

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

DISABILITY RETIREMENT PROCEDURE

1. The Member or the Member's department head submits a written application to the Retirement Board requesting a disability retirement (**Form DIS 1**). The Member is encouraged to submit all medical and/or other information in support of the application, and must submit an Authorization for Release of Records form (**Form DIS 2**) to the Retirement Board.

In the event the Member's department head submits the application, the Retirement Board shall forward to the Member: (1) the application; (2) a request for all medical and/or other information; and, (3) the Authorization for Release of Records (Form DIS 2). The Member must sign and date the forms and return them to the Board. The Member will designate a physician to serve on the Medical Committee on the application form where indicated. The Board must be in receipt of the completed disability application and release of records forms to process any requests for disability retirement.

2. The Retirement Board, at its next regularly scheduled meeting, shall adopt a resolution (**Form DIS 3**) which will: (a) acknowledge receipt of the application; (b) designate its physician to serve on the Medical Committee; and, (c) notify the applicant of its action taken (**Form DIS 4**). In accordance with the Retirement System provisions, the Member shall be given a medical examination by a Medical Committee consisting of a physician named by the Retirement Board, a physician named by the Member claiming benefits, and a third physician designated by the first 2 physicians named.

3. The Retirement Board shall commence processing of the application and schedule an appointment for the Member with the Board's designated physician (Medical Director). The Member shall not be responsible for the cost of the examination by the Medical Committee; however, a Member may incur a cancellation charge due to the Member's failure to keep a scheduled appointment. The Member shall be responsible for all of the Member's travel costs.

4. The Retirement Board requests copies of all medical records and/or incident reports on file with the Member's department head, Human Resources (Personnel) Department, the Member's physician(s), and other identified sources as the Retirement Board in its sole discretion may deem relevant to the process. All reasonable costs for duplication and copying of records shall be payable from the assets of the Retirement System.

5. The Retirement Board sends a notice to the Member's physician and the Board's Medical Director and requests that the two physicians mutually select a third physician to serve on the Medical Committee and conduct/direct examinations of the Member (**Form DIS 5**). A copy of the Member's job description in effect at the time of the alleged disability and copies of all medical records, incident reports, and other pertinent information shall be forwarded to the physicians. The Member, at the Member's expense, must provide to the Medical Committee all relevant information and/or medical records that the Member wishes to be considered at or prior to the examinations of the Member.

6. Examination of the Member by or under the direction of the Medical Director. If in the opinion of the Board's Medical Director the Member should be examined by a specialist, such examination will be conducted under the direction of the Medical Director. The Medical Director shall obtain authorization of the Retirement Board prior to the scheduling of such additional examination.

7. The Member's physician and the Medical Director shall forward to the Retirement Board their written medical reports and certifications (**Form DIS 6**) regarding the following three questions: (1) Whether the Member is mentally or physically incapacitated for the further performance of duty as a police officer or fire fighter in the service of the City; (2) If so, whether the incapacity is likely to be permanent; and, (3) If so, whether the Member should be retired. Incapacitated for duty shall mean that the Member is mentally or physically incapacitated for the further performance of duty in the service of the City in the same or similar position said Member held at the time of the claimed disability. All claims for disability retirement must be fully and completely established by or on behalf of the applicant and certified by the Medical Committee prior to the Retirement Board's grant of a disability retirement.

8. If the Member's physician and the Board's Medical Director are not in concurrence, then the mutually selected physician shall conduct an examination consistent with the foregoing provisions.

9. The Retirement Board shall place on the agenda an executive session during a regular meeting of the Board to discuss the Member's disability application, medical reports and opinions, and all other pertinent information. The Retirement Board shall notify the Member of the meeting at least 7 days prior to the date of the meeting.

10. For disability retirement applicants having less than 5 years of service credit or those applicants claiming duty disability benefits under Section 6(2)(d) of Michigan Public Act 345 of 1937, as amended, the Retirement Board shall determine whether the claimed disability arose by reason of a personal injury or disease occurring as the natural and proximate result of causes arising out of and in the course of the Member's employment with the City. The Retirement Board may request an opinion from the Medical Committee as to whether the Member is totally and permanently disabled for duty as a police officer or firefighter, in the appropriate case, in the employ of the employer as a result of causes directly related to his or her actual performance of duty while an employee, however, such final determination is expressly reserved to the Retirement Board of Trustees. **(Form DIS 7).**

11. The Retirement Board, based upon: (a) the Medical Committee's findings, recommendations and certifications; (b) the review of the Member's records; and (c) any other evidence deemed appropriate and relevant by the Board; resolves to grant or deny the disability retirement accordingly **(Form DIS 8).**

12. A Member's effective date of disability retirement shall be the later of: (1) the date of application for disability retirement; or (2) such date as the Member actually last received compensation from the City/employer.

