Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

INSTRUCTIONS FOR MEMBERS FILING FOR DISABILITY RETIREMENT

Please follow these instructions carefully. They are designed to ensure that your application will be processed promptly.

- **Please check the application packet to see that all of the following forms are included:**
  - Application for Accident Disability Retirement or Application for Ordinary Disability Retirement
  - Applicant's Personal Report of Disability
  - Physician's Report of Disability
  - General Authorization For Medical Information
  - Disability Questionnaire

- Make sure that the application is acknowledged before a Notary Public or Commissioner of Deeds before it is mailed to NYCERS. If you are submitting the application in person you will not have to have it notarized if you can show a job identification card (picture).

- Have the Physician's Report of Disability filled out by the physician who has been treating you for the disabling condition. We have included three copies of this form, in case you have been treated by more than one physician. Please note that you must complete the authorization at the bottom of the form.

- The Applicant's Personal Report of Disability must contain the names of all hospitals, medical groups and physicians that have treated you for the disabling condition.

- A separate General Authorization for Medical Information must be completed for each hospital and medical group listed on the Applicant's Personal Report of Disability form as having treated you for your disabling condition. Hospitalization information should include the dates of admission and discharge and your hospital number.

- If you have any questions concerning these instructions, please call the Medical Division.

Please read carefully: It is your responsibility to:

1. Submit all current medical evidence to support the claim for disability retirement at least 10 days prior to the date you will be given an appointment to appear before the Medical Board. We will request medical evidence on your behalf from a hospital or H.I.P. center (not personal physicians). We cannot schedule you to come before the Medical Board until we have the required medical evidence. If the evidence is not received timely, your application could be officially suspended or closed, and you may not be eligible to reapply for disability retirement depending on your employment status.
2. Submit all X-Rays, CT Scans, MRI Films, and reports by the appointment date.
3. (For Tier 3 and Tier 4 members with Tier 3 rights only) Submit proof of filing for a Primary Social Security Disability Award within 60 days of applying for disability retirement with NYCERS. See the application for details.
4. Provide (if you are approved for Accident Disability Retirement or a Line-of-Duty Disability Retirement, except Uniformed Sanitation members) a recent Workers' Compensation Notice of Decision when you submit your option selection forms. If you are not receiving Workers' Compensation benefits, you must submit a statement from the Workers' Compensation Board regarding the status of your case. We cannot finalize payment of your disability benefits until we have this information.
5. Notify this office immediately if you plan to have surgery for the illness/injury for which you are applying for disability retirement. We will schedule you to appear before the Medical Board (if you submit the required medical evidence) prior to the surgery since the Medical Board will not be able to examine you for this illness/injury until six months after the surgery. **If you do not appear for this examination, you must submit proof that you were medically unable to do so. Failure to provide this proof will result in the suspension or closure of the application and depending on your employment status, you may not be eligible to re-apply for disability retirement. Please bear in mind that you will have to be examined by the NYCERS Medical Board before a determination can be made on your application for disability retirement**.

Please note: Should you apply for and receive a return of your accumulated salary deductions your membership will terminate and your application will not be processed.

NYCERS USE ONLY **F624**

NYCERS NYC Employees' Retirement System

Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

Application for Disability Retirement
Tier 6 63/5 and Special Plan Members

This application is for Tier 6 63/5 and Special Plan Members who are applying for a Disability Retirement. Please be sure you read and understand the requirements for filing for a Disability Retirement located on the Instructions and Terms pages. In order for the New York City Employees' Retirement System (NYCERS) to process this application, this form must be completed in its entirety. **NOTE: If the address you provide on this form is different from your address on file with NYCERS, the new address will become your official address in NYCERS' records.** If you have any questions, contact NYCERS' Call Center at 347-643-3000.

In addition to this form, you must also submit (to NYCERS' Medical Board):

- Physician's Report of Disability (Form #606)
- General Authorization for Release of Medical Information (Form #608)
- NYCERS Questionnaire (Form #609)

Save time by applying online.
Log in/register at www.nycers.org

Select a Benefit:

Be sure to read the requirements on the Instructions and Terms pages to determine the law you are eligible under. All applications will be processed according to the benefit(s) selected below.

I am applying for (Select all that apply):

- ☐ Accident Disability Retirement (RSSL §605)
- ☐ Ordinary Disability Retirement with 10 or more years of credited service (RSSL §605)
- ☐ Deputy Sheriffs ¾ Accident Disability (RSSL §605-c)
- ☐ EMT Heart Law (GML §207-q)
- ☐ World Trade Center (WTC) Disability Retirement
- ☐ EMT ¾ Performance-of-Duty Disability (RSSL §607-b)

RSSL = Retirement and Social Security Law GML = General Municipal Law EMT = Emergency Medical Technician

Member Information:

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [MM/DD/YYYY]

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Email Address

Agency	Title

List your Disabling Conditions:

The conditions listed on this form are the **only** conditions the Medical Board will consider under this application.

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NYCERS NYC Employees' Retirement System

Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

Member Number | Last 4 Digits of SSN

Select a Temporary Option

This application allows you to select a temporary option, which determines what will happen to your benefit if you should die before the date of your first full payment (the "Interim Period"). If you select either the 100% Joint-and-Survivor or the Ten-Year Certain Option, you must name a beneficiary. If you die before selecting an option, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS**.

Please read the descriptions for each option before choosing only one temporary option. **Note: You may not name your Estate for the Joint-and-Survivor Option. An Estate can be named as a contingent beneficiary for the Ten-Year Certain Option.**

- **If you choose the Maximum Retirement Allowance**, do not name a beneficiary.
- **If you choose the 100% Joint-and-Survivor Option,** you may designate only one beneficiary. Under this option, NYCERS requires proof of birthdate for your beneficiary, as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.
- **If you choose the Ten-Year Certain Option,** you may designate one primary and two contingent beneficiaries on this form. If space is needed for additional contingent beneficiaries, contact NYCERS' Call Center at 347-643-3000. Under this option, birthdate evidence for your beneficiary/beneficiaries is not required.
- **If you wish to select an option other than those provided on this form,** contact NYCERS' Call Center at (347) 643-3000.

Choose Only ONE Option:

Please provide information about your beneficiary/beneficiaries following the option you have elected (unless you elect the Maximum Retirement Allowance). Print neatly and in ink. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). DO NOT erase, use white-out, or cross out any typed or printed information on this form, as it renders the form invalid.

☐ **Maximum Retirement Allowance –** I elect to receive the maximum lifetime retirement allowance payable to me. I understand that all payments cease upon my death, and that under this option I cannot elect a beneficiary.

– OR –

☐ **100% Joint-and-Survivor –** This temporary option provides your designated beneficiary with a lifetime benefit if you die during the Interim Period. The benefit is calculated as if you had elected the 100% Joint-and-Survivor Option as your final option. Among the factors considered in the calculation are the life expectancies of both you and your designated beneficiary. Under this option, you receive a pension lower than the Maximum Retirement Allowance because the same amount is to be paid over two lifetimes. In this case, the benefit payable to your beneficiary for their lifetime would be 100% of the reduced pension you would have received during your lifetime. **You may not nominate your Estate for this option.**

The beneficiary whom I wish to nominate to receive the 100% Joint-and-Survivor benefit is:

Joint & Survivor Beneficiary

First Name | M.I. | Last Name

Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship

Address | Apt. Number

City | State | Zip Code

☐ If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**.

Or Non Joint-and-Survivor Option, Next page...

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NYCERS NYC Employees' Retirement System

Mail Completed Forms to:
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Long Island City, NY 11101

Member Number | Last 4 Digits of SSN

- OR - NON JOINT-AND-SURVIVOR OPTION

☐ **Ten-Year Certain –** Under this option, you receive a pension lower than the Maximum Retirement Allowance. If you die within ten years of your retirement, this same reduced monthly retirement benefit amount will be paid to your surviving primary beneficiary for the remainder of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump sum to your Estate. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the estate of the primary beneficiary. You may nominate both a primary and contingent beneficiary/ beneficiaries under this option.

The beneficiary/beneficiaries whom I wish to nominate to receive the Ten-Year Certain benefit is/are:

Ten-Year Certain Primary Beneficiary

First Name | M.I. | Last Name

Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship

Address | Apt. Number

City | State | Zip Code

☐ If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**.

Note: If naming multiple contingent beneficiaries, indicate the share of the benefit you would like each to receive. The combined percentage for all contingents named must equal 100%. **You may name your Estate as a contingent beneficiary.**

Ten-Year Certain Contingent Beneficiary

First Name/Estate Name | M.I. | Last Name

Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship

Address | Apt. Number

City | State | Zip Code

☐ If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**.

Share of Benefit %

Space for an additional contingent beneficiary on next page.

340 Jay Street, Bklyn, NY
Mezzanine level

Forms, Brochures, Fact Sheets at www.nycers.org

Upload Documents at www.mynycers.org

(347) 643-3000
M - F, 8am to 5pm

30-30 47th Avenue, 10th Fl.
Long Island City, NY 11101

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NYCERS NYC Employees' Retirement System

Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

Member Number | Last 4 Digits of SSN

Additional Contingent Beneficiary for Ten-Year Certain Option:

Ten-Year Certain Contingent Beneficiary

First Name/Estate Name | M.I. | Last Name

Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship

Address | Apt. Number

City | State | Zip Code

☐ If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**.

Share of Benefit ____ %

NOTE: If space is needed for additional Contingent Beneficiaries, contact NYCERS' Call Center at 347-643-3000.

Federal Tax Withholding – For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not complete this election, your tax deduction will be defaulted to "Single" with all other fields set to 0 (zero).
If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1. ☐ Single or Married, filing separately ☐ Married, filing jointly or Qualifying widow(er) ☐ Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly): $ _____ (If you (or your spouse) have a job, **do not** complete Steps 3-7 on this form.)
3. Number of qualifying children **under** age 17: _____ x $2,000 = $ _____
4. Number of other dependents: _____ x $500 = $ _____
5. Other credits: $ _____

Add lines 3 - 5. **Total Credits** = $ _____

(Fields 6-8 are OPTIONAL.)

6. Other income: $ _____ 7. Other deductions: $ _____ 8. Extra withholding: $ _____

9. ☐ Do not withhold Federal income tax from my pension.

Signature of Member | **Date**

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____ **Expiration Date of Commission** _____

If you have an official seal, AFFIX IT

R02/23

Sign this form and have it notarized, THIS PAGE

340 Jay Street, Bklyn, NY Mezzanine level
Forms, Brochures, Fact Sheets at www.nycers.org
Upload Documents at www.mynycers.org
(347) 643-3000 M - F, 8am to 5pm
30-30 47th Avenue, 10th Fl. Long Island City, NY 11101

NYCERS USE ONLY **F624**

NYCERS NYC Employees' Retirement System

Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

Instructions

To apply for a Disability Retirement, complete this application together with Physician's Report of Disability Form #606, General Authorization for Release of Medical Information Form #608, and NYCERS Questionnaire Form #609, and submit them to NYCERS.

If you are submitting these forms by mail, have this application acknowledged before a Notary Public or Commissioner of Deeds, and mail it to 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. Forms #606, #608, and #609 do not require a notary, but if submitting by mail, send them to NYCERS' Medical Unit, 335 Adams Street, Suite 2300, Brooklyn NY 11201-3724.

Consultations with a disability retirement case manager are available **by appointment only.** To schedule an appointment, contact NYCERS' Call Center at 347-643-3000. To submit these forms in person to NYCERS, you may place fully completed and notarized forms in a secure Drop Box at the entrance of NYCERS' Walk-in Center, located at 340 Jay Street in downtown Brooklyn, Monday through Friday, 8 am to 5 pm.

NYCERS' Medical Unit will inform you about your Medical Board examination date.

If the Medical Board finds you disabled, and recommends retirement, the Medical Board report will be presented to the Board of Trustees. Thereafter, a letter will be sent setting forth the amounts payable under the various options available to you. You will then be required to select a final option. If you fail to select a final option in the period prescribed, you will be awarded the temporary option you selected when filing for Disability Retirement. If you choose not to select a temporary option, or your selection has been deemed invalid, you will be awarded the Maximum Retirement Allowance without optional modification.

If the Medical Board recommends denial of your application, and the Board of Trustees accepts the recommendation of the Medical Board, a notice of the denial will be sent to you with your rights and remedies as a result of the denial.

Terms

Disability Retirement (RSSL §605):

Ordinary: If you have 10 or more years of Credited Service and NYCERS' Medical Board determines that you are unable to perform the duties of your job title due to a physical or mental impairment, you are eligible to receive a Disability Retirement benefit.

Accident: Regardless of the amount of credited service you have, if the NYCERS Medical Board determines that you are disabled as a natural and proximate result of an accidental injury sustained in City service, not caused by your own willful negligence, you are eligible to receive an Accident Disability Retirement benefit under RSSL §605.

For any Disability Application filed under RSSL §605, you must file this application:

1. Within three months from the last date you were being paid on the payroll; **OR**
2. While you are on a leave of absence without pay for medical reasons, either voluntarily or involuntarily; **OR**
3. No later than 12 months after the date you receive notice that your employment has been terminated, provided that you were on an approved leave of absence without pay for medical reasons, which was in effect immediately prior to such termination.

The application must be filed by you, or by a person with legal authority to act on your behalf, or by the head of the agency where you are employed.

Deputy Sheriffs ¾ Accident Disability (RSSL §605-c):

NYC Deputy Sheriffs who become physically or mentally incapacitated for the performance of duties as the natural and proximate result of an accident, not caused by their own willful negligence, are entitled to an Accident Disability benefit. **You must file this application while you are actually employed in the eligible title.**

EMT ¾ Performance-of-Duty Disability (RSSL §607-b):

EMTs who become incapacitated for the performance of duties on or after March 17, 1996 as the natural and proximate result of an injury sustained while employed as an EMT are entitled to a Performance-of-Duty Disability benefit. You may also apply under this section if you are presumed to have contracted HIV (through the bodily fluids of a person under care), tuberculosis or hepatitis while in the performance of your duties. **You must file this application while you are actually employed in the eligible title.**

340 Jay Street, Bklyn, NY Mezzanine level

Forms, Brochures, Fact Sheets at www.nycers.org

Upload Documents at www.mynycers.org

(347) 643-3000 M - F, 8am to 5pm

30-30 47th Avenue, 10th Fl. Long Island City, NY 11101

NYCERS NYC Employees' Retirement System
Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

World Trade Center (WTC) Disability Retirement Law

The World Trade Center (WTC) Disability Law provides a rebuttable presumption of accidental disability for NYCERS Members who participated in WTC Rescue, Recovery or Clean-Up Operations and become disabled from a Qualifying Condition or Impairment of Health. Benefits are paid according to the provisions that cover accidental disability for your tier and title. For complete details and eligibility requirements, please read WTC Disability Law Fact Sheet #703, available on NYCERS' website at www.nycers.org.

EMT Heart Law (GML §207-q):

The Heart Law provides a rebuttable presumption that a disease of the heart was incurred in the performance of duty. EMTs who are approved for disability under the Heart Law are entitled to a Performance-of-Duty Disability benefit. The presumption may be rebutted by competent medical evidence that your disability could not have been caused by the performance of your duties as an EMT. **You must file this application while you are actually employed in the eligible title.**

NOTE: In addition to applying under the special disability provisions above, Deputy Sheriffs and EMTs may also apply for Disability Retirement under RSSL §605 if they have 10 or more years of Credited Service.

Workers' Compensation Payments Offset

Disability Retirement benefits under RSSL §605-c, §607-b, and GML §207-q are reduced by 100% of the annual Workers' Compensation payments received on account of the same injury for which the Disability Retirement benefits were approved.

Withdrawal of Application

You may withdraw your application for a Disability Retirement benefit by submitting Withdrawal of Disability Retirement Application Form #619 to NYCERS' Medical Unit. This application can be withdrawn up to and until the Medical Board has finalized its findings on your application. You may not withdraw an application filed by your agency on your behalf.

Returning to Work

Disability retirees who are returning to public service within New York City or New York State may be subject to post-retirement earning limitations. For complete details, please see NYCERS' Earnings Limitations for Disability Retirees Brochure #958.

NYCERS USE ONLY **F606**

Physician's Report of Disability

To be returned to NYCERS with member's application for disability retirement

To NYCERS' Medical Board:

This is to certify that

First Name	M.I.	Last Name

an employee in the New York City Department of

is under my care for the following:

Diagnosis: (Clinical problem and duration)

If caused by an accident: (Type, Place and Date)

Date [MM/DD/YYYY] / /

When, if ever, may he or she return to the full duties of his or her title? Date [MM/DD/YYYY] / /

Objective evidence:
X-Rays, EKG (Photocopies), Laboratory Reports, Pertinent physical findings, Consultant Reports, Hospital Reports, Etc.

Subjective evidence:
Symptoms, Complaints, Etc.

Treatment and result:

Client Services 340 Jay Street Brooklyn, NY 11201 (347) 643-3000 **www.nycers.org** **Mailing Address** 335 Adams Street, Suite 2300 Brooklyn, NY 11201-3724

NYCERS USE ONLY **F606**

Member Number | Last 4 Digits of SSN

Physician First Name | Physician Last Name | Title (MD, DO, DC etc.)

Address | Apt. Number

City | State | Zip Code

Signature of Physician | **Date**

Applicant's Authorization for Release of Information

Dear Doctor _____, you are hereby authorized by me to fill out this form for the information of the Medical Board of the New York City Employees' Retirement System.

Signature of Applicant | **Date**

First Name | M.I. | Last Name

in Care of (if applicable) | Full Social Security Number

Address | Apt. Number

City | State | Zip Code

NYCERS USE ONLY **F608**

General Authorization for Medical Information

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
		/ /

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

l. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission on Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:

_____

8. Name and address of person(s) or category of person to whom this information will be sent:

_____

9(a). Specific information to be released:

☐ Medical Record from (insert date)_____to (insert date)_____

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, and records sent to you by other health care providers.

☐ Other: _____

_____

Include: (Indicate by Initialing)
____ **Alcohol/Drug Treatment** ____ **Mental Health Information** ____ **HIV-Related Information**

*** Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

Authorization to Discuss Health Information:

9(b). ☐ By initiating here _____ I authorize _____
Initials Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

_____
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: ☐ At request of individual ☐ Other:_____

11. Date or event on which this authorization will expire: _____

12. If not the patient, name of person signing form: _____

13. Authority to sign on behalf of patient: _____

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of this form.

Signature of Member or Representative authorized by law	**Date**

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____day of _____20 ____, personally appeared

before me the above named, _____ , to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Instructions for the Use of the HIPAA-compliant Authorization Form to Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional.

When filling out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as "at the conclusion of my court case" or provide a specific date amount of time, such as "3 years from this date."

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked and the relevant date inserted on the first line containing the first box.

NYCERS USE ONLY **F609**

NYCERS NYC Employees' Retirement System

Mail Completed Form to:
335 Adams Street, Suite 2300
Brooklyn, NY 11201-3724

Questionnaire for Disability Retirement Applicants

Member Number	Last 4 Digits of SSN	Phone Number	Date of Birth [mm/dd/yyyy]

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

To NYCERS' Medical Board:

I, the undersigned, believe that I am incapacitated for further service as a _____
Your Job Title

in the Department of _____
Your Agency

due to the disabling conditions listed on my Application for Disability Retirement.

Questions 1-17 are to be completed by ALL members applying for Disability Retirement.

1. What is the name of your union, and local?

_____

2. Did you have previous service with New York City or New York State prior to your current membership?

☐ Yes ☐ No

If yes, provide a start date and an end date for each period of service:

Period of Service	Start Date Month	Start Date Year	End Date Month	End Date Year	Period of Service	Start Date Month	Start Date Year	End Date Month	End Date Year
1.					3.				
2.					4.				

3. Are you a veteran?

☐ Yes ☐ No

If yes, name the branch(es) you served in, and provide a start and end date for each period of service:

Branch of Service	Start Date Month	Start Date Year	End Date Month	End Date Year	Branch of Service	Start Date Month	Start Date Year	End Date Month	End Date Year

NYCERS USE ONLY **F609**

NYCERS NYC Employees' Retirement System

Mail Completed Form to:
335 Adams Street, Suite 2300
Brooklyn, NY 11201-3724

Member Number	Last 4 Digits of SSN

4. List the name(s) of doctors or institutions from whom you are receiving, or have received in the past, treatment for your alleged conditions, including address(es) and frequency of visits:

Name of Doctor or Institution	Address	Frequency of Visits

Note: The Physician's Report of Disability must be completed by each doctor listed above and submitted with your application.

5. When did your symptoms begin?

_____ / _____ / _____
Month *Day* *Year*

6. List the nature of treatment, including medications being taken:

Treatment	Medication	Frequency

7. Check boxes below to indicate tests performed (submit a copy of ALL REPORTS, if possible):

- ☐ Blood and Urine
- ☐ X-Rays
- ☐ EMG (Electromyogram)
- ☐ EKG (Electrocardiogram)
- ☐ Myelogram
- ☐ CT scan
- ☐ Stress Test
- ☐ Pulmonary Function studies
- ☐ Pathology or Biopsy Reports
- ☐ Other _____

NYCERS
NYC Employees' Retirement System

Mail Completed Form to:
335 Adams Street, Suite 2300
Brooklyn, NY 11201-3724

Member Number | Last 4 Digits of SSN

8. I have been hospitalized and/or treated for this condition at the following hospital(s) and/or medical group(s):

Name of Hospital/ Medical Group	Address	Date of Admission	Date of Discharge	Diagnoses	Was surgery performed?
					☐ Yes ☐ No If Yes, provide date:
					☐ Yes ☐ No If Yes, provide date:
					☐ Yes ☐ No If Yes, provide date:
					☐ Yes ☐ No If Yes, provide date:
					☐ Yes ☐ No If Yes, provide date:

Note: An appropriate authorization for release of medical information must be completed for each hospital and/or medical group listed above, and submitted with your application.

9. Do you feel that you are totally and permanently disabled from performing the usual duties of your title?

☐ Yes ☐ No

10. Are you working now?

☐ Yes ☐ No

If no, when did you stop?

_____ / _____ / _____
Month *Day* *Year*

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NYCERS NYC Employees' Retirement System

Mail Completed Form to:
335 Adams Street, Suite 2300
Brooklyn, NY 11201-3724

Member Number | Last 4 Digits of SSN

11. Did you file for Social Security Disability Benefits?

☐ Yes ☐ No

12. Are you receiving Social Security Disability payments?

☐ Yes ☐ No

If Yes, how much monthly?

$

13. Did you file a Workers' Compensation claim?

☐ Yes ☐ No

14. Are you receiving Workers' Compensation payments?

☐ Yes ☐ No

If Yes, how much bi-weekly?

$

15. Do you drink alcohol?

☐ Yes ☐ No

If Yes, how often?

How much?

16. Do you take any medications daily?

☐ Yes ☐ No

If Yes, what?

17. Do you use any recreational drugs?

☐ Yes ☐ No

If Yes, what and how often?

If you are NOT filing for accidental disability, skip to page 6 and sign.

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Questions 18-33 are to be completed ONLY by members applying for Disability Retirement as a result of an incident that occurred while performing their job duties while in City service, or who have filed for a Performance-of-Duty Disability Retirement.

