

# OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM (OCERS)

## DISABILITY RETIREMENT POLICY & PROCEDURES

Adopted: October 17, 2019

### I. GENERAL

#### A. Purpose

The Oakland County Employees' Retirement and Deferred Compensation Board (the "Retirement Board"), is responsible for the administration, management, and proper operation of the OCERS Defined Benefit Plan (the "DB Plan") and Defined Contribution Plan (the "DC Plan") (collectively, the "Plan(s)"), and for interpreting and making effect the provisions of the retirement resolutions which set forth the terms of the Plans. This Policy is intended to establish the Retirement Board's rules and procedures with respect to disability retirements under the Plans.

#### B. Plan Provisions

1. Section 23 of the DB Plan Resolution provides the conditions for disability retirement and requires satisfaction of five (5) conditions for disability retirement:

- a. Application for disability retirement is filed with the Retirement Board by the DB Plan Member or the Member's Department Head;
- b. The DB Plan Member has 10 or more years of credited service (this requirement is waived if the disability is deemed to be the direct and proximate result of the Member's performance of duty as an employee of the County);
- c. The DB Plan Member releases all medical records and submits to all medical examinations requested by the Retirement Board;
- d. The DB Plan's Medical Director certifies to the Retirement Board that:
  - i. the DB Plan Member is mentally or physically totally incapacitated for continued employment by the County;
  - ii. the incapacity is likely to be permanent; and
  - iii. the DB Plan Member should be retired.
- e. If the DB Plan Member does not concur in the opinion of the Medical Director a Medical Committee consisting of: (1) the DB Plan's Medical Director; (2) one physician named by the Member; and (3) one physician mutually agreeable to the other two physicians, certifies by majority opinion that:
  - i. the DB Plan Member is mentally or physically totally incapacitated for continued employment by the County; and
  - ii. the incapacity is likely to be permanent.

2. Section 5.4 of the DC Plan Resolution governs disability retirements from the DC Plan and provides in pertinent part:

- a. A Member is eligible for a Non-Duty Defined Contribution Disability Retirement if [the] Member is mentally or physically totally incapacitated for continued employment by the County and the injury or condition is likely to be permanent. The County Retirement Board may accept the certification of any duly licensed medical practitioner acceptable to the County Retirement Board or the County Retirement Board will require the applicant to submit to an examination by a physician or physicians selected by the County Retirement Board.
- b. A Member is eligible for a Duty Defined Contribution Disability Retirement if [the] Member is mentally or physically totally incapacitated for continued employment by the County and the injury or condition was sustained while performing duties required by the Member's County job. The County Retirement Board may accept the certification of any duly licensed medical practitioner acceptable to [the] County Retirement Board or the County Retirement Board will require the applicant to submit to an examination by a physician or physicians selected by the County Retirement Board.

## **II. DISABILITY RETIREMENT PROCEDURES**

### **A. Application Process**

1. Plan member or his/her Department Head shall submit an Application for Disability Retirement (Form DIS-1) to the Retirement Administrator.
  - a. The application must be submitted to the Retirement Administrator prior to the member's termination of employment with the County.
  - b. The submitted application shall indicate if the Member or Department Head is requesting a Duty or Non-Duty disability retirement.
  - c. The Member may also submit any pertinent medical reports and records with the Application for Disability Retirement.
2. Upon receipt of an Application for Disability Retirement the Retirement Administrator shall request the Member sign a release (Form DIS-2) authorizing the release of pertinent medical records to the Retirement Board and its Medical Director.
  - a. An applicant's refusal to sign a release may result in the suspension of the disability retirement process.
3. At its next regularly scheduled meeting the Retirement Board will acknowledge receipt of the Application for Disability Retirement and shall require the applicant to undergo a medical examination with the Medical Director.
  - a. The Retirement Administrator will coordinate scheduling all medical examinations by the Medical Director and the applicant will be notified accordingly.