13. The Retirement Board shall notify the Member and the City in writing within thirty days of the Retirement Board's action granting or denying the application for disability retirement.

14. The Member may appeal the Board's decision within ninety days after the date of notification of the denial by filing with the Retirement Board a written request for hearing and a statement of the reason(s) for believing the Retirement Board action to be in error. The Retirement Board shall schedule a hearing of the appeal before it within sixty days after receipt of the written request for appeal. The Member and the City will have the opportunity to present any new information to the Board which they may desire the Board to consider in connection with the appeal; the Member or City official desiring to present any such information shall present such information to the Retirement Board for consideration. The Retirement Board shall render a final decision on the matter being appealed. Appeal of a final decision of the Board may be made to a court of law possessing jurisdiction over the matter.

15. Disability retirees shall be subject to an annual certification of earnings, periodic re-examination, and all other terms and conditions contained within the Retirement System and applicable collective bargaining agreement in effect at the time of disability retirement. The terms of the collective bargaining agreement shall control in the event of conflicting Retirement Plan provisions. In the event it is determined upon re-examination that the disability retiree is no longer eligible to receive disability retirement benefits, the disability retirement allowance will cease. If a disability retiree waives rights to seniority and employment as part of a worker's compensation redemption, the individual will have no rights to re-employment. Disability retirees shall also be subject to benefit offsets as provided in the Retirement System for receipt of Workers' Compensation benefits.

16. The Board shall take all reasonable efforts to protect the confidentiality of medical records.

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

APPLICATION FOR DISABILITY RETIREMENT

(To Be Filled out in Ink - Please Print)

SOCIAL SECURITY NUMBER

Submitted by: ____ Member
 ____ Department Head

1. Applicant's Name	8. Is applicant on restricted duty? If so, please explain.
2. Residence Address	9. What duties can applicant not perform.
3. Date of Birth ____Month____Day____Year	10. Is applicant's disability duty related? Please explain.
4. Department employed in	11. When did applicant first notice disability. (Give date)
5. Division	12. When did applicant first consult a physician about the disability?
6. Title on payroll	13. Is applicant receiving workers' compensation benefits? If so, when did benefits begin?
7. Date applicant last performed job duties.	14. If the disability is the result of an accident, give names and addresses of witnesses.

15. Give full explanation of the nature and causes of disability (use additional sheets of paper if necessary).

16. Name and addresses of physicians you have consulted in connection with your disability.

NAME	ADDRESS	DATES OF ATTENDANCE

17. Name and addresses of physicians you have consulted with regarding any medical condition within the last 10 years.

NAME	ADDRESS	DATE OF ATTENDANCE

18. The Applicants designated physician to serve on the Medical Committee is:

NAME	ADDRESS	Phone

Dated at _____ this _____ day of _____ 20_____.

Signature of Department Head	Signature of Member

FORM DIS 1

AUTHORIZATION FOR RELEASE OF RECORDS

This authorizes you to permit the Board of Trustees of the City of Southgate Police and Fire Retirement System and its employees or agents, to receive any and all reports, x-rays, charts, documents of every kind and description, including psychiatric reports, evaluations and information relating to my medical condition, personnel/employment records, incident reports, police reports, etc. This form shall also serve as authorization for any treating physician, hospital, former employer, health care provider or any other person to furnish originals or complete copies of all records, reports, findings, charts, documents, x-rays, of every kind and description. A copy of this authorization shall serve as an original.

I further understand and authorize the Board of Trustees or any person acting on its behalf to include any discussion of this medical or employment information in its official records and provide copies of any and all documentation to its physicians, trustees, employees and agents. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by the Federal Privacy Rules.

I agree, as a condition of application for disability retirement, to the utilization of the information as described above and release the Retirement System, the Board of Trustees, its agents and employs from any liability connected with the utilization of those records as described in this form.

This authorization shall be in force and in effect until the conclusion of the pending litigation, pension, or claim unless otherwise specified. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send it to the hospital, doctor or other custodian of medical information. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I have read this document, understand its effect, and have voluntarily agreed to its execution.