18. What is the date that the injury occurred?

____ / ____ / ____
Month *Day* *Year*

19. Were you on full duty at the time of the injury?

☐ Yes ☐ No

20. Were you performing any unusual work at that time?

☐ Yes ☐ No

If Yes, describe:

21. What were you doing when you were injured?

22. What part of your body was injured?

23. How were you injured?

24. Were there any witnesses to the incident when you were injured?

☐ Yes ☐ No

If Yes, give Name, Title and Address (if known):

25. When did you stop working because of the injury?

____ / ____ / ____
Month *Day* *Year*

26. Do you have proof of this occurrence?

☐ Yes ☐ No

If Yes, submit supporting documentation with this questionnaire.

27. When were you first treated for the injury referred to above, and by whom?

Date ____ / ____ / ____
Month *Day* *Year*

By whom? ____

Place? ____

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Member Number	Last 4 Digits of SSN

28. List the name(s) of doctors or institutions who treated you for the injury described, including address(es) and frequency of visits:

Name of Doctor or Institution	Address	Frequency of Visits

29. Have you had any similar disability before the incident?

☐ Yes ☐ No

30. Have you had any other accidents or incidents on the job (either before or after the incident claimed herein)?

☐ Yes ☐ No

If Yes, give dates and description of injury:

Month	Day	Year	Description
/	/		
/	/		
/	/		

31. Have you had any accidents or injuries off the job?

☐ Yes ☐ No

If Yes, give dates and descriptions of injury:

Month	Day	Year	Description
/	/		
/	/		
/	/		

32. Did you return to light duty after the incident herein claimed?

☐ Yes ☐ No

If Yes, when?

Start date: ____ / ____ / ____
Month *Day* *Year*

End date: ____ / ____ / ____
Month *Day* *Year*

33. Did you return to full duty after the incident herein claimed?

☐ Yes ☐ No

If Yes, when?

Start date: ____ / ____ / ____
Month *Day* *Year*

End date: ____ / ____ / ____
Month *Day* *Year*

I will appear before NYCERS' Medical Board at 340 Jay Street, Mezzanine Level, in downtown Brooklyn when I am scheduled to be examined.

Note: If you are unable to appear before NYCERS' Medical Board for examination, please forward your physician's certificate stating why.

Signature of Member **Date**

NYCERS
NYC Employees' Retirement System
Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

NYCERS USE ONLY

F615

Authorization for Release of Information

Only use this form to authorize the New York City Employees' Retirement System (NYCERS) to provide information and/or records to a third party on your behalf, upon request. If you have any questions, please contact NYCERS' Call Center at 347-643-3000. **NOTE: The address and contact information entered on this form will be used to update NYCERS' records if they differ from what is currently on file.**

Print clearly in CAPITAL letters using only blue or black ink.

Member Number OR | Pension Number | Last 4 SSN | Mobile Number

First Name | M.I. | Last Name

Address | Apt. Number

City | State | Zip Code

Email Address

Union and Employer Authorization

☐ **Do not** share my Medical and Non-Medical records with my union or employer.

Authorization for all other Entities

I hereby authorize the New York City Employees' Retirement System (NYCERS) to provide the information listed on page 2 regarding the NYCERS account referenced above to the following individual/entity (hereinafter Third Party):

First Name | M.I. | Last Name

Name of Entity (if applicable)

Address | Apt. Number

City | State | Zip Code

Continue on the next page.

NYCERS

Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

NYCERS USE ONLY **F615**

Member Number | Pension Number | Last 4 SSN

☐ Any and all Non-Medical records.

☐ Only the specified Non-Medical records listed below:

1.
2.
3.
4.
5.

☐ Any and all Medical records.

☐ Only the specified Medical records listed below:

1.
2.
3.
4.
5.

I understand that NYCERS has no authority to control the future use or dissemination of any information released to the Third Party identified above. Therefore, I release NYCERS, the City of New York, and any officers, agents, or employees thereof, from any and all liability that may arise out of the Third Party's possession and/or use of the information and/or records provided pursuant to this authorization. This authorization is effective on the date signed below, and will remain in effect until NYCERS' receipt of a written, notarized revocation from the Member/Retiree/Beneficiary.

Signature of Member **Date**

This form must be acknowledged before a Notary Public or Commissioner of Deeds.

State of _____ County of _____ On this ____ day of _____ 20 _____, personally appeared before me the above named, _____ to me known, and known to me to be the individual described in and who executed the foregoing instrument, and they acknowledged to me that they executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____ **Expiration Date of Commission** _____

If you have an official seal, AFFIX IT

Simultaneous Filing of Retirement Applications

NYCERS | NYC EMPLOYEES' RETIREMENT SYSTEM

All Tiers

August 2022

As of December 1, 2017, under certain circumstances, NYCERS members may choose to file both a service retirement application and any disability retirement application (e.g., an ordinary disability application, an accidental disability application, and/or a World Trade Center disability application) at the same time. This fact sheet answers commonly asked questions regarding simultaneous filing.

When should a member file for disability or service retirement?

Members can file for either disability or service retirement, or both, at any time, once they:

- Meet the respective eligibility/filing requirements for both service retirement and disability retirement. See eligibility/filing requirements on NYCERS' website at nycers.org/forms-publications; **AND**
- File the disability application(s) **prior to the effective retirement date** on the service retirement application.

What are the advantages of filing both a service retirement application and disability application(s) simultaneously?

- Simultaneous filings permit an eligible member to start receiving a benefit (partial payments and health insurance) as soon as their first application is approved, without hindering other applications in progress.
- If the member is later approved under a different retirement benefit, the member may choose to retire under the second benefit (in some circumstances), and the benefits will be retroactive to the first retirement date, or to the earliest date permitted by law. However, with some exceptions, if a member is approved by the NYCERS Medical Board for disability retirement, the member CANNOT choose to retire for service. If a member is approved for a service retirement and is subsequently approved and retired under a disability retirement, the better of the two benefit calculations is used; however the retirement date can change.

Does a member need to file for both types of retirement?

It is a member's choice to file for either type of retirement, or both.

NOTE: If a member has 20+ years of service and is eligible for a service retirement benefit, their benefit amount may not be greater if they are awarded an ordinary disability benefit.

A member may withdraw their disability application at any time prior to, but not after, NYCERS' Medical Board's determination. If such determination is an approval for disability benefits, the classification of disability retirement applies and is irrevocable.

How will a member receive pension payments if they file for both types of retirement?

In most cases, the service retirement benefit is payable before the disability application is processed because the service retirement benefit is processed based on the retirement date elected. Therefore, a member would receive a **partial payment for the duration of the disability application process** and, if approved for a higher benefit, would receive the increase in benefits at the time their disability case is finalized. **Note:** A service retirement benefit cannot be finalized while a disability retirement application is still in process. Disability retirement processing can be extensive based on the type of disability filed, NYCERS' Medical Board/Board of Trustees' review, and/or any pending appeals/litigation, etc.

Will a member receive two payments?

No. A member will only receive one payment. However, depending on the outcome of their disability retirement application, they could initially be paid based on the service retirement amount, and later switched to a disability benefit.

340 Jay Street, Bklyn, NY
Mezzanine level

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Upload Documents at www.mynycers.org

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Long Island City, NY 11101

How long does it take to process a member's applications?

Service retirement applications are processed immediately after the retirement date has passed. Payments are usually initiated either in the same month or the month following the retirement date, depending on the date of retirement. Disability retirement applications can take significantly longer to process due to NYCERS' requests for a member's medical/accident reports, medical records, interview/examination by NYCERS' Medical Board, ratification by the Board of Trustees, appeals, etc.

What if a member no longer wants to wait for the disability application to be processed?

If a member does not wish to continue with their disability retirement application, they can withdraw their application prior to receiving a final decision of approval from the NYCERS Medical Board. If a disability retirement application is filed by a member's agency, the application can **only** be withdrawn by the agency.

What happens when a member's disability application is approved by NYCERS' Medical Board?

After a member's disability retirement application is approved, their last day paid information will be requested from their agency, and their calculations will be initiated. Next, they will receive their Option Election package and their benefit will be finalized under disability retirement. Their service retirement application is then closed.

NOTE: World Trade Center reclassification cases can be processed after the service retirement is finalized.

What happens if a member's application is denied by NYCERS' Medical Board?

If a member's disability retirement application is denied by NYCERS' Medical Board and there is no accident/causality issue to appeal before the Board of Trustees, and they have also filed for service retirement, their service retirement application will resume normal processing.

What happens if a member appeals their disability denial?

If a member is found disabled by NYCERS' Medical Board, but the member's disability retirement application is denied by NYCERS' Medical Board due to an accident/causality issue, the member may appeal before the Board of Trustees. If they have also filed for a service retirement, they will continue to receive their service retirement benefit (partial payment) until the appeal is finalized.

How does a member know which retirement benefit is best for them?

NYCERS cannot tell a member which benefit is better for them since retirement dates, monetary amounts, income limitations, and refunds vary by person and retirement type. For more information, they can log in or register to their secure MyNYCERS account at www.nycers.org to:

- Review and compare disability, service and vested retirement benefit calculations for their tier, title and plan
- Complete estimates online
- Request an estimate for each benefit
- Submit a Service Request for additional information

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Earning Limitations for Disability Retirees

All Tiers

NYCERS | NYC EMPLOYEES' RETIREMENT SYSTEM

April 2023

Tiers 1 and 2

Limits Before Attaining Service Retirement Age - Section 13-171 of the NYC Administrative Code provides that a disability retiree may receive income from employment in the **private** sector or the **public** sector if they have not yet met the age requirement (or service requirement for retirees of a special plan which permits retirement without regard to age) under their retirement plan. The amount a retiree may earn is the difference between the maximum current salary of the next higher title from that which they retired, and the **maximum** pension portion of their retirement allowance.*