## **B. Medical Examination**

1. All disability retirement applicants shall be required to undergo a medical examination with OCERS' Medical Director.
  - a. The Medical Director shall be a physician or entity retaining physicians who shall be responsible for medical examinations and certifications required under the provisions of the Plans.
  - b. The Board, in its sole discretion, may waive the examination requirement in circumstances where it is deemed unreasonable to require the applicant to submit to examination.
2. Prior to examination the Medical Director will be provided a copy of the applicant's application for disability retirement, job description, and all available medical records and reports.
3. The Medical Director will coordinate examination of the applicant by an appropriate physician or licensed mental health professional, practicing in the field of the claimed disability, on the scheduled date and time and shall provide the Retirement Board with a written opinion and certification of the applicant's disability status.
  - a. Certification shall be made via the Plans' disability certification form (Form DIS-3) and shall indicate whether:
    - i. the applicant is mentally or physically totally incapacitated for continued employment by the County in the position held at the time the application for disability retirement was submitted;
    - ii. the incapacity is likely to be permanent; and
    - iii. the member should be retired.
  - b. In the event of an application for duty disability retirement the Medical Director shall also opine whether the applicant's disability is duty related (Form DIS-4).
4. Copies of the Medical Director's opinion and certification shall be provided to the applicant prior to any decision of the Retirement Board to approve or deny the application for disability retirement.
  - a. In the case of a member who disagrees with the findings of the Medical Director he or she may provide the Retirement Board with a written opinion and disability certification (Form DIS-3) from a physician of his/her own choosing. The Medical Director and the applicant's physician will then be requested to appoint a mutually agreeable third physician or licensed mental health professional, practicing in the field of the claimed disability, to serve on the Plan's Medical Committee.
5. The third physician serving on the Medical Committee will be provided a copy of the applicant's application for disability retirement, job description, and all available medical records and reports, and will be requested to conduct an examination of the applicant.

- a. Certification by the third physician shall be made via the Plans' disability certification form (Form DIS-3) and shall indicate whether:
    - i. the applicant is mentally or physically totally incapacitated for continued employment by the County in the position held at the time the application for disability retirement was submitted;
    - ii. the incapacity is likely to be permanent; and
    - iii. the member should be retired.
  - b. In the event of an application for duty disability retirement the third physician shall also opine whether the applicant's disability is duty related (Form DIS-4).
6. All cancellation and/or no-show fees charged to the Retirement System as a result of a disability applicant's failure to submit to a scheduled examination shall be the responsibility of the disability applicant.

**C. Disability Determination**

1. Upon receipt of all necessary medical opinions and certifications, the matter will be submitted to the Retirement Board at its next regularly scheduled meeting. The disability applicant will also be notified of when the matter will be presented to the Retirement Board.
2. On occasion the Board may request additional information from the Medical Director and/or Medical Committee. If this occurs, the Board shall table the matter until such additional information is received.
3. The Retirement Board may make a motion to approve or deny the disability retirement based on:
  - a. the Medical Director's or Medical Committee's findings and certifications;
  - b. review of the applicant's records; and
  - c. any other evidence deemed appropriate and relevant.

**D. Approval of Disability Retirement**

1. The effective date of an approved disability retirement shall not predate the later of:
  - a. the date of disability; or
  - b. the date the applicant separates from County employment.
2. Upon approval the Retirement Administrator shall notify the applicant and request that any required elections be made within thirty (30) days of such notification.
  - a. DB Plan members shall be requested to elect a form of payment of a pension. Failure to elect a form of payment option within thirty (30) days will result in an irrevocable default election of a straight life (SL) pension.

3. DC Plan members shall be 100% vested in their Account balance upon approval for duty or non-duty disability retirement.

**E. Denial of Disability Retirement**

1. If an application for disability retirement is denied, the Retirement Administrator will send written notice to the applicant within thirty (30) days of the denial. The notification shall identify the basis for the denial and advise the disability applicant of his or her right to appeal the denial within ninety (90) days of the date of notification and request a hearing before the Retirement Board.

- a. The request for appeal shall be submitted in writing and contain a statement of the member's reason(s) for believing the denial of disability retirement to be improper.
- b. The Retirement Board shall conduct a hearing of the appeal within sixty (60) days of receipt of the written request for appeal.
- c. The Retirement Board's decision on appeal shall be communicated to the appellant in writing within thirty (30) days following its hearing of the appeal.