Applicant's Signature

Applicant's Name (Please Print)

Applicant's Social Security Number

Applicant's Date of Birth

Date

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

R E S O L U T I O N

Adopted:

Re: Disability Retirement Application - [Member's Name]

WHEREAS, the Retirement Board of Trustees is in receipt of an application dated [Date] from [Member's Name] [Member's Department Head] requesting a disability retirement effective [Date], and

WHEREAS, the Retirement Board of Trustees may retire a member who becomes incapacitated for continued employment upon meeting the requirements of the Retirement System, therefore be it

RESOLVED, that the Retirement Board of Trustees acknowledges receipt of said application and directs the processing of said application in accordance with the Retirement System provisions and procedures, and further

RESOLVED, that the Retirement Board of Trustees hereby appoints [Board Doctor's Name] as its Medical Director and designated physician to serve on the Medical Committee who shall conduct or coordinate a medical examination of said disability retirement applicant, and further

RESOLVED, that the Retirement Board of Trustees directs the Retirement System Administrator to contact [Board Doctor's Name] to set up an appointment for [Member's Name] to be examined, and further

RESOLVED, that the Retirement Board of Trustees directs the Retirement System Administrator to forward copies of the signed Medical Authorization to all appropriate physicians and parties and request copies of all medical records and/or incident reports, and further

RESOLVED, that the Member shall submit all medical records and/or incident reports which the Member desires to be considered to the Board and the Medical Director, and further

RESOLVED, that the Medical Director shall fulfill its duties and report to the Retirement Board of Trustees its findings and certifications, and further

RESOLVED, that copies of this resolution and applicable procedures shall be forwarded to [Member's Name], [Medical Director] [Department Head] and all other appropriate parties.

[SAMPLE]

(RETIREMENT SYSTEM LETTERHEAD)

[Date]

[Applicant]

Re: Medical Examination

Dear [Applicant]:

Please be advised that the Retirement Board of Trustees of the City of Southgate Police and Fire Retirement System acknowledged receipt of your application for disability retirement at its meeting held _____ and resolved to process the application in accordance with its policies and procedures (copy of resolution and procedures enclosed).

Accordingly, you are hereby requested to contact the Board's Medical Director:

within thirty (30) days from the date of this letter to schedule an appointment for your examination.

You are requested to provide any information and/or documentation you wish the Medical Committee to consider. If you have not already provided a signed Medical Authorization (Form Dis.2) to the Board of Trustees, please do so within 14 days of receipt of this letter.

The Medical Director will review all documentation, conduct an examination and issue an opinion/report to the Retirement Board of Trustees.

Should you have any questions regarding the foregoing, please contact the Retirement Office Supervisor.

Very truly yours,

enclosure

FORM DIS 4

[SAMPLE]

(RETIREMENT SYSTEM LETTERHEAD)

(DATE)

(Dr. Name/Address)

(Dr. Name/Address)

**Re: (Applicant's Name) _____
Application for Disability Retirement**

Dear Dr. _____ and Dr. _____:

Please be advised that the Board of Trustees of the City of Southgate Police and Fire Retirement System is in receipt of an application for disability retirement from _____. A copy of the procedures relative to disability applications and the Medical Committee are attached.

Dr. _____ has been named by the disability retirement applicant _____ to serve on the Medical Committee. Dr. _____ has been named by the Board of Trustees of the City of Southgate Police and Fire Retirement System to serve on said Medical Committee.

You are requested to mutually select a third physician to serve on the Medical Committee prior to performing any examination of _____. Accordingly, please contact each other for the purpose of mutually selecting the third doctor, and advise the Board of your selection.

Each physician on the Medical Committee shall have an opportunity to examine the applicant and shall determine whether or not the applicant is (1) is mentally or physically incapacitated for the further performance of duty as a police officer or fire fighter in the service of the City, (2) that the incapacity is likely to be permanent, and (3) that the member should be retired. Each physician is requested to render a written medical opinion, as well as execute the attached certification forms.

After the Board of Trustees receives the opinions of the Medical Committee, the Board will decide whether to grant or deny the disability retirement.

[Please note that the Board of Trustees may only grant a duty disability retirement to members if the applicant's claimed personal injury or disease occurred as the natural and proximate result of causes arising out of and in the course of the member's employment by the City. While the Board shall decide whether any incapacity is or is not duty connected, the Board is requesting the physicians on the Medical Committee to render an opinion on whether or not any incapacity is duty connected. Attached is a form for each physician to complete.]

Enclosed is a copy of the following medical reports and other information which is applicable to this disability application:

Medical reports:

Job description:

Other Information:

You are requested to contact [Member's name, address, telephone] to make arrangements for your examination.

If you have any questions regarding this matter, kindly contact _____. Fees for your services regarding the foregoing should be billed directly to the Board of Trustees of the City of Southgate Police and Fire Retirement System at the above address. Thank you.

Very truly yours,

Board of Trustees of the City of Southgate
Police and Fire Retirement System

By: _____

Attachments

FORM DIS 5

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM
DECISION OF EXAMINING PHYSICIAN REGARDING DISABILITY

RE: _____
(Name of Applicant)

The undersigned has reviewed the available medical information regarding the application for disability retirement of the foregoing employee of the City and has conducted an examination of the Applicant on _____.
Date of Examination

I find that:

- | | | | |
|-----|---|------------------------------|-----------------------------|
| (1) | the Applicant is mentally or physically incapacitated for the further performance of duty as a police officer or fire fighter in the service of the City. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) | that such incapacity is likely to be permanent: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) | that such member should be retired: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature Date

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE
CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM**

FORM DIS 6

[SAMPLE]

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

R E S O L U T I O N

Adopted:

Re: Disability Retirement of [Member]

WHEREAS, the Retirement Board of Trustees is vested with the authority and fiduciary responsibility for the proper administration, management and operation of the Retirement System, and

WHEREAS, the Board, at its [Date] meeting, acknowledged receipt of [Member]'s application for disability retirement, and resolved to process said application, and

WHEREAS, [Applicant] has been examined the Medical Director, and

WHEREAS, the Board is in receipt of the Medical Director report and certification, dated [Date], finding that [Member] is (1) mentally or totally physically incapacitated for duty in the employ of his/her last employer as a police officer or fire fighter in the service of the City, (2) that the incapacity will probably be permanent, and (3) that the member should be retired

WHEREAS, [Applicant] has a date of birth of [Date] and has been credited with [#] years, [#], months and [#] days of service credit, and

[WHEREAS, the Retirement Board of Trustees has found the disability to be the result of a personal injury or disease occurring as the natural and proximate result of causes arising out of and in the course of the member's actual performance of duty in the employ of the employer.]

WHEREAS, the Board of Trustees has reviewed and discussed the evidence presented, and

THEREFORE BE IT RESOLVED, that the Retirement Board of Trustees hereby grants/denies [Member] a disability retirement, effective [Date], and

FURTHER RESOLVED, that the benefits be paid consistent with and subject to the Retirement System provisions, and

FURTHER RESOLVED, that a copy of this resolution be provided to [Member] and all other appropriate parties.

FORM DIS 8

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM DISABILITY RETIREMENT RE-EXAMINATION PROCEDURE

Pursuant to the Retirement System provisions, the Board may require a disability retiree to undergo a periodic medical or other re-evaluation at least once each year during the first five years following a member's retirement on account of disability, and at least once in every three year period thereafter. Such periodic medical examinations may continue until the retiree attains age 55 or as provided by the Retirement System and/or collective bargaining agreement provisions in effect at the time of disability retirement.

It is the policy of the Board that all retirees shall undergo re-examination once every year for the first five years and once every three years thereafter, unless the severity of the disability warrants waiver of the examination by the Board.

In order to effectuate said policy, the Board hereby adopts the following procedure for such periodic medical or other re-evaluation reviews:

