

# Introduction

## Disability Transmittal to the Commission

Updated August, 2003

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### **Who should use the *Disability Transmittal to the Commission*?**

This form is to be used by Retirement Board Members to certify to the Public Employee Retirement Administration Commission (PERAC) that the retirement board has received an application for a disability retirement/accidental death benefit; it has voted to approve the benefit in accordance with the provisions of G.L. c. 32, § 6 or 7, and pursuant to G.L. c. 32, § 21(1)(d), § 21(4) and PERAC Regulations 840 CMR 10.13(1)(a) and 840 CMR 9.02; and the board is forwarding its decision to PERAC for their review.

When PERAC approves a retirement board's decision to approve a disability retirement/accidental death allowance, PERAC will use the *Disability Transmittal to the Commission* to certify its approval.

### **When will a retirement board submit a *Disability Transmittal to the Commission* to PERAC?**

A hearing may be held on any disability retirement application and shall be held upon the request of the member. The decision of the retirement board shall be based exclusively on the record of the hearing or, if there is no hearing on the record of the proceeding. In no event shall the board's decision be made later than 180 days after the application for disability retirement is filed unless PERAC grants an extension.

### **Should the completed disability transmittal and all of the related attachments be faxed to PERAC?**

The Disability Transmittal and all of the related attachments should be transmitted to PERAC via the US Mail. Due to confidentiality considerations, these documents **MUST NOT** be transmitted via fax machines.

### **What are the attachments that must accompany this form when it is submitted to PERAC?**

- Statement of facts found by the retirement board
- Certificate and Narrative Report of the Regional Medical Panel
- Certificate and Narrative Report of the applicant's physician
- Description of the accident, if applicable
- Injury Report(s) from official department files
- All descriptions of the applicant's essential duties
- The employer's statement
- Applicant's complete Disability Retirement Application
- Proof of Veteran's status including dates of active service, if applicable
- Proof of physical examination upon entry to service or subsequent to entry, if applying under a presumption
- Death Certificate, if applicable



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**Retirement Board:** Please place your address and phone number here. ▶

Saugus Contributory Retirement System  
25R Main St, Town Hall Annex  
Saugus, MA 01906  
781-558-2903, 781-558-2892 or scrs@saugusretirement.org

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Saugus Contributory"/>
Member's Last Name	First	M.I.	Retirement Board
<input type="text" value="xxx - xx -"/>	<input type="checkbox"/> Accidental Disability	<input type="checkbox"/> Ordinary Disability	<input type="checkbox"/> Accidental Death
Social Security #	(Please check one)		

## Retirement Board Decision

To the Commission:

We hereby certify that we have received the application of the above named member for a disability retirement/accidental death benefit and have voted to grant the benefit in accordance with the provisions of M.G.L. chapter 32, section . Pursuant to G.L. c. 32, § 21(1)(d), § 21(4) and PERAC regulations 840 CMR 10.13(1)(A) and 840 CMR 9.02, we are hereby forwarding our decision to you for your review.

If this application is based on a presumption under G.L. c. 32, § 94 or § 94A or § 94B, we made the following findings of fact. (By placing a check mark in the box to the left of the finding, the board certifies that it has made the finding of fact.):

- The member successfully passed a physical examination upon entry to service or subsequent thereto, which failed to reveal evidence of such a condition.
- There is no contrary evidence sufficient to overcome the applicable presumption.
- Other causal factors related to the member's physical or mental condition did not contribute to the member's disability.
- No event other than the accident or hazard upon which the disability retirement is claimed contributed to the member's disability.

If the member is claiming the presumption contained in Section 94B:

- He/she did respond to calls in the line of duty that would have involved the inhalation of or exposure to noxious fumes or poisonous gases.
- He/she has served in a position that renders him/her eligible for the application of the presumption for at least five years and regularly responded to calls of fire during some portion of his/her service.
- The condition upon which the presumption is based was discovered within five years of the last date on which the member actively served.

_____	Chair	_____	Member
_____	Member	_____	Member
_____	Member	_____	Date of Vote



**Disability Transmittal to the Commission**

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		<input type="checkbox"/>	xxx - xx -
Member's Last Name	First	M.I.	Social Security #

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Name of Unit	Job Title/Group		
Date of Birth	Date of Retirement	Date of Membership	
Years: <input style="width: 50px;" type="text"/>	Months: <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Creditable Service		Veteran Status	
<input style="width: 100px;" type="text"/> Annual rate of regular compensation on date of injury, <b>or</b>			
<input style="width: 100px;" type="text"/> Average annual rate of regular compensation for 12-month period last received			

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In case of an accidental disability/accidental death (other than in presumption cases), check appropriate provision:

- Notice to board within 90 days?
  - Accident occurred within 2 years preceding date of application?
  - Group 4 member: is the record of the injury on file in the official records of his/her department?
- 

**Information required in connection with G.L. c. 152 (Workers' Compensation) and G.L. c. 41, § III F (Injured On Duty)**

Covered by the Workers' Compensation Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date compensation first received in connection with this accident?		
At what weekly rate?		
What period covered?		
Receiving G.L. c. 41, § III F benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**G.L. c. 32, § 15**

Has the Retirement Board been made aware that this employee has been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position?  Yes  No

If **yes**, please provide documentation.

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			xxx - xx -
Member's Last Name	First	M.I.	Social Security #

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After completing this form, submit it and the following attachments to PERAC for approval:

- Statement of facts found by the retirement board
- Certificate and narrative report of the regional medical panel
- Certificate and narrative report of the applicant's physician
- Description of the accident, if applicable
- Injury report(s) from official department files
- All descriptions of the applicant's essential duties
- The employer's statement
- Applicant's complete disability retirement application
- Proof of veteran's status including dates of active service, if applicable
- Proof of physical examination upon entry to service or subsequent to entry, if applying under a presumption
- Death certificate, if applicable

### Commission Approval

To the Retirement Board:

Pursuant to the authority granted to the Commission by G.L. c. 32, § 21(1)(d) and § 21(4), the Commission has reviewed your decision to grant a disability/accidental death benefit to: .

The retirement board's decision is hereby **approved**.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director, Public Employee Retirement Administration Commission

Upon receipt of this approval, the retirement board shall complete and submit the following attachments to PERAC for approval: the appropriate PERAC calculation sheet, annuity card, dependent children's birth certificate(s), and proof of physical incapacity of any children.

Send To:

Public Employee Retirement Administration Commission  
Actuarial Unit  
5 Middlesex Avenue, Third Floor  
Somerville, MA 02145

**Addendum Sheet  
to the  
Disability Transmittal to the Commission**

Please use this sheet to provide further information in the event that you find the space provided on the form to be insufficient. Please identify the question(s), by Page Number and Question Number, for which you are providing further information.