

Introduction

Transmittal of Background Information to a Regional Medical Panel

Updated September, 2001

This form is to be used by retirement board personnel to transmit information about the background of a disability retirement applicant to the members of the Regional Medical Panel who are scheduled to conduct his/her examination.

This completed form, along with all related attachments, should be transmitted to Regional Medical Panel members exclusively via the US Mail. These documents **MUST NOT** be transmitted via fax machines.

CAUTION

Retirement boards **must**:

- Rewrite any specific legal instructions from Division of Administrative Law Appeals (DALA) or Contributory Retirement Appeal Board (CRAB) in their own words, as if the instructions had originated with the retirement board

Retirement boards **may not**:

- Disclose that there has been a DALA or CRAB decision
- Attach copies of a DALA or CRAB decision with this Transmittal Form
- Include Certificates and Narratives from previous Regional Medical Panels



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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="text"/>		
Social Security #	Member's Employer		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Examination Date	Time	Examination Location	

To: Date:
Member of Regional Medical Panel

We have been informed that, pursuant to G.L. c. 32, § 6, you have been appointed as a member of the regional medical panel which will examine the above named member for (Please check one or both):

Accidental Disability Retirement Ordinary Disability Retirement

The following materials have been enclosed to assist you in your evaluation:

- The statement of the member's physician in connection with application for disability retirement.
- Statement of the member's employer/department head, with attached copies of all reports or investigations concerning the member's alleged incidents or hazards, and a copy of the member's current official job description with essential duties noted.
- The member's statement of reason for accidental disability (filed only in the case of accidental disability).
- The member's statement of duties.
- The member's statement of background, qualifications, and recent physical activities.
- Medical records as obtained by the retirement board (see page 2 for complete listing).
- Specific instructions from the retirement board.



**Addendum Sheet
to the
Transmittal of Background Information to 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.