- (1) The Retirement Board shall annually, in the month of _____, review the files of all disability retirees to determine which disability retirees will undergo medical re-examination as conducted by the Board's authorized Medical Director.
- (2) The Retirement Board shall notify applicable disability retirees to make arrangements for the scheduling of such medical re-examination by the Medical Director and to provide the Retirement Board with any and all relevant information/medical records the applicant wishes to be reviewed by the Medical Director. The disability retiree shall be required to execute and provide to the Board an Authorization for Release of Records form (Form Dis 2).
- (3) The Retirement Board shall notify the Medical Director of the disability retiree's re-examination and forward to the Medical Director a copy of:
 - (a) All medical records, incident reports or other pertinent information; and
 - (b) The job description, which is in effect at the time of re-examination, for the job classification which the disability retiree held at the time of retirement.
- (4) The Medical Director shall notify the Board of the disability retiree's current mental and/or physical condition. The Medical Director's certification shall address whether or not the disability retiree is physically able and capable of resuming employment in the classification held by the member at the time of retirement.
- (5) Upon receipt of certification and statement of the Medical Director, the Board shall determine the continued eligibility for disability retirement.
- (6) If such retiree refuses to submit to such medical examination in any such period, his/her pension may be discontinued by the Retirement Board until his/her withdrawal of such refusal. If such refusal continues for one year, all his/her rights in and to benefits may be revoked by the Retirement Board.
- (7) If, upon such periodic medical examination, the Medical Director reports to the Retirement Board that the retiree is physically able and capable of resuming employment, he/she shall be returned to City service and his/her pension shall be discontinued, after notice to retiree. The disability retiree, and the appropriate City representatives shall be promptly notified of such findings.
- (8) The disability retiree and/or the appropriate City representative may appeal the Retirement Board's determination and request a hearing. The appeal shall be in writing filed with the Board within 90 days of the determination and shall contain a statement of the reason(s) for believing the decision to be improper. The Board shall schedule a hearing of the appeal before the Board within 60 days of receipt of the appeal. In the event that the Board's Medical Director has reported that the retiree is physically able and capable of resuming employment, as part of the appeal process, the disability retiree and/or the City may request review by a medical committee established in accordance with

Section 2(d) & (e) of Act 345. The individual and/or the City will have the ability to present any new information to the Board which may be forwarded to the Medical Director for consideration. A final decision on the matter being appealed shall be made by the Retirement Board.

- (9) The disability retiree who has been or shall be returned to City employment shall again become a member of the Retirement System. His/her credited service in force at the time of his/her retirement shall be restored to his/her credit. He/she shall be given service credit for the period he/she was in receipt of duty disability benefits.
- (10) **NOTE: If a disability retiree waives his/her rights to seniority and employment as part of a worker's compensation redemption, he/she will have no rights to re-employment in the event it is determined that the retiree is no longer eligible to receive disability retirement benefits and benefit payments will cease.**

DISABILITY BENEFIT OFFSET

A. Workers' Compensation Offset

Section 6(2)(f) of Act 345 provides that amounts paid under Act No. 317 of the Public Acts of 1969 to a retired member shall be offset against and payable in place of benefits provided under this act. If the benefits under Act No. 317 of the Public Acts of 1969 are less than the benefits payable under this act, the amount to be paid out of the funds of the retirement system shall be the difference between the benefits provided under Act No. 317 of the Public Acts of 1969 and the benefits provided in this act. Upon the termination of benefits under Act No. 317 of the Public Acts of 1969, the benefits shall be paid pursuant to this act.

B. Workers' Compensation Offset Policy/Procedure

Illustration

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

WORKERS' COMPENSATION OFFSET POLICY

1. Upon retirement of a member who retires on account of a disability and who is in receipt of workers' compensation on account of a disability arising out of and in the course of city employment, the Board shall pay disability pension benefits in accordance with Retirement System provisions.
2. While retirant is receiving workers' compensation benefits, the retiree's pension benefits shall be offset by the weekly workers' compensation award converted to a monthly amount.
3. If a disability retirant is in receipt of a workers' compensation redemption settlement amount, the retiree's "workers' compensation offset", in accordance with Retirement System provisions and past practice, shall be determined by dividing the lump sum "net workers' compensation redemption proceeds" by the prior weekly workmen's compensation award. The "net workers' compensation proceeds" for purposes of calculating the offset shall be the gross amount reflected in the applicable Bureau of Workers' Disability Compensation Redemption Order, minus attorney fees as stated therein, minus amounts allocated therein for payment of health care providers for specific and identifiable past medical expenses incurred, minus amounts specifically allocated therein for past, present and future medical expenses, and minus the statutory redemption fees. In the absence of the specific allocations in redemption order, the Board will accept a letter or other document duly executed by the appropriate City official setting forth the foregoing allocations for the purposes of determining the net workers' compensation redemption proceeds. The workers' compensation offset shall continue until such time as the total net workers' compensation proceeds are offset.
4. If a disability retirant waives his/her rights to seniority and employment as part of a workers' compensation redemption, he/she will have no rights to reemployment in the event it is determined that the retirant is no longer eligible to receive disability retirement benefits.