**III. DISABILITY RETIREMENT RE-EXAMINATION**

**A. Re-Examination Requirements**

1. At least once each calendar year during the first five calendar years following a member's disability retirement, and at least once in every three calendar year period thereafter, the Retirement Board shall require any DB Plan disability retiree who has not attained 60 years of age or a DC Plan disability retiree who has not attained Normal Retirement Age, as defined in the DC Plan or under an applicable collective bargaining agreement, to undergo a re-examination by the Medical Director for the purpose of determining continued eligibility to receive disability retirement benefits.

- a. If a disability retiree refuses to submit to any required re-examination, his/her disability pension may be suspended by the Retirement Board until such refusal is withdrawn and the disability retiree is re-examined by the Medical Director. If such refusal continues for twelve continuous months, the Retirement Board may revoke any rights to disability retirement benefits.
- b. Failure to appear for or cancellation of two scheduled re-examinations may result in the suspension of the disability pension by the Retirement Board until such time as the disability retiree submits to re-examination by the Medical Director.
  - i. Payment of all cancellation and/or no-show fees charged to the Retirement System shall be the responsibility of the disability retiree.

2. The Retirement Board, in its sole discretion, may waive the re-examination requirement in circumstances where it is deemed unreasonable to require the disability retiree to submit to re-examination.

## **B. Re-Examination Procedures**

1. Beginning in January of each calendar year, the Retirement Administrator shall review the files of all disability retirees and report to the Retirement Board those disability retirees that are subject to re-examination.
2. The Retirement Administrator will notify appropriate disability retirees of the required re-examination and shall include direction to make arrangements for scheduling such re-examination with the Medical Director.
3. The Medical Director will be notified of all required re-examinations and shall be provided copies of the disability retiree's former job description at the time of disability retirement and all previously submitted records, reports, opinions, certifications, etc.
4. The Medical Director shall coordinate re-examination of disability retirees by an appropriate physician or licensed mental health professional and shall report and certify to the Retirement Board the disability retiree's current disability status (Form DIS-5).
5. Upon receipt of the opinion and certification from the re-examining physician or mental health professional, the Retirement Board shall determine the disability retiree's continued eligibility for disability retirement benefits.
6. If, upon re-examination, the re-examining physician or mental health professional reports to the Retirement Board that the disability retiree is mentally and physically able and capable of resuming employment in the same department and same job classification held by the disability retiree at the time of disability retirement, his/her disability pension shall be terminated and the disability retiree may be returned to employment with the County.

## **C. Termination of Disability Retirement**

1. The Retirement Administrator will send written notice to a terminated disability retiree within ten (10) days of the Retirement Board's decision to terminate disability retirement benefits. The notification shall identify the basis for the termination and advise the terminated disability retiree of his or her right to appeal the termination of disability retirement benefits within ninety (90) days of the date of notification and request a hearing before the Retirement Board.
  - a. The request for appeal shall be submitted in writing and contain a statement of the member's reason(s) for believing the termination of disability retirement to be improper.
  - b. The Retirement Board shall schedule a hearing of the appeal within sixty (60) days of receipt of the written request for appeal.
  - c. The Retirement Board's decision on appeal shall be communicated to the appellant in writing within thirty (30) days following the appeal hearing.
2. Disability retirees whose disability retirement benefits are terminated after re-examination shall resume membership in the Retirement System upon re-employment with

the County, except that former members of the DB Plan shall become a member of the DC Plan for future benefit accruals.

- a. Actual credited service at the time of disability retirement shall be restored upon re-employment with the County.
- b. Credited service shall not be granted for the period of disability retirement unless the disability retirement was on account of a disability arising out of and in the course of County employment (i.e., duty disability).
- c. If a disability retiree had waived rights to seniority and/or re-employment as part of a worker's compensation redemption or settlement, the disability retiree may not have rights to re-employment if it is determined that he/she is no longer eligible for disability retirement benefits.
- d. A disability retiree whose disability retirement benefits have been terminated who does not return to employment with the County shall have actual credited service at the time of disability retirement restored if such restoration enables the former disability retiree to become a vested former member of the Retirement System.

