Chapter 13: Disability Retirement

Overview

This chapter outlines the steps to be taken when a member applies for Disability retirement. For information on other types of retirement (Regular, DROP and IBO), refer to Chapters 10, 11, and 12, respectively. LASERS encourages the employer, as well as the member, to make sure eligibility has been met prior to submitting an application for Disability (refer to the section Who is Eligible? in this chapter).

Prior to applying for Disability retirement, members should consider all retirement options available to them. Once a Disability application has been submitted, it can be rescinded; however, it must be rescinded prior to the case being submitted to the LASERS Board of Trustees for approval or disapproval.

Members of certain specialty plans have different Disability eligibilities and may be eligible for Line of Duty Disability based on their specific retirement plan. For Disability applicants who are in one of the following specialty plans, refer to the appropriate retirement chapter of this handbook:

- Corrections Primary
- Corrections Secondary
- Judicial Plan – hired prior to January 1, 2011
- Hazardous Duty Services Plan
- Wildlife Agents Plan
- New Orleans Harbor Police Plan

**NOTE:** Disability retirees cannot participate in DROP, choose an IBO, or receive a lump sum payment of leave. They are also unable to select the Self-Funded COLA.

What is Disability Retirement?

If a member becomes totally disabled and incapable of performing his or her normal job duties while actively employed in state service, then he or she may be eligible to receive a Disability retirement benefit.
WHO IS ELIGIBLE?
Members are eligible to apply for Disability retirement if they are unable to perform their work duties and meet the following criteria:

- 10 years of service at any age
- Disability incurred while the member was contributing to LASERS and actively employed in state service.

Members who are eligible for Regular retirement, including Regular retirement with an Actuarially Reduced Benefit, whether active or inactive, are not eligible to apply for Disability retirement. However, if an active member submits his or her application and has less than 20 years on the day the application is received, he or she will be considered eligible for Disability, even if the member has 20 years of service at the time the application is approved.

NOTE: Any disabling condition claimed by a member of LASERS must have been incurred after the date of hire and while in state service. Disability claims will not be honored in the case of pre-existing conditions.

The Disability Process
Disability retirement must be recommended by a LASERS State Medical Disability Board physician or a Board designated physician, and must be approved by the LASERS Board of Trustees. This process requires information from the member, the member’s employing agency, the member’s attending physician, and a LASERS board physician. Approval or denial of an application must occur within 120 days of the date of receipt of the Disability application.

LASERS strongly encourages members who are considering Disability retirement to obtain a Disability estimate prior to submitting an application.

Employer Quick Check: Disability Application

✅ Did the member complete Form 04-01? Members typically submit this form directly to LASERS, but in a case where the employer is submitting, it is important to complete and submit the form in a timely manner.

✅ Did the member’s direct supervisor and the Human Resources Personnel Office complete and certify Form 04-01A? This form must be submitted with the application.

✅ Did the member have his or her attending physician complete Form 04-01B? This form must be submitted with the application.

✅ If the application was submitted by the agency, did the member receive a copy of the forms?

✅ If the application was submitted by the agency, did a copy of the forms go into the member’s personnel file?
HOW TO APPLY
When a member applies for Disability retirement, he or she should contact the agency’s Human Resources Office to obtain the three-part Disability Application which consists of the following forms:

- Form 04-01: Disability Retirement Application
- Form 04-01A: Disability Report
- Form 04-01B: Attending Physician’s Statement of Disability Retirement

The three-part application should be submitted as one document to LASERS. LASERS will confirm this information with the agency upon receipt of the application. If the application is not complete when received, the member will have 10 business days to submit a completed document to LASERS or the application will be rejected.

The member is responsible for completing all pages of Form 04-01: Disability Retirement Application in its entirety. Once submitted, the member cannot make any changes to the application; this includes changing the retirement option selected.

The employing agency is responsible for completing Form 04-01A: Disability Report. This form must be signed by the member’s direct supervisor and by the agency’s Human Resource Personnel Officer. The form requires a description of the member’s specific work duties and those duties that he or she is unable to perform as a result of the disability. In order for the member to be eligible for Line of Duty benefits, the disability must be a result of an injury or accident on the job, which was sustained in the official performance of official duties.

It is the member’s responsibility to have Form 04-01B: Attending Physician’s Statement of Disability Retirement completed by his or her personal physician or the physician’s designee. The physician should state the member’s diagnosis and the date the disability occurred.

Along with the three-part application, members should submit a copy of their most recent Civil Service job description. Members should also submit copies of all medical records that pertain to the condition for which they are applying. Members are responsible for obtaining the records from the attending physician at their own expense. LASERS does not request medical records on the member’s behalf and will not reimburse a member for the expense incurred for obtaining the records.

NOTE: A Disability retirement application can be rescinded; however, it must be rescinded prior to the case being submitted to the LASERS Board of Trustees for approval or disapproval.

CASE REVIEW
Once the completed application is received by LASERS, a packet is sent to a State Medical Disability Board physician in a field that relates closest to the member’s condition. The physician will review the member’s case history. LASERS pays all costs associated with the case review.

Once the review is completed, the physician will make one of the following determinations:

- Additional records and/or additional testing is needed.
- The case history, including any medical records submitted, is not sufficient to make a recommendation for approval to the Board. If this situation occurs, an Independent Medical Exam (IME) is requested.
- The case history, including any medical records submitted, is sufficient to recommend approval for Disability retirement to the Board.
A recommendation of approval for Disