

Manchester Employees' Contributory Retirement System

**ORDINARY DISABILITY RETIREMENT  
APPLICATION FORM**

**I hereby request consideration for a Non-Work Related Disability Benefit pursuant to Chapter 218:15 Laws of 1974 as amended and Administrative Rule 2.3. I further certify that I have read and understand the provisions of those Sections which were provided to me with this application and understand that I must compile and submit justification for my request inclusive of supporting medical evidence.**

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire \_\_\_\_\_

To qualify for this benefit, you must have at least 15 years of creditable service in the Plan. If your service was ever interrupted for any reason in a way which might compromise your total service, please provide a separate list of the dates, durations and causes for such interruptions.

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In signing this application, I certify that I am permanently disabled, incapable of performing my work duties, and no longer working in a full time capacity in the job for which I was hired.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Return this completed application to:

Manchester Employees' Contributory Retirement System  
1045 Elm Street - Suite 403  
Manchester, NH 03101-1824

## EXCERPT FROM CHAPTER 218 LAWS OF 1974 AS AMENDED

### 218:15 Disability Benefits and Their Payment.

I. Any member of the retirement system who, after 15 years of continuous service as an employee of the city, shall become totally and permanently disabled such that the member is incapable of performing the essential functions of his or her position prior to such disability, may be retired for disability according to the provisions of this act. The determination as to total and permanent disability shall be made by the retirement board upon review of an application for disability benefits submitted by the member and consultation with at least 2 impartial physicians selected by the retirement board who shall examine the member and submit written reports to the retirement board.

II. Members who retire for disability under this act shall be entitled to an annual disability benefit payable until the earlier of the termination of such disability or the member's death, computed on the basis of service completed prior to the date of disability in an amount equal to the sum of:

40:5 Disability Retirement Benefit Calculation. Amend 1973, 218:15, II(a), as amended by 2002, 194:1 to read as follows:

(a) One and 1/2 percent of the member's final average earnings multiplied by the number of years, including the fractions of years represented by full months, of service completed prior to January 1, 1999, except that any service credit upgraded to the 2 percent rate pursuant to section 12, paragraph VI shall be calculated in accordance with subparagraph (b); plus

(b) Two percent of the member's final average earnings multiplied by the number of years, including the fractions of years represented by full months, of service completed after December 31, 1998.

The disabled member may also receive his or her disability benefit in the form of a contingent annuity as described in section 17.

III. If such total disability is shown, to the satisfaction of the retirement board, to have been sustained during the performance of duties pertaining to the member's employment by the city, the member shall be entitled to retirement for disability irrespective of the duration of employment. In order for a member to receive disability benefits under this section, the member shall submit an application for disability benefits within 60 days of termination of employment. However, any member receiving a disability benefit on account of total and permanent disability sustained during the performance of duties pertaining to employment by the city, as provided herein, shall receive a benefit equal to the greater of the sum of the amounts determined in accordance with (a) and (b) of paragraph II, or 50 percent of final average earnings. If a member has less than 3 years of service at the time of becoming totally disabled in the performance of duties pertaining to the member's employment by the city, the member's pension shall be based upon the member's annualized disability earnings. The disabled member may also receive his or her disability benefit in the form of a contingent annuity as described in section 17.

40:6 Disability Benefits; Medical Examination. Amend 1973, 218:15, IV, as amended by 2002, 194:1 to read as follows:

IV. Following the retirement of a member with a disability retirement pension and prior to the member's normal retirement date, the retirement board may require such retiree to undergo a medical examination to be made by or under the direction of a physician or physicians designated by the retirement board. Should any disabled member refuse to submit to such medical examination, the disability retirement pension shall be discontinued by the retirement board until the withdrawal of the refusal. If the refusal continues for one year, all the member's rights in and to a disability retirement pension shall be revoked by the retirement board. If, upon such medical examination, the physician or physicians certify to the retirement board that the disabled member is physically and mentally able and capable of resuming in the capacity in which the member became disabled, the member's disability benefit shall be terminated.

