



MENDOCINO COUNTY EMPLOYEES  
RETIREMENT ASSOCIATION

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# Disability Retirement Application Handbook

# Disability Handbook Contents

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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

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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; or
- Up to a maximum of 60 months after the last date that the member actually worked as a member in active law enforcement if a rebuttable presumption applies.

## 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 and 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
- Post-traumatic stress disorder (PTSD), based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association
- Tuberculosis
- Meningitis
- Skin cancer
- Lyme disease
- Lower back impairments
- Hernia or pneumonia

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.

## General Information Regarding the Disability Application Process

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### **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

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## 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 not 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 Supporting Medical Records, Reports and Documentation:**

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

**Member's Job Class Specification:**

Applicants must submit this with the disability retirement application. Your employer can provide you with this information.

**Attending Physician Report (APR):**

Must be completed by a treating medical provider and submitted at the time the application is filed.

**Benefit Payment Option Election:**

Must be signed by the member and spouse, or registered domestic partner, if applicable, and the spouse/partner signature must be notarized or signed in the presence of MCERA staff.

**Benefit Beneficiary Designation and Burial**

**Benefit Designation:**

Applicants must submit Beneficiary Designation forms naming beneficiary(ies) with the application.

**Social Security Number(s) of Your Named**

**Beneficiary(ies):**

Include social security number/s on all beneficiary designation forms.

**Member and Beneficiary age verification:**

Original or certified copy of birth certificate\*, passport, or CA Real ID, for yourself and your spouse/registered domestic partner.

**Marriage Certificate or California Certificate of Registered Domestic Partnership:**

Original or certified copy of marriage

certificate or CA certificate of registered domestic partnership, to determine eligibility for the unmodified option. \*

**Divorce Judgement and Marital Settlement Agreement:**

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 of vital documents will only be accepted when accompanied by a Certificate Attestation Form. Obtain certified copies of your marriage or birth certificates through the vital records office of the state or county where you were married or born. MCERA Staff will return any original vital documents 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: \_\_\_\_\_

<b>Section 1: General Information.</b> 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			

<b>Section 2: Application Type.</b> Please indicate type(s) of disability retirement you are applying for.	
<input type="checkbox"/> <b><u>Non-service Connected Disability Retirement</u></b> <ul style="list-style-type: none"> <li>Injury/Illness that has not incurred at work.</li> <li>Five (5) years of service is required, per California Government Code §31720(b).</li> </ul> <p>Do you have five (5) years of service?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unsure</p>	<input type="checkbox"/> <b><u>Service connected Disability Retirement*</u></b> <ul style="list-style-type: none"> <li>Injury/Illness that was incurred at work.</li> <li>No minimum years of service required.</li> </ul> <p>If the Board of Retirement finds you to be permanently incapacitated, but <u>not</u> on a service connected basis, you will be granted a non-service connected disability retirement if you have at least five years of service.</p> <p><small>* 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.</small></p>

<b>Section 3: Current employment.</b> Please provide the following information about your current employment.	
Permanent Position Disabled From: _____	
Department: _____	Immediate Supervisor: _____
Membership Status: <input type="checkbox"/> General <input type="checkbox"/> 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 <u>or</u> you were on an extended leave of absence? <i>Please check one box:</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 a 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 to receive credit for those previously withdrawn service years. [See Gov. Code §31652(a).]  
**Read carefully: Failure to redeposit previously 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 redeposit contributions previously withdrawn from MCERA prior to completing my disability retirement application to receive credit for those additional service years.
- I do not have previously withdrawn contributions to redeposit with 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 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 attorney 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 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 and their 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 any form of paid leave?  Yes  No

If no, when did you receive your last paycheck? \_\_\_\_\_

When was the last day you 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.

<u>Name of Employer</u>	<u>Address of Employer</u>	<u>Phone # of Employer</u>	<u>Dates of Employment</u>	<u>Type of Work</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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 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)**

<u>Physician(s) Treating Injury / Illness</u>	<u>Phone Number</u>	<u>Treatment Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Type of Treatment / Therapy</u>	<u>Name of Health Care Provider</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

<u>Physician(s) Treating Injury / Illness</u>	<u>Phone Number</u>	<u>Treatment Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Type of Treatment / Therapy</u>	<u>Name of Health Care Provider</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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 being permanently disabled from substantially performing the essential duties of their 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 you were required to perform at the time you became disabled. Include only those duties that you were required to perform and those you did perform.

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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 a report, 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. \_\_\_\_\_

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

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Have these accommodations been discussed with your department?  Yes  No

If yes, when? What were the results? \_\_\_\_\_

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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 during the five years immediately preceding the onset of the injury/illness that is the basis for your application?  Yes  No

If yes, please state the 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.

