

DISABILITY RETIREMENT APPLICATION



MEMBER INFORMATION

Type or print legibly. Refer to the attached Instructions for help in completing this Application.

Name (Last, First, Middle) SSN (last 4 digits only)

List any other names you have used or been known by, if any

Address City State Zip

Home phone / Mobile phone / Work phone / Other phone

Email address Date of birth (MM/DD/YYYY)

DISABILITY RETIREMENT TYPE

Type of disability retirement you are applying for: (you may check either or both boxes)

- Service-Connected Disability Retirement (SCDR)**
If you check the SCDR box only, you will also be considered for NSCDR, if eligible.
- Non Service-Connected Disability Retirement (NSCDR)**
You must have at least five (5) years of full-time service credit to be eligible (including reciprocal service).

RECIPROCAL SYSTEM(S)

Are you a member of another public retirement system (Reciprocal System) in California?

- Yes (List below) No (Proceed to the Employment Information section on the following page.)

Reciprocal System(s): _____

Are you a deferred member of SCERS who is filing or has filed for disability retirement as an active member of a Reciprocal System(s) listed above?

- Yes** — Skip the remaining questions and sign and file this Application with SCERS. SCERS will await verification of the Reciprocal System's determination on your disability retirement application.
- No** — Fully complete, sign, and submit this Application and required attachments to SCERS.

FOR SCERS USE ONLY

Date Submitted: _____ Benefit Tier: _____ Board Action: _____
Years of Service: _____ Age at Filing: _____ Action Date: _____
Membership: Miscellaneous Safety Completed Date: _____

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EMPLOYMENT INFORMATION

SCERS Participating Employer:

Department Name:

Position/Job Classification:

SCERS-Covered Employment Status:

Still working full-time part-time

Leave with pay

Leave without pay

Terminated employment

Retired for service**

Other: _____

Date Status Began:

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____ *

____ / ____ / ____ *

____ / ____ / ____ *

____ / ____ / ____

* If more than four months have elapsed since the date you discontinued service, you must submit medical evidence substantiating that you have been continuously incapacitated for the performance of duty from the date you discontinued service. If such evidence is not provided, you are not eligible to apply for disability retirement benefits from SCERS and SCERS will not accept your Application.

** If you have already retired for service when you apply for disability retirement, the beneficiary you named and option you elected when you retired for service will apply to your disability retirement benefit if your disability retirement application is granted.

List below any other employment you have had since the onset of the injury(ies) or disease(s) you are claiming cause you to be permanently incapacitated for the performance of duty:

Employer Name	Employer Address	Job Title	Start Date	End Date

Sacramento County Employees' Retirement System (SCERS)

980 9th Street, Suite 1900, Sacramento, CA 95814-2739 | Main (916) 874-9119 | Fax (916) 874-6060

scers.org | sacretire@saccounty.net

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DESCRIPTION OF CLAIMED INJURY(IES) OR DISEASE(S)

When responding to any of the following questions, you may attach additional pages if necessary.

List the physical and/or mental condition(s), including each part of your body affected by such conditions(s), you are claiming that cause you to be permanently incapacitated for the performance of your duties. Any condition(s) you list here that are not supported by medical evidence in the Member's Examining Physician Report (which you are to provide as an attachment to this Application) will not be considered by SCERS in evaluating your Application for disability retirement benefits.

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DESCRIPTION OF CLAIMED INJURY(IES) OR DISEASE(S)

List your usual duties for your position.

List the usual duties of your position that you claim you can no longer perform because of the injury(ies) or disease(s) listed on page 3 that you claim permanently incapacitate you for the performance of those duties.

List the usual duties of your position that you are still able to perform.

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SERVICE CONNECTION

If you are not applying for SCDR, you may respond "N/A" to the items below.

Are you claiming that all of the injuries or diseases listed on page 3 arose out of and in the course of your employment?

Yes - Proceed to next item **No** - Please list each injury or disease you claim is service-connected

For each injury or disease you claim is service-connected, describe how you believe it was caused or exacerbated by your employment. Include dates, locations, and circumstances as applicable.

REQUIRED ATTACHMENTS

The following documentation must be submitted with your Application:

- **Member's Examining Physician Report**
completed and signed by a physician
- **Authorization for Release of Medical and Other Information**
You must complete, sign, and submit this form with your Application to enable SCERS to obtain medical and other records needed to evaluate and make a determination on your Application
- **Any additional documentation required if:**
 - The Application is filed more than four months after the date the Member discontinued service (see footnote on page 2)
 - An Earlier Effective Date is requested on page 7

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CLAIMS AGAINST THIRD PARTIES

Are any of the injuries or diseases that you claim permanently incapacitate you for the performance of duty the result of the action(s) of a third party other than your employer?

Yes - Identify and explain below

No - Proceed to next item

Name of Third Party: _____

Explanation of cause(s) and circumstance(s):

OTHER CLAIMS FILED

Have you made any other claims (e.g., lawsuits, settlements, Workers' Compensation, state disability, Social Security disability) because of the claimed injury(ies) or disease(s) you identified in this Application?

Yes - Provide information below

No - Proceed to next item

Entity/Type of Claim you Filed	Claim # or Reference	Date of Claim

MEDICAL TREATMENT PROVIDERS

List all medical professionals and/or facilities from which you have received treatment within the last five years for the injury(ies) or disease(s) you listed on page 3 and 5. For each medical professional or facility you list, you must provide all of the following information: (You may attach additional pages if needed)

Name	Address	Phone	Treatment Specialty	Treatment Dates

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MEDICAL TREATMENT PROVIDERS, CONTINUED

Name	Address	Phone	Treatment Specialty	Treatment Dates

REQUEST FOR EARLIER EFFECTIVE DATE

If your Application is granted, your disability retirement will be effective on the later of the Application Date or the day after you discontinued service. You may request an Earlier Effective Date by completing this section and providing the additional required documentation.

Are you requesting an earlier effective date for this Application, if granted?

Yes - Complete all items on this page and submit all required documentation with this Application

No - Proceed to next item

Date you discontinued service: ____ / ____ / ____

Was the filing of your Application delayed by administrative oversight?

Yes - You must attach documentation explaining and substantiating the administrative oversight that delayed the filing of the Application.

No

Was the permanency of your incapacity able to be determined at the time you discontinued service?

Yes **No** - You must attach medical evidence substantiating your claim that the permanency of your incapacity could not be determined at the time you discontinued service.

Have you been continuously incapacitated for the performance of duty since the date you discontinued service?

Yes - You must attach medical evidence substantiating that you have been continuously incapacitated for the performance of duty. Proceed to next page

No

DISABILITY RETIREMENT APPLICATION

MEMBER APPLICANT'S ACKNOWLEDGMENTS, REPRESENTATIONS AND DECLARATIONS

You must read and initial each of the statements below, and sign and date this Application under penalty of perjury on page 9. SCERS will not accept your Application if any item in this section is incomplete.

I acknowledge and understand that as the Applicant, I have the burden of proving by a preponderance of the medical evidence that I am permanently incapacitated for the performance of the duties of my position.

I acknowledge and understand that if I am applying for a service-connected disability retirement, I also have the burden of proving by a preponderance of the medical evidence that my permanent incapacity for the performance of duty was caused or exacerbated by injury(ies) or disease(s) arising out of and in the course of my employment, and that my employment substantially contributed to my disability.

I represent that the injury(ies) or disease(s) I claim in this Application cause me to be permanently incapacitated for the performance of duty are not due to my intemperate use of alcohol, drugs, willful misconduct, or violation of law.

I acknowledge and understand that I am required to submit with this Application a Member's Examining Physician Report in a format prescribed by SCERS that is completed and signed by a physician. I further acknowledge and understand that if the completed Member's Examining Physician Report(s) submitted to SCERS do not substantiate that one or more of the claimed injuries or diseases listed in Item 13 incapacitate me for the performance of my duties, SCERS is unable to process my Application and my Application will be dismissed. I further acknowledge and understand that only the claimed injury(ies) or disease(s) for which SCERS has received medical evidence substantiating the injury or disease exists and incapacitates me for the performance of my duties will be given further consideration in SCERS' evaluation of my Application.

I acknowledge and understand that if more than four months has elapsed since the date I discontinued service and the date I submit this Application, I must submit medical evidence substantiating that I have been continuously disabled since the time I discontinued service. I further acknowledge and understand that if such medical evidence is not provided, I am not eligible to apply for disability retirement benefits from SCERS and my application will not be accepted.

I acknowledge and understand that I am responsible for arranging for and providing my written authorization to the medical professionals and/or facilities I listed in Item 22 to provide my medical records and reports directly to SCERS within 60 days of the date I submit this Application. I further acknowledge and understand that I may submit to SCERS a written request for an extension of time in the event one or more medical professionals and/or facilities has not provided my medical records and reports to SCERS within 60 days of the date I submit this Application.

I acknowledge and understand that I am obligated to cooperate fully with SCERS in its evaluation of my Application, including responding timely to requests for additional information or records, and submitting to an Independent Medical Evaluation, if referred. I further acknowledge and understand that if I fail to cooperate, my Application may be dismissed.

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MEMBER APPLICANT'S ACKNOWLEDGMENTS, REPRESENTATIONS AND DECLARATIONS, CONT.

I acknowledge and understand that I am not required but, at my option and expense, I may consult with and/or retain legal counsel with regard to this Application and my claim for disability retirement benefits. If I retain legal counsel, I or my attorney must promptly file a written notice of representation with SCERS.

I acknowledge and understand that if I am eligible, I may apply for and receive a service retirement allowance pending a determination on my Application for disability retirement. If my Application is later denied, I understand that I will continue to receive my service retirement from SCERS.

I acknowledge and understand that if I am already retired for service when I apply for disability retirement, the beneficiary I named and option I elected when I retired for service will apply to my disability retirement benefit if my Application is granted.

I acknowledge and understand that, if granted, my disability retirement allowance will be effective on the date I submitted this signed Application to SCERS, but no earlier than the day after the last day for which I receive regular compensation (including compensated sick leave or vacation, etc.). I also understand that I may request an earlier effective date by completing Item 23 and proving that the filing of my Application was delayed by administrative oversight or inability to ascertain the permanence of my incapacity until after the last date for which I received regular compensation.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Member/Applicant's Signature

Date Signed

Printed Name

ONLY FOR APPLICATIONS FILED ON BEHALF OF A SCERS MEMBER BY ANOTHER PERSON

Applicant's Name:

Relationship to Member:

Last First Middle

Applicant's Address:

Number Street Unit/Apt City State Zip

Applicant's Phone Numbers (with area codes) and Email Address

Work phone Mobile phone Email address

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Member/Applicant's Signature

Date Signed

DISABILITY RETIREMENT APPLICATION INSTRUCTIONS



COMPLETING THE APPLICATION FORM

1. Type or print your information legibly. You must initial, sign, and date the Application where indicated and submit it in person or by mail to SCERS in hard copy.
2. You must complete each of the items in this Application by entering the required information and/or checking the appropriate boxes, or entering “N/A” for a numbered item that does not apply to your Application. You must also initial, sign, and date your Application where indicated. An incomplete Application that does not include your initials, signature or date where required will not be accepted by SCERS and will be returned to you.

Application Section Title	Page Number	Instructions
Member Information	1	Provide complete information to ensure you receive timely communication regarding your Application throughout the process. You must update your contact information with SCERS if there are any changes after your Application is submitted.
Disability Retirement Type	1	You may apply for either or both Service-Connected (job-related) or Non Service-Connected (not job-related) Disability Retirement. If you check only the Service-Connected Disability Retirement box, you will also be considered for Non Service-Connected Disability Retirement, if eligible.
Reciprocal System(s)	1	If you are a deferred or active member of one or more other public retirement systems in California, identify the Reciprocal System(s) and indicate whether you have also filed an application for disability retirement with those Reciprocal System(s). This will enable SCERS to appropriately coordinate benefits with the Reciprocal System(s) as required by law if you are granted a disability retirement.

