

Introduction

Request for Appointment of a Regional Medical Panel

Updated August, 2008

Who should use the *Request for Appointment of a Regional Medical Panel*?

This form is to be used by retirement board personnel to request that the Public Employee Retirement Administration Commission (PERAC) appoint a regional medical panel to examine a public employee who is applying for disability retirement.

When may a retirement board submit a *Request for Appointment of a Regional Medical Panel* to PERAC?

This form is to be submitted to PERAC **only** after a member has filed:

- A completed *Disability Retirement Application*, and
- A *Member's Regional Medical Panel Selection form*

with his/her retirement board, and retirement board personnel have assembled information from the member's employer, personal physician, and the other physicians, hospitals and insurance companies that the member identified in his/her application.

What forms must the retirement board submit along with the Retirement Board *Request for Appointment of a Regional Medical Panel*?

The Retirement Board *Request for Appointment of a Regional Medical Panel* form is to be accompanied by the *Member's Regional Medical Panel Selection form*, the *Physician's Statement Pertaining to Member's Application for Disability Retirement Application*, and the narrative report submitted by the member's personal physician.

Is it appropriate to fax these documents to PERAC?

No, these documents should be transmitted to PERAC via the US Mail. Due to confidentiality considerations, these documents ***MUST NOT BE*** transmitted via fax machines.



6442935

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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

Check All That Apply

- Voluntary
 Involuntary
 Ordinary Disability
 Accidental Disability
 Accidental Heart
 Accidental Lung
 Accidental Cancer
 Accidental Death

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

Member's Street Address
 City
 State
 Zip
 Phone

Retirement Board
 Date of Birth

Member's Job Title
 Group

Date of Hire
 Employer Name
 Employer Title

Department

Employer's Street Address
 City
 State
 Zip

The retirement board hereby requests the Public Employee Retirement Administration Commission to schedule a regional medical panel examination for the above named member who applied for disability retirement on

Application Date (*Board must assign a specific date to complete the form*)
 MM/DD/YY

This member has claimed total incapacity based on the following medical condition(s):

Name of Board Administrator

Signature of Board Administrator

Date

Please Complete Page Two



**Addendum Sheet
to the
Request for Appointment of a Regional Medical Panel**

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.