<u>Health Care Provider Name</u>	<u>Address</u>	<u>Date(s) of Examination or Treatment</u>	<u>Description of Complaint, Symptom, Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you examined or treated by any health care provider for any reason other than routine medical services since the onset of the injury/illness that is the basis for your application? Yes  No

If yes, please state the 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.

<u>Health Care Provider Name</u>	<u>Address</u>	<u>Date(s) of Examination or Treatment</u>	<u>Description of Complaint, Symptom, Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*\* 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 combined, 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** Is this application based on PTSD?  Yes  No



**Application for Disability Retirement (Continued)**

<b>Section 14: Safety Member's Injury / Illness (Continued)</b>			
<b>Section 14.6</b>	Is this application based on an exposure to tuberculosis?	Yes	No
<b>Section 14.7</b>	Is this application based on an exposure to meningitis?	Yes	No
<b>Section 14.8</b>	Is this application based on skin cancer?	Yes	No
<b>Section 14.9</b>	Is this application based on Lyme disease?	Yes	No
<b>Section 14.10</b>	Is this application based on lower back impairments?	Yes	No
<b>Section 14.11</b>	Is this application based on hernia or pneumonia?	Yes	No
<b>Section 14.12</b>	I am an eligible safety member applying for a service connected disability based on one of the above presumptions.	Yes	No
			Initial _____

<b>Section 15: Other Claims Filed</b>			
Please check any claim(s) you have filed related to the injury/ illness that is the basis for your application for disability retirement, and indicate the date it was filed:			
	<u>Date Filed</u>		<u>Date Filed</u>
<input type="checkbox"/>	Workers' compensation _____	<input type="checkbox"/>	Social Security _____
<input type="checkbox"/>	Long Term disability _____	<input type="checkbox"/>	Unemployment _____
<input type="checkbox"/>	State disability _____	<input type="checkbox"/>	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: _____			
_____			
_____			
<b>For multiple claims, please continue on a separate page.</b>			



**Application for Disability Retirement (Continued)**

**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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**Section 17: Certification By MCERA - FOR MCERA USE ONLY**

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  
(Must be at least 18 years of age and not beneficiary)

\_\_\_\_\_  
Date Signed



**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  
(Must be at least 18 years of age and not beneficiary)

\_\_\_\_\_  
Date Signed



**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  
(Must be at least 18 years of age and not beneficiary)

\_\_\_\_\_  
Date Signed

**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  
(Must be at least 18 years of age and not beneficiary)

\_\_\_\_\_  
Date Signed





### 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 Medical Provider:** \_\_\_\_\_ (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 licensed medical provider or their designee. \*\*\*

**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 the injury/illness 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)**

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

1. Describe the patient's current complaints:

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

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3. Provide the patient's employment history and the duties being performed by the patient at the onset of the claimed disability.

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

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**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: \_\_\_\_\_

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

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**Attending Physician Report (continued)**

<b>Physical Examination</b>
Did you perform a physical examination? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date: _____
Explain the examination performed and your findings: _____
_____
_____
_____
_____
_____
_____
_____

<b>Diagnosis</b>
Identify the diagnosis related to the claimed disability (i.e., illness, injury or disease): _____
_____
_____
_____
_____
_____
_____
_____
_____

<b>Permanent Incapacity</b>
1. Is the patient permanently incapacitated from performing his/her usual duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you expect a change in the patient's claimed disability?
<input type="checkbox"/> No
<input type="checkbox"/> Yes, for the better. Please explain and include anticipated timeframe for change: _____
_____
<input type="checkbox"/> 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:

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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. \_\_\_\_\_

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5. Based on the review of the patient's job description, please list the patient's permanent restrictions/limitations (prophylactic or otherwise) 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."

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

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**Attending Physician Report (continued)**

<b>Causation (Please complete ONLY for service connected disability retirement claims.)</b>
1. What, if any, is the connection between the patient's 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the patient's claimed disability due to willful misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>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.)</b>
Was the patient continuously physically or mentally incapacitated from performing his/her duties from the date of discontinuance of service to the current date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incapacitation exist at the time of the discontinuance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a copy of all documentation relied upon to conclude that the patient has been continuously incapacitated.

<b>Review of Medical Records</b>
Did you review the patient's medical records? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Penalty of Perjury Statement</b>
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: _____



**Member Information and Service Retirement Allowance Pending Determination**

MEMBER INFORMATION				
Name (Last, First MI)		Social Security Number	Birth Date	Retirement Effective Date
Street Address/PO Box		City	State	Zip
Department	Membership Type: <input type="checkbox"/> General <input type="checkbox"/> Safety	Home Phone	Work Phone	
Email address (optional)			Cell Phone (optional)	

BENEFICIARY FOR CONTINUANCE (If applicable)				
Name (Last, First MI)		Social Security Number	Birth Date	Date of Marriage/RDP
Street Address/PO Box		City	State	Zip
Email address (optional)			Primary Phone	

**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

In accordance with the provisions of the County Employees' Retirement Law Act of 1937 and the By-Laws and Regulations governing the Retirement System, I, hereby make application for disability retirement.

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 determination of his or her entitlement to disability retirement. If found to be eligible for disability retirement, appropriate adjustments shall be made to the retirement allowance retroactive to the effective date of the disability retirement as provided in Government Code Section 31724.
<b>Do you wish to begin service retirement, if eligible, while your disability application is pending?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE: A service retirement will not become effective until the member has separated 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.</b>



### Disability Benefit Payment Option Election

Your election will impact your monthly benefit amount and survivorship benefits payable after your death. Therefore, please elect one of the benefit payment options below after reading "Benefit Payment Options Explained" on the back of this form to 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 cannot 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

This section must be completed if you have no spouse/state of California registered domestic partner or if your spouse/registered domestic partner did not sign this Benefit Option Election Form. If you are divorced, please provide a copy of the complete final judgment, including signed agreements. If widowed, please provide a certified copy of the death certificate.

**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



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## Disability Benefit Payment Options Explained

### Unmodified Option

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 **or** the final benefit payment owed to the member.

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.

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.

Member First Name (Print)		Member Last Name (Print)		Middle Initial
Date of Birth		Social Security Number		
Home/Mailing Address			Daytime Phone Number (    )	
City	State	Zip Code	Email	

### Primary Beneficiary

Beneficiary Name		Relationship	% of Benefit
Date of Birth		Social Security Number/Taxpayer ID Number	
Home/Mailing Address		Daytime Phone Number (    )	
City	State	Zip Code	

**Primary**     **Alternate**

Beneficiary Name		Relationship	% of Benefit
Date of Birth		Social Security Number/Taxpayer ID Number	
Home/Mailing Address		Daytime Phone Number (    )	
City	State	Zip Code	

**Primary**     **Alternate**

Beneficiary Name		Relationship	% of Benefit
Date of Birth		Social Security Number/Taxpayer ID Number	
Home/Mailing Address		Daytime Phone Number (    )	
City	State	Zip Code	

**I hereby confirm the beneficiary designations shown above.**

Member Signature	Date
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MCERA

# Burial Benefit Beneficiary Designation

Member Name (Print)			Social Security Number Last Four
Street Address/PO Box			
City	State	Zip Code	Birth Date
Email Address			Daytime Phone Number (     )

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 last retirement system subject to Government Code Section 31789.

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

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer ID Number	
Home/Mailing Address	Daytime Phone Number (     )	
City	State	Zip Code

**Primary**     **Alternate (Optional)**

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer ID Number	
Home/Mailing Address	Daytime Phone Number (     )	
City	State	Zip Code

**Primary**     **Alternate (Optional)**

Beneficiary Name	Relationship	% of Benefit
Date of Birth	Social Security Number/Taxpayer ID Number	
Home/Mailing Address	Daytime Phone Number (     )	
City	State	Zip Code

**I hereby confirm the beneficiary designations shown above.**

Member Signature	Date
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# 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.

**Changes received after the 15th will become effective the following month.**

## Member Information

Member Name		Social Security Number Last Four	
Street Address/PO Box	City	State	Zip
Phone	Email Address		Date of Birth
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**



MCERA

## Tax Withholding Election

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Applicant's are required to use the [Federal W-4P](#) and [California DE 4P](#) withholding forms. For assistance in completing these forms see your tax advisor or contact MCERA.

### Service Connected Disability

If you are 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.

**NOTE: 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

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### 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.



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## 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 representative should determine if you are eligible to use your paid leave before separating from employment and 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 you receive for a service-connected disability retirement is usually 50% of your final average salary (FAS), which is the average of your highest consecutive 36 months of salary. A service connected disability retirement is not subject to federal and state income taxes up to 50% of FAS. Any amount above the 50% is considered taxable.

The amount you receive for a non-service connected disability retirement is based on your years of service and a percentage of your FAS. The minimum benefit is 1/3 of your FAS. This benefit will go up 2% for each additional year of service, not to exceed 40%. 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, 2013 will 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) 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 your employer 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 have been granted a service connected disability retirement and you can perform other duties, you may ask to receive a supplemental disability benefit instead of your full disability retirement benefit and accept a new position with the employer. If the salary of the new job is less than what you earned when you became permanently incapacitated 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. This option will need Board of Retirement approval.

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