#### **IV. DISABILITY RETIREMENT OFFSET REQUIREMENTS**

##### **A. DB Plan**

1. DB Plan members in receipt of disability pension benefits shall be subject to an annual offset of the disability retiree's other considered income against 100% of his or her gross annual rate of compensation at the time of disability retirement.
  - a. Annual offset's will be implemented on a fiscal year basis (i.e., October 1 – September 30) and based on the other considered income earned by the disability retiree during the prior calendar year.
2. Other considered income is the annualized sum of the following amounts:
  - a. remuneration for personal services rendered in any gainful employment earned subsequent to the date of disability retirement;
  - b. worker's compensation weekly benefits, redemptions, and settlements on account of the same disability for which the individual retired;
    - i. a redemption or settlement shall be annualized by determining the actuarial lifetime value of the settlement or redemption in accordance with the DB Plan's actuarial mortality tables.
    - ii. amounts paid for bona fide medical expenses, as determined by the Retirement Board, shall not be considered income for purposes of any required offset.
  - c. Unemployment insurance or similar payments made on account of the disability retiree's former employment with the County.

3. The Retirement Board shall annually request disclosure of a disability retiree's other considered income via the DB Plan's Income Verification Form (Form DIS-6).
  - a. substantiation of all other considered income shall be required via submission of a copy of the previous year's tax return or tax return transcript.
  - b. failure to provide the requested income information or substantiation within ninety (90) days of the request shall result in suspension of future disability pension payments until the information is received by the Retirement Board.
  
4. The Retirement Administrator will send written notice to a disability retiree of any required offset of disability pension benefits. The notification shall identify the basis for the offset and advise the disability retiree of his or her right to appeal the decision to offset disability pension benefits within ninety (90) days of the date of notification and request a hearing before the Retirement Board.
  - a. The request for appeal shall be submitted in writing and contain a statement of the member's reason(s) for believing the offset of disability pension benefits to be improper.
  - b. The Retirement Board shall schedule a hearing of the appeal within sixty (60) days of receipt of the written request for appeal.
  - c. The Retirement Board's decision on appeal shall be communicated to the appellant in writing within thirty (30) days following the appeal hearing.



**OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM**  
**APPLICATION FOR DISABILITY RETIREMENT**  
(Please Type or Print)

Submitted by:  Member  
 Department Head

Plan membership:  DB Plan  
 DC Plan

1. Applicant's Name:	2. Last 4 of Social Security Number: <b>XX-XXX-</b>
3. Residence Address:	4. Date of Birth:
5. Employee ID:	6. Date of Hire:
7. Department:	8. Job Title:
9. When was disability first incurred?	10. Is Applicant's disability duty related (circle one)  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>
11. Is Applicant on restricted duty? If so, please explain.	12. What job duties is Applicant unable to perform?
13. Date Applicant last performed job duties:	14. Is Applicant in receipt of Workers' Compensation?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div> If yes, when did benefits begin?:
15. Is Applicant in receipt of Short or Long Term Disability?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div> If yes, when did benefits begin?:	16. Is Applicant in receipt of Social Security Disability?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div> If yes, when did benefits begin?:

17. Please provide a detailed explanation of the nature and cause(s) of the Applicant's disability (attach additional sheets if necessary).

---



---

18. Name and Address of physician(s)/medical professional(s) Applicant has seen in connection with disability (attach additional sheets if necessary).

---



---

19. Name and Address of physician(s)/medical professional(s) Applicant has seen regarding any condition in the last 3 years (attach additional sheets if necessary).

