



OCCUPATIONAL DISABILITY BENEFIT APPLICATION PACKET

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS



2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-785-7444
Email: sers@srs.illinois.gov

Occupational Disability Fact Sheet

Disability and Workers' Compensation Benefits

The two types of benefits are payable at the same time. SERS reduces your benefit by the amount you receive under the Workers' Compensation Act. If your Workers' Compensation benefits end, SERS benefits will also end.

If you have a pending claim with IWCC after your Workers' Compensation and SERS benefits have ended, see the SERS Handbook, under the section for "Temporary Disability Benefits."

Working while disabled

You can work outside of state government and earn up to the calendar quarterly earnings limitation without disrupting your disability benefit. If you exceed the earnings limitation, you will need to pay the difference in the earnings and the limitation to SERS.

During your disability, you may be contacted regarding your disability, current medical treatment and other daily activities. You may also be asked to undergo an independent medical examination. Your cooperation is vital to the disability investigation process to ensure your benefit is not interrupted.

If your injury was caused by a third party (i.e., motorist, contractor, etc.) and you collect money from that party, SERS is entitled to a reimbursement for sums paid to you in occupational disability benefits and service contributions.

Occupational disability benefits are available to state employees who are disabled from work-related causes. A claim must first be filed with the Illinois Workers' Compensation Commission (IWCC).

Eligibility

All contributing SERS members who become disabled from work-related causes are eligible for occupational disability benefits. The total benefit for a Tier 1 member (individual who became a member of SERS or a reciprocal system before 1/1/11) is 75% of your monthly salary in effect on the date you last received wages from your agency, or your final average compensation (FAC) whichever is higher. The benefit for Tier 2 member (individual who became a member of SERS or a reciprocal system after 12/31/10) is 75% of your FAC.

In order to qualify for occupational disability you must:

- File a claim with the Workers' Compensation Act **or** the Risk Management Division of the Department of Central Management Services. They will determine if your disability is payable under the Workers' Compensation Act.
- Have a medical report submitted to our office by a licensed and practicing medical professional.
- SERS must find you disabled from performing your assigned job duties.

You will continue to receive your benefit until one of the following:

- Your disability has ended.
- You return to work or become gainfully employed.
- If your benefit begins *before* age 60, it will cease at age 65.
- If your benefit begins *at* age 60 or older, it will cease after five (5) years.
- The total temporary disability benefit you receive from Workers' Compensation stops.
- You fail to cooperate with SERS.

Every January and July a new medical form is sent to you, which must be completed by a medical professional. You are not required to have an exam if you've seen your provider within the last two months, however your provider must still complete the form and return it to SERS. You will also receive a Certificate of Disability form, certifying that you have not earned more than the calendar quarterly earnings limitation while receiving your SERS disability benefit.

Call SERS at 217-785-7444 if you have questions or need assistance with your disability benefit.



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Occupational Disability Checklist

All of the following must apply:

- You must be removed from your agency's payroll
- You must apply for benefits under the Illinois Workers' Compensation Act
- You must be deemed disabled by SERS from performing your job duties

Required forms/documents:

- A completed Disability Benefit Application (Form 3924)
- A photocopy of your birth certificate, if not already on file (see Form 3928)
- A signed Release of Information Authorization (Form 3934)
- A completed Occupational Disability Medical Report (Form 3213), along with any other supporting documentation necessary to be deemed disabled.
- A Workers' Compensation Employees' Notice of Injury (IL 45)

SERS will contact your agency regarding your payroll information and job description. Your agency cannot complete the required information until a medical leave of absence is granted.

SERS will access information regarding payment of Total Temporary Disability payments from the CMS Division of Risk Management. If you are requesting an occupational disability benefit based on an award or settlement through the Illinois Workers' Compensation Commission, you are required to provide a copy of the award or settlement along with any other appropriate documentation.



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Occupational Disability Benefit Application

Please print or type. You are required to submit a copy of Workers' Compensation Employees' Notice of Injury (IL 45) with this application for occupational disability benefits.

