

FIREFIGHTERS' RETIREMENT SYSTEM

P.O. Box 94095, Capitol Station
 Baton Rouge, Louisiana 70804-9095
 Telephone (225) 925-4060 Fax (225) 925-4062

APPLICATION FOR DISABILITY RETIREMENT FOR RETIRED/DROP MEMBERS *under the provisions of R.S. 11:2258 (B)(2)*

INSTRUCTIONS: COMPLETE ALL SECTIONS OF THIS APPLICATION AND RETURN ALONG WITH COMPLETE AND DETAILED MEDICAL RECORDS PERTAINING TO THE CLAIMED JOB RELATED DISABILITY, A COPY OF YOUR FORMER OFFICIAL JOB DESCRIPTION, AND ANY APPLICABLE ACCIDENT/INJURY REPORT. The Application for Disability Conversion will not be processed until after the applicant has an in-person or telephone conference with an FRS staff representative.

| | |
|------------------|----------------------------|
| Applicant's Name | Social Security Number |
| 1 and Address | Birth Date |
| | Telephone No.: () |

Applicants must supply FRS with all medical records pertaining to claimed job-related disability.

| | |
|-----------------|---------------------------|
| 2 Doctor's Name | Doctor's Telephone Number |
| & Address | |

State Disability and Commencement of illness or date you became disabled:

| | | |
|---|--|-----------------------------|
| 3 Are you receiving workmen's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Weekly amount of workmen's compensation. \$ | |
| If you are not receiving workmen's compensation, have you applied for it? If not, why? | | |
| Date of DROP entry: | Date of DROP Termination: | Date of Regular Retirement: |

Former Employing Agency:

****Please attach a copy of all medical records pertaining to claimed disability****

Applicant's Signature _____ Date _____

I hereby acknowledge that my FRS disability benefit WILL be reduced if I receive workmen's compensation benefits, or any other form of income. _____

(Initial Here)

SEE BACK OF FORM

AFFIDAVIT

NOTE: TO BE COMPLETED AND SIGNED BEFORE A NOTARY:

State of _____

Parish of _____

BEFORE ME, the undersigned authority, personally came and appeared _____, who upon being first duly sworn, did depose and state that he/she has provided all medical records related to his/her claimed disability and he/she has participated in the mandatory conference with a FRS staff representative. Subject to the provisions of R.S. 11:2266.

Signature of Retiree

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the parish/county and state aforesaid, this _____ day of _____, year of _____.

NOTARY PUBLIC

PLEASE READ: BOARD POLICY REGARDING DISABILITY CONVERSIONS

All previously adopted board policies regarding conversion from regular to disability benefits are hereby readopted, but with the following changes:

Retirees who are approved for conversion shall provide the notarized earnings statement that is required by R.S. 11:221 (C). In addition to the statutorily required earnings statement, the disability conversion retiree shall provide written authorization for the system administrator to obtain earnings information from the Department of Labor. The information shall be used to compare the retiree's earnings statement with his employer reported earnings. Statutorily required offsets based on earnings shall be applied if applicable. Statutorily required offsets based on the receipt of workers' compensation benefits shall be applied, if applicable, but only if the retiree is actually receiving benefits. The receipt of medical cost payments shall not be used for purposes of the offset. The previously adopted policy of requiring the retiree to furnish copies of his income tax forms is hereby repealed.

Beginnings January 1, 2002, all retirees who apply for conversion from regular to disability benefits shall receive a form 1099-R which reports the taxable and nontaxable portion of the disability benefits effective as of the date of application for such conversion.

Disability conversions shall not be approved for disability conditions that are based on the occurrence of a stroke or diabetes, unless it is established by medical evidence that those conditions are duty-related.

The administrative rule that requires an appointment to be scheduled with a State Medical Disability Board doctor after the disability conversion applicant's records have been filed with the board shall be applied to mean the following: first, an appointment shall be scheduled for the doctor to conduct a medical records review only. If the doctor can make a determination of disability or non disability based on the records review, then the records review shall be sufficient to process the applicant. However, if the doctor is unable to determine disability or non-disability based on the records, then an appointment shall be scheduled for the applicant to undergo a physical examination by the doctor and the applicant shall be required to attend the scheduled examination.

Adopted: January 30, 2002