Limits After Attaining Service Retirement Age - Once a disability retiree attains the minimum age requirement (or service requirement for retirees of a special plan which permits retirement without regard to age) for their retirement plan, **Section 1117 of the NYC Charter** governs post-retirement public employment. Section 1117 provides that a retiree's pension must be suspended if their total pension **and** earned income from **the City, State or a municipality within New York State** exceeds $1,800 in any year.** NYC Transit retirees are not subject to this limitation. **Income from Public Benefit Corporations or the private sector is exempt from the $1,800 limitation in the NYC Charter.**

Tiers 3, 4 and 6

Disability retirees in Tier 3, 4, and 6 are generally subject to post-retirement earnings limitations. The extent to which these limitations apply depends on the specific law under which you retired. The following table shows the limitations under each law. If you do not know the disability law under which you retired, refer to the Retirement Resolution or data sheet which was given to you at retirement.

NYS Retirement & Social Security Law (RSSL) Section(s)	Earnings Limitations
Dual Purpose Disability Statutes for Tier 4 and Tier 6 Members, and Tier 3 Uniformed Corrections (605 & 507-a) Public & ***Private employment **anywhere**	**$34,200 for 2022** (will change annually based on the Consumer Price Index) Exceeding this earnings limitation will result in the suspension of your pension for 12 months
Accidental Disability for Tier 4 and Tier 6 Uniformed Sanitation (605-b)	Tiers 1 & 2 safeguards apply (See Tiers 1 & 2 section above)
Line-of-Duty Disability for Tier 3 Uniformed Corrections (507-c) Line-of-Duty Disability for Tier 4 and Tier 6 Emergency Medical Technicians (607-b) Accidental Disability for Tier 4 and Tier 6 Deputy Sheriffs (605-c) Tier 3 General Members and 22-Year Plan [506 (Ordinary), 507 (Accidental)] Public employment **within NYS only**	$1,800 (including any pension earned) per Section 1117 of the NYC Charter
Line-of-Duty Disability for Tier 3 Uniformed Corrections (507-c) Line-of-Duty Disability for Tier 4 and Tier 6 Emergency Medical Technicians (607-b) Accidental Disability for Tier 4 and Tier 6 Deputy Sheriffs (605-c) Tier 3 General Members and 22-Year Plan [506 (Ordinary), 507 (Accidental)] ***Private employment **anywhere** & Public employment **outside of NYS** after attaining age 65.	NO LIMITATION Tier 3 General Members and 22-Year Plan [506 (Ordinary), 507 (Accidental)] Members: If you are under the age of 65, please see section below *Income Limitations Pursuant to RSSL §507(d)*.
TRANSIT RETIREES ONLY (Retired under RSSL §§ 506, 507, 605) Public & ***Private employment **anywhere**	NO LIMITATION

Income Limitations Pursuant to RSSL §507(d)

The income limitations specified in RSSL §507(d) apply to Tier 3 General Members and, CO-20, CF-20, CC-20, 22-Year Corrections, and 22-Year Corrections Enhanced Disability Benefit Members.

Pursuant to RSSL §507(d), even if a retiree's disability benefit from NYCERS is not based on a finding of disability from the Social Security Administration (SSA), the retiree is subject to the same income limitations as if they were a recipient of Social Security Disability benefits from the SSA. These income limitations are applied up until the retiree reaches age 65. The income limitations under RSSL §507(d) apply for Private employment anywhere & Public employment outside of NY State.

The income limitations for year 2022 are as follows:

Monthly substantial gainful activity amounts by disability type

Year	Blind	Not Blind
2022	$2,260	$1,350

If a retiree exceeds the income limitations in any given year up until attaining age 65, the retiree must be placed on a preferred list with the New York City Department of Citywide Administrative Services. The retiree's placement should be based on the positions the retiree is qualified for, in a salary grade not to exceed that from which the person retired. NYCERS will continue to pay the disability pension benefit until the retiree is picked up off a preferred list. Once the retiree is picked up off the list, NYCERS must cease paying the disability pension -- even if the retiree does not accept the position.

The income limitations specified in RSSL §507(d) apply to 22-Year Corrections and 22-Year Corrections Enhanced Disability Benefit Members who retire for accidental disability under §507 only after a medical examination takes place and a retiree is no longer found to be disabled.

***Exceeding earnings limitations under Section 13-171 will result in the suspension of your pension for the remainder of that calendar year.**

****Since the pension and earned income are added together, most pensioners will exceed the $1,800 income limit once they start working. The pension will remain suspended for as long as you continue to work.**

*****Employment with a Public Benefit Corporation in NYS is considered Private employment.**

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