---



---



---



---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION FOR RELEASE OF RECORDS

This signed form hereby authorizes the Oakland County Retirement and Deferred Compensation Board (the "Retirement Board") and its representatives 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 release and 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 Retirement Board or any person acting on its behalf to provide copies of any and all documentation to its Medical Director, trustees, agents, and representatives. 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 my Application for Disability Retirement, to the utilization of the information as described above and release the Retirement System, the Retirement Board, its agents and representatives 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 disability retirement process, including, but not limited to any related appeal, litigation, 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)

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
**XX-XXX-**  
Applicant's SSN (Last 4)

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Date

**OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM**  
**CERTIFICATION 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 Oakland County and has conducted an examination of the Applicant on \_\_\_\_\_.  
Date of Examination

I find that:

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| (1) | the Applicant is mentally or physically totally incapacitated for the further performance of duty as a [Insert Job Title] in the service of the County. | 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

Print Name:

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

**Oakland County Retirement and  
Deferred Compensation Board  
Attn: Silvia Frank, Retirement Administrator  
2100 Pontiac Lake Rd., 41W  
Waterford, MI 48328**

**OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM**

**OPINION OF EXAMINING PHYSICIAN REGARDING DUTY CAUSATION**

RE: \_\_\_\_\_  
(Name of Applicant)

The undersigned has reviewed the available medical information and incident reports regarding the application for disability retirement of the foregoing employee of Oakland County. Based on my review of the foregoing and my examination of the applicant on \_\_\_\_\_, it is my considered opinion that:

---

The Applicant's claimed incapacity occurred as the direct and proximate result of the Applicant's performance of duty as an employee of the County.

YES       NO       NO OPINION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name:

---

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

**Oakland County Retirement and  
Deferred Compensation Board  
Attn: Silvia Frank, Retirement Administrator  
2100 Pontiac Lake Rd., 41W  
Waterford, MI 48328**

**OAKLAND COUNTY EMPLOYEES' RETIREMENT SYSTEM**

**DECISION OF EXAMINING PHYSICIAN REGARDING CONTINUED DISABILITY**

RE: \_\_\_\_\_  
(Name of Disability Retirant)

The undersigned has reviewed the available medical information, records and job description regarding the disability retirement of the foregoing individual, and has conducted a medical re-examination of the individual on \_\_\_\_\_.  
**Date of Examination**

Pursuant to the foregoing I find that:

- (1) the Disability Retirant is able and capable of resuming employment with the County in the position of [Job Title of position held at the time of disability retirement].

Yes

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name:

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

**Oakland County Retirement and  
Deferred Compensation Board  
Attn: Silvia Frank, Retirement Administrator  
2100 Pontiac Lake Rd., 41W  
Waterford, MI 48328**



**OAKLAND COUNTY EMPLOYEE'S RETIREMENT SYSTEM  
CERTIFICATION OF EARNINGS RECEIVED BY DB PLAN DISABILITY RETIREE**

Oakland County Retirement & Deferred Compensation Board  
 Silvia Frank, Retirement Administrator  
 2100 Pontiac Lake Rd, EOB Bldg. 41W  
 Waterford, MI 48328

**RETIREE'S  
NAME:** \_\_\_\_\_

**SOCIAL SECURITY  
NUMBER:** XXX - XX - \_\_\_\_\_

I hereby certify that during the calendar year beginning January 1, 20\_\_, and ending December 31, 20\_\_, I have been paid (other than my disability pension) the following amounts while on disability retirement:

**Amount paid by Worker's Compensation:** \$ \_\_\_\_\_

**Social Security Benefits:** \$ \_\_\_\_\_

Dates Employed		Employer Name	Employer Address	Gross Pay Received
From	To			

**TOTAL FOR CALENDAR YEAR 20\_\_:** \$ \_\_\_\_\_

I hereby certify that the income reported by me as detailed above, is in conformity with the amount of income I have reported on my annual Federal Income Tax Return. I have provided a copy of my Federal Income Tax Return or Tax Transcript for the 20\_\_ calendar year as verification of the foregoing reported income.

\_\_\_\_\_  
 Signature of Disability Retiree

This form is to conform to the Rules and Regulations of the Retirement System, Section 26(d) that require an annual reporting by all persons receiving a disability retirement.

**THIS FORM MUST BE RETURNED NO LATER THAN \_\_\_\_\_, 20\_\_. FAILURE TO RETURN THIS FORM OR PROVIDE THE REQUIRED INFORMATION SHALL RESULT IN THE SUSPENSION OF YOUR DISABILITY RETIREMENT PENSION UNTIL THE INFORMATION IS RECEIVED BY THE RETIREMENT SYSTEM.**