of final compensation. Any amount above the 50% is considered taxable.

The amount of money you receive for a non-service connected disability retirement is based on your years of service and a percentage of your final compensation.

The minimum benefit is 1/3 of your final compensation. This benefit will go up 2% for each additional year of service, not to exceed 40%. MCERA will furnish an estimate of benefit upon request. A non-service connected disability retirement benefit is subject to federal and state income taxes.

If you are eligible to receive a service retirement benefit that is greater than the service-connected or non-service connected disability retirement amount, you will receive the greater service retirement benefit.

12. Will my disability retirement benefit ever change?

Retired members hired before January 1, 2013will receive an annual cost of living adjustment (COLA) effective April 1 of each year which is paid beginning on April 30. The COLA is based on the Consumer Price Index (CPI) for the Los Angeles area and is determined annually by the Board of Retirement. The current annual maximum COLA is 3.0%. Any changes in the CPI over the maximum are held in a COLA bank and are applied to your benefit in a future year when the CPI change is less than the maximum. Members hired after January 1, 2013 do not receive an annual COLA.

13. Will I still be eligible for medical insurance benefits?

Please contact a Human Resources Benefits Specialist regarding your options.

14. May I continue to work for the County/Special District if I am found to be permanently incapacitated?

Yes. If you are capable of performing other duties, you may accept a new position with the employer. However, if the salary of your new job is less than what you earned when you became permanently incapacitated, you may ask to receive a supplemental disability benefit instead of your full disability retirement benefit. This option will need Board approval. The supplemental disability benefit you receive will generally increase your salary up to the compensation you were receiving in your old position. But, it may not be greater than the disability benefit you would have received if you had accepted a disability retirement.

If you left service due to a disability and you wish to return to work, contact MCERA for

Disability Retirement Application Frequently Asked Questions (Continued)

more information.

If a Safety member is found to be permanently incapacitated due to job connection and takes a General member position, the member's Safety status will be maintained.