



City of Escanaba  
PO Box 948 • 410 Ludington St  
Escanaba, MI 49829-0948  
(906)786.0605  
www.escanaba.org



## ***Disability Retirement***

The information below is intended to make applying for disability retirement as easy as possible for you.

### ***What you will need for the evaluation***

It's important that The City receive all required documents in a timely manner. As soon as possible, complete the *Application for Disability Retirement* and the *Informed Consent and Authorization Form* as your retirement date may be impacted by the date The City receives your application. It is also your responsibility to obtain the necessary records which support your request for a disability retirement, pay any cost associated with obtaining those records, and submit them with your paperwork or within two weeks of your initial request.

### ***The Process***

Following receipt of your documents, The City's medical advisor partner will contact you to request additional documentation and/or discuss the evaluation process which may include an Independent Medical Examination. Following their analysis, They will send a written recommendation to The City. You will receive written notification indicating whether The City has approved or denied your application for disability retirement benefits.

### ***What to Know Before You Apply***

- Your disability must be permanent (unable to be cured through reasonable medical/psychiatric treatment) and the medical condition or injury that caused it must have occurred during your active employment.
- You must be a vested participant of the system to apply, unless a work-related injury or disease is the direct cause of your disability.
- You must apply while you are actively employed, or within two years of termination of employment.
- If you have terminated employment, the reason for termination must be because you are unable to work due to your disability.
- Once we receive your application and medical documentation, it may take up to three months to process.



## Application for Disability Retirement

Please print • Retain a copy for your records

### Instructions

#### Documents required during evaluation

- **If applying for physical disability:**  
Two *Physician's Statements (Form F-53)* completed by different treating physicians from different practices substantiating the permanently disabling nature of every physical condition you believe renders you disabled from continued employment with your employer.
- **If applying for psychiatric/mental disability:**  
At least one *Psychiatric Medical Report (Form F-54)* completed by your treating psychiatrist/psychologist substantiating the permanently disabling nature of every psychiatric/mental condition you believe renders you disabled from continued employment with your employer.
- Complete copies of all medical and/or psychiatric records pertaining to your disabling conditions dating back to at least the beginning of any potentially disabling condition through the date of this application; these records should include, but not be limited to, copies of all doctors' reports, diagnostic tests, surgery/hospitalization reports, medications, and treatment plans.
- A copy of your employer's official position description for the job from which you are seeking disability retirement.

**NOTE: Any disabling condition not substantiated by a Physician's Statement (Form F-53) or a Psychiatric Medical Report (Form F-54) will not be considered by The City.**

#### Additional requirement for duty-related disability

- A copy of any *Employees' Basic Report of Injury* or similar form filed with the Michigan Workers' Compensation Agency.

Please mail completed form to:

**City of Escanaba  
Controller's Office**  
PO Box 948  
410 Ludington St  
Escanaba, MI 49829-0948

### General Provisions of The City of Escanaba Defined Benefit Retirement Plan Document

- Disability retirees may be required to be periodically examined by a physician, depending on the recommendation of The City's medical advisor.
- The City of Escanaba Defined Benefit Retirement Plan Document places a limitation on the amount of disability retirement benefits payable between the effective date of disability retirement and attaining the age and service requirements of the employer for a regular retirement. The limitation applies to the amount of disability retirement benefits allowed under the Straight Life retirement benefit option before the election of any other form of payment.
- Disability retirement benefits received from The City, when added to other income sources received by the retiree, are limited to 100% of the retiree's final average compensation. The other sources include:
  - Remuneration from gainful employment. This also includes self-employment that results in a profit.
  - Workers' compensation weekly benefits, redemption, and settlements on account of the same disability.
  - Payments made under a salary continuance plan, sickness and accident insurance, disability insurance, or program of similar purpose, financed in whole or in part by the participating municipality.
  - Social Security benefits paid to the retiree.
- Cost-of-living increases in workers' compensation and Social Security benefits are disregarded for purposes of the limitation.
- If the disability retiree does not provide the amount of workers' compensation and/or Social Security benefits being received, it will be determined on the basis of the retiree's final average compensation and the single person statutory benefits.
- Upon receipt of evidence of the actual amount of workers' compensation and/or Social Security benefits being received, The City will adjust the amount of retirement benefits being paid and recover any overpayment that may have occurred.
- Overpayments may be recovered by full repayment or by recouping the immediate overpayments from future retirement benefit payments, as determined by The City.