Member information

Name	SSN (last 4) or Member ID
_____	_____
Address (Street)	Date of Birth
_____	_____
<i>(City, State, Zip)</i>	Phone number
_____	(H) _____
Email address	(W) _____
_____	(C) _____

Disability information

Title of position	Date of injury or accident (MM/DD/YY)
_____	_____
Date ceased work (MM/DD/YY)	Workers' Compensation Benefits claim
_____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No decision
Returned to work?	Removed from agency payroll?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date returned to work	Date expected to return to work
_____	_____

Describe accident or illness that caused disability

Did a third party (other than your employer) cause this?	If yes, is a lawsuit being filed against that party?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name and complete address of licensed medical professional who have treated you for this disability:

Name and address of hospital to which you were admitted for this disability:

Dates of hospital stay, from: _____ **to** _____ .

Have you ever been a member of the State Universities Retirement System of Illinois? Yes No

Have you ever been a member of the Teachers' Retirement System of Illinois? Yes No

Occupational disability benefits paid by SERS are exempt from federal and Illinois income tax. Although exempt, these benefits are reportable and a 1099-R form will be issued each January.

Read and initial each section and sign below

_____ I hereby certify that I have not been gainfully employed during the time I am claiming disability. I will notify SERS immediately when my disease ceases; or when I return to state employment; or when I accept other gainful employment. I authorize SERS to apply any future disability benefits, pension benefits, death benefits or refund of contributions to any excess disability benefit I may have received until the excess disability benefit is repaid in full.

_____ I also agree that if this disability is for occupational reasons, I authorize the State Employees' Retirement System to exchange information with the appropriate agency handling workers' compensation relative to my claim and with physicians performing independent medical consultations. Further, I authorize the State Employees' Retirement System to have an agent or representative review my file for the purpose of evaluating the likelihood of my qualifying for social security disability benefits, which agent or representative may contact me concerning the filing of such a claim. I also agree to permit the State Employees' Retirement System to furnish medical documentation to the Department of Personnel for the purpose of documenting my leave status.

_____ In the event that my injury was caused by a third party and a lawsuit is filed (and I collect an award from that party), I understand that the State Employees' Retirement System is entitled to be reimbursed for sums paid to me in Occupational Disability Benefits and service contributions.

_____ I authorize the State Employees' Retirement System to apply any future disability benefits, pension benefits, death benefits or refund of contributions to any excess disability benefit I may have received until the excess disability benefit is repaid in full.

_____ I certify this information is correct. I am aware that pursuant to the 40 ILCS 5/1-135 any person who knowingly makes a false statement or falsifies a record in an attempt to defraud the State Employees' Retirement System is guilty of a Class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____

Name _____ **SSN (last 4) or Member ID** _____



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Release of Information Authorization

I authorize any licensed medical professional, hospital, insurer, the Social Security Administration or another organization have any records, data or information concerning me to furnish such records, data or information to the State Employees' Retirement System of Illinois (SERS).

The type of information to be disclosed includes the patient's entire medical record, employment record (including salary postings) or a record of all benefit payments.

I understand that the information being disclosed may include information relating to sexually transmitted disease, acquire immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, treatment for alcohol and drug abuse and generic health information from medical records.

The information for which I am authorizing disclosure will be used for establishing eligibility for disability benefits from SERS.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

This authorization will expire 12 months from the date of signature listed below, unless otherwise revoked.

I understand that once the above information is received, it may be disclosed by the recipient pursuant to evaluating my continued eligibility for disability benefits, and may no longer be protected by federal privacy regulations. SERS is not liable for any consequences of such redisclosure.

I understand that authorizing the use or disclosure of the information identified is mandatory to establish my eligibility for disability benefits.

Name _____ **SSN (last 4) or Member ID** _____

Address (Street) _____ **Phone number** _____

(City, State, Zip) _____ **(H)** _____

Email address _____ **(W)** _____

_____ **(C)** _____

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Signature _____ **Date** _____

Witness* _____ **Date** _____

**Must be age 18 or older.*



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Occupational Disability Medical Report

The employee named below has applied for disability benefits from the State Employees' Retirement System. Please complete and return this form using the contact information above. The employee's eligibility for benefits cannot be determined until we receive this information. ***This form is acceptable only if completed by a licensed healthcare professional.***

Employee information

Name _____ Date of birth _____

SSN _____

Medical information

Diagnosis and concurrent conditions: _____

Please list results of appropriate diagnostic studies: _____

Please list objective symptoms and findings: (Please be specific, i.e., B/P reading, or attach a copy of patient's charts) _____

Nature of treatment and dates: (Enclose a copy of your office records if more convenient) _____

Onset date of disability: _____ Date the patient's impairment kept them from working? _____

Is the patient still under your care for the diagnosis listed above? Yes No

Date patient is released to return to work: _____

Restrictions: _____

By signing below, I certify this information is correct. I am aware that, under the Illinois Pension Code (40 ILCS 5/1-135), any person who knowingly makes any false statement or falsifies or permits to be falsified a record in an attempt to defraud SERS is guilty of a Class 3 felony. I understand that, if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

The above named individual appeared before me for medical examination. The diagnosis, treatment and remarks are my professional opinion.

Printed name _____ Date _____

Signature _____ Specialty _____

License/NPI Number _____ Phone _____

Address _____ Fax _____



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Birth Certificate Notice

We need a copy of your birth certificate to complete your record. Please write the last four digits of your social security number or your member ID on the copy you provide. It does not need to be a certified copy.

Any member applying for a retirement annuity, survivor's annuity or any disability benefit must submit a copy of their birth record issued by the state/county of birth as proof of your birth date.

If you do not have a copy of your birth certificate, it will be necessary that you obtain a copy from the state/county in which you were born.

If no record exists, you must submit a signed affidavit from the state/county certifying that no birth record exists. Along with the signed affidavit, the following documents may be submitted for consideration of proof of birth date:

- Military records;
- Marriage record showing date of birth;
- Evidence of Social security payments that require you to reach a specific age;
- Church record of birth or baptism;
- Valid passport;
- Valid driver's license; or
- Two or more documents showing date of birth, such as naturalization papers, insurance policies, school or medical records.

If none of the above documents are available, an affidavit from a parent, adult sibling or relative having knowledge of your date of birth may be considered. If you need information on where to contact for your birth record, please contact our office at 217-785-7444.

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Gainful Employment Notice

While receiving a disability benefit from SERS, you may not work for the State of Illinois in any capacity.

While receiving a disability benefit from SERS, you may earn up to \$3,660 in gross income per calendar quarter from other employers.

Gross income, which also includes self-employment income, over \$3,660 per calendar quarter will result in the suspension and/or termination of your SERS disability benefits. This also impacts your access to group healthcare insurance and other group insurance benefits.

All disability recipients complete a continuous recertification process where SERS reviews information provided by the Illinois Department of Employment Security. SERS reviews and investigates disability claims continually to minimize fraudulent benefits and claims.

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Failure to report outside employment and quarterly income above \$3,660 may be considered an attempt to defraud SERS.

If you have any questions about gainful employment, please call the Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov.



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Return to Work Notice

As stated and initialed on your signed disability benefit application, it is your responsibility to notify SERS of your return to work date. SERS disability benefits cease on the day prior to your return to work and it is imperative you report your return to work in a timely manner.

Failure to report your return to work timely will result in the overpayment of disability benefits that must be repaid to SERS immediately, or will lead to payroll deductions.

Please contact the SERS Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov to timely report your return to work and avoid an overpayment. The release from your healthcare professional should be provided to your agency.

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Payroll Deduction for Optional Service Credit

If you are purchasing optional service credit through payroll deduction, please note that this deduction will cease while you are off the payroll.

Upon returning to work, it is your responsibility to contact your agency's payroll officer immediately to set up a "catch up" schedule. One option is to double the payroll deduction for the number of pay periods that deductions were missed. *(Ex: For 8 deductions of \$15.00 missed payments, the agency may deduct \$30.00 for 8 deductions to catch up the payments.)*

If the payroll deduction agreement ends before you return to work, you will be billed by SERS for the balance due.

Note: *Due to the IRS regulations, the agreement due date cannot be extended for any reason if the payment is being made on a tax-deferred irrevocable payroll deduction basis.*



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Work-Related Accidents Not Caused by your Employer

If your work-related accident was caused by a person other than your employer and you receive benefits from the State Employees' Retirement System (SERS), state law provides that SERS is entitled to collect a portion of any settlement you receive from the responsible party and/or their insurance.

You must notify SERS if you are receiving occupational disability benefits and you file a lawsuit against a third party. Failure to notify SERS of filing a lawsuit against a third party may be considered an attempt to defraud SERS and could result in the termination of your disability benefits.

If you have any questions regarding your obligation to notify SERS when filing a lawsuit against a third party, you may contact SERS at 217-785-7444.