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Application Section Title	Page Number	Instructions
Employment Information	2	<p>Provide the name of your SCERS participating employer (Sacramento County, Superior Court, or special district), department, position or job classification title, the current status of your SCERS-covered employment, and the effective date of that status. Also provide a history of any other employment you have had since the onset of the injury(ies) or disease(s) you are claiming that cause you to be permanently incapacitated for the performance of duty, including employment not covered by SCERS. This information will assist SCERS in counseling you on your potential disability retirement benefits and in determining the effective date of your disability retirement, if granted.</p> <p>NOTE: If you discontinued service more than four months ago, you must submit medical evidence substantiating that you have been continuously disabled since the time you discontinued service. Discontinued Service means the last date for which a Member earned Regular Compensation from a Participating Employer from which retirement contributions were deducted by SCERS. If such evidence is not provided, you are not eligible to apply for disability retirement benefits from SCERS and SCERS will not accept your Application.</p>
Description of Claimed Injury(ies) or Disease(s)	3-4	<p>Answer all of the questions regarding the physical or mental condition(s) you are claiming that cause you to be permanently incapacitated and the impact of such conditions on the performance of your job duties. If you are claiming more than one injury or disease, you may list them all in your Application. Only the claimed injury(ies) or disease(s) you list, and for which you provide medical evidence substantiating the condition exists and permanently incapacitates you for performing your job duties, will be considered by SCERS in evaluating the Application. Identify all the injury(ies) or disease(s) you are claiming permanently incapacitate you when you first complete this application, as you must file an amended or new application to include additional injuries or diseases later, which could delay the processing of your Application.</p>

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Application Section Title	Page Number	Instructions
Service Connection	5	You must complete this section if you checked the “Service-Connected Disability Retirement” box in the Disability Retirement Type section on page 1. Provide thorough information including dates, locations and circumstances to substantiate your claim that your injury(ies) or disease(s) arose out of and in the course of your employment.
Required Attachments	5	Carefully review this list of required attachments to ensure that you obtain and submit all of the documentation needed to ensure your Application is complete. SCERS will not pay for or reimburse you for any costs associated with obtaining the required documentation.
Claims Against Third Parties	6	Complete this section if any of the injuries or diseases you claim permanently incapacitate you for the performance of duty resulted from the action(s) of a third party other than your employer.
Other Claims Filed	6	Provide information on any other claims you have filed, such as litigation, settlements, Workers’ Compensation, state disability, or Social Security disability, because of the claimed injury(ies) or disease(s) identified in your application.
Medical Treatment Providers	6-7	List all medical professionals and/or facilities from which you have received treatment within the last five years for the claimed injury(ies) or disease(s) you listed on page 3 and 5. For each medical professional or facility, provide the name, address, phone number, treatment specialty and the dates or time period during which you were treated. You may attach additional pages if needed.

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Application Section Title	Page Number	Instructions
Request for Earlier Effective Date	7	If your Application is granted, your disability retirement will be effective on the later of the Application Date or the day after you discontinued service. You may request an Earlier Effective Date by completing this section of the Application form and providing the additional required documentation. With this documentation, you must prove that you qualify for an Earlier Effective Date because your Application was delayed: 1) by administrative oversight or 2) due to the fact that the permanency of your incapacity could not be determined at the time you discontinued service.
Applicant's Acknowledgments, Representations and Declarations	8-9	You must read and initial each of the statements in this section of your application. If any portion of this section is incomplete, your application will not be accepted by SCERS and will be returned to you. You must correct the deficiency and resubmit your application and accompanying documents for SCERS to accept your application.
Applicant's Signature	9	You must sign the application under penalty of perjury, print your name below your signature, and enter the date. An unsigned application will not be accepted by SCERS and will be returned to you.

SUBMITTING YOUR APPLICATION TO SCERS

- Review each page of your Application form to ensure it is accurate and complete, that you have read and initialed each of items on page 8 and 9, and have printed your name, and signed and dated your Application on page 9. Retain a copy of your completed Application form for your records.
- Assemble all of the completed documents in the following order:
 - Disability Retirement Application form
 - Member's Examining Physician Report
 - If applicable: - Medical evidence substantiating continuous disability since Discontinuation of Service
- Documentation substantiating Request for Earlier Effective Date
 - Authorization for Release of Medical and Other Information form

DISABILITY RETIREMENT APPLICATION

INSTRUCTIONS

SUBMITTING YOUR APPLICATION TO SCERS, CONTINUED

3. If you have scheduled an appointment to meet in person with a SCERS Disability Retirement Unit staff member to discuss the application process, bring the packet you assembled as described in instruction 2 above to that appointment.
4. If you are delivering or mailing your application to SCERS, place the packet you assembled as described in instruction 2 above, unfolded, in a large mailing envelope addressed to:

Sacramento County Employees' Retirement System (SCERS)
980 9th Street, Suite 1900
Sacramento, CA 95814
Attn: Disability Retirement Unit