V. Each disabled member shall, until his or her normal retirement date, submit a report each year to the retirement board indicating earnings from employment. If the retirement board finds that any disabled member is engaged in any substantial gainful employment other than for the primary purpose of rehabilitation, the member's disability benefit shall be reduced if such gainful occupation pays more than the difference between the member's annual disability benefit and final average earnings, after making allowance for changes in the cost of living as approved by the board. The amount of reduction shall be equal to one dollar of benefits for each 2 dollars of employment earnings in excess of the difference between the member's final average earnings (after making allowance for changes in the cost of living) and the annual disability benefit. The board shall have the right to suspend payments of a permanent disability pension if the disabled person fails to report earned income. Such suspension shall be for the period during which there is no satisfactory report, with restoration of benefits upon acceptance of such report, or until the member's normal retirement date, whichever occurs first.

VI. A member's disability retirement benefit shall be reduced by any amounts which may be paid or payable to, or on behalf of, any member or retired member for the same disability under the provisions of any city-funded workers' compensation or similar plan, except that any city employee who is receiving both disability retirement benefits and workers' compensation benefits as of January 1, 1986, shall not be affected.

## EXCERPT FROM ADMINISTRATIVE RULE SECTION II

### **2.3 Ordinary or Non-Work-Related Disability:**

**2.3.1.** Ordinary disability applications shall be considered by the Board only after an Ordinary Disability Retirement Application Form and an Attending Physician's Statement Form are both filed with the Board. The Ordinary Disability Retirement Application Form and the Attending Physician's Statement shall be filed with the Board while a Member is in service or within 60 days of the termination date of the Member's service. In the event that eligibility for Ordinary Disability could not conclusively be determined within the 60 day period, the applicant may, by virtue of a formal written request to the Board of Trustees inclusive of supporting evidence, request a waiver of the 60 day filing requirement. Upon approval by the Board of Trustees, the effective date of retirement for the commencement of payments shall be the first of the month following the latter of the member's date of termination from employment or the month in which the applicant filed for receipt of retirement benefits.

**2.3.2.** A physical examination shall be performed by at least two impartial physicians selected by the Board of Trustees to determine whether disability is permanent and whether it is total.

**2.3.3.** The Board of Trustees shall dispose of the applicant's request based on proof of total and permanent incapacity to perform the duties of the position held or comparable to the position held, medical reports, Attending Physician's Statement and the recommendation of the impartial physicians selected by the Board.

**Manchester Employees' Contributory Retirement System  
ATTENDING PHYSICIAN'S STATEMENT**

Name of Patient \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**HISTORY:**

A. When did present illness begin, or injury occur? \_\_\_\_\_

B. Date insured was obliged to cease work? \_\_\_\_\_

C. Was disability sustained in the course of performance of duties as a City Employee? \_\_\_\_\_

D. Was disability the result of non-employment factors (e.g. medical history)? \_\_\_\_\_

**PRESENT CONDITION:**

A. Subjective symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Objective findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Give report of X-rays, E.K.G.'s or any other special tests

Ambulatory?...() Bed confined?...() House confined?...() Hospital confined?...()

**DIAGNOSIS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TREATMENT:**

A. Date of first visit: \_\_\_\_\_ Date of last visit: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

B. When did you last examine the insured? \_\_\_\_\_

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**PROGRESS:**

Recovered.....( ) Improved.....( ) Unimproved.....( ) Retrogressed.....( )

**DEGREE OF DISABILITY:**

A. Has the insured been able to do any of his/her regular work? Yes.....( ) No.....( )

If "Yes", from what date?

Regular Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Comparable Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. If "No", when do you think he/she will be able to work? (Approximate Date)

Regular Work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Comparable Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Indefinite.....( ) Never.....( )

C. Is patient 100% totally and permanently disabled from performing the duties of a position comparable in duties and responsibilities held prior to disability? Yes\_\_\_No\_\_\_

Additional Comments: \_\_\_\_\_

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Name of Attending Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_