# Application for Disability Retirement

## 1. Information about you

Last Name*	First Name*	Last four digits of SSN*	Date of birth (mm/dd/yyyy)	
Mailing address*		City*	State*	Zip code*
Home email address		Daytime phone number (with area code)*		
Name of employer*				

## 2. Disability details

Type of disability (check one) <input type="checkbox"/> Duty <input type="checkbox"/> Non-duty	
Job title	Approximate onset date of disability

Identify any physical or mental condition(s) that you feel render(s) you permanently disabled from performing your job. Attach additional sheets if necessary.

*Please note:* Any listed disabling condition(s) must be substantiated by a Physician's Statement or Psychiatric Medical Report as detailed on page 2.

If applying for duty disability retirement benefits, please describe in detail how your condition(s) was caused by the performance of your work duties. If applying for non-duty disability retirement benefits, write "N/A."

## 3. Participant signature

**If I am approved for disability retirement, I understand my effective date of retirement is the later of:**

1. The first day of the month following the date that I terminate employment; OR
2. The first day of the month following The City of Escanaba's receipt of this application.

Employee's signature*	Date (mm/dd/yyyy)*
-----------------------	--------------------

\* Required field



## Informed Consent and Authorization: Disability Retirement

Please print • Retain a copy for your records

### Notice to participant

Your Social Security number, address, birth date, marital status, spouse information, and medical information are classified as private data. The City of Escanaba (The City) will not share your private data with any person or agency except as permitted under The City's privacy policy or your authorization below.

If you do not provide the information requested by The City and its medical advisor, your application (or periodic review of continued eligibility) for disability retirement benefits may be delayed.

***A photocopy or facsimile of this Informed Consent and Authorization shall be as valid as the original.***

### Authorization for The City and Medical Advisor to release information

I give my informed consent and authorize The City and its Medical Advisor to release my private data to any independent medical examiners and/or consultants retained by The City or the Medical Advisor in the course of processing and evaluating my application for disability retirement benefits or periodic review of my continued eligibility for disability retirement benefits. My private data also may be provided to and used by my employer or former employer, an Administrative Law Judge or court of appeals judge, The City's staff and The City of Escanaba Defined Benefit Retirement Board, for the purpose of evaluating my application (or periodic review of continued eligibility) for disability retirement, any appeals thereof, and in the publication of any decision by the Administrative Law Judge, The City of Escanaba Defined Benefit Retirement Board or any court of appeal.

This Authorization expires one year from the date of my signature or upon final determination of my eligibility (or continued eligibility) for The City of Escanaba Defined Benefit disability retirement benefits, whichever is later, except that this Authorization with respect to the publication of any decision by the Administrative Law Judge, The City of Escanaba Defined Benefit Retirement Board or any court of appeal shall continue in perpetuity. I understand I may request a copy of this Authorization. This Authorization shall become effective on the date below. I understand I have the right to revoke this Authorization at any time by notifying The City in writing, which revocation shall only be effective prospectively. I understand revoking this Authorization may delay the processing of my application (or periodic review of continued eligibility) for disability retirement benefits.

### HIPAA authorization for care providers and consultants to release information to The City of Escanaba and the Medical Advisor

I hereby authorize the use and disclosure of protected health information about me as described below.

- The following specific class of person/facility is authorized to disclose information about me to The City and the Medical Advisor, my employer or former employer, any health care provider, hospital, medical facility, rehabilitation consultant, agency, or other organization.
- The following class of persons/entity may receive protected health information about me: employer or former employer, Medical Advisor and any independent medical examiners and consultants retained by The City or Medical Advisor to assist in evaluation of my application (or periodic review of continued eligibility) for disability retirement benefits. My protected health information may also be released to any of the above as part of an appeal regarding my application or periodic review of continued eligibility for disability retirement benefits.
- The following information may be disclosed: all information with respect to any physical or mental condition and/or treatment of me, including information regarding AIDS/HIV infection, communicable diseases, alcohol and substance abuse, and mental health.
- I may revoke this authorization by notifying The City in writing. Any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- The use of the information is for my application (or review of continued eligibility) for The City of Escanaba Defined Benefit Retirement Plan disability retirement benefits.
- This authorization expires one year from the date of my signature or upon the final determination of my eligibility (or continued eligibility) for The City disability retirement benefits, whichever is later.

### Authorization for The City of Escanaba and Medical Advisor to release information

I have read, understood, and I agree to both of the above Authorizations to release information:

Last Name*	First Name*	Last four digits of SSN*
Participant signature*		Date (mm/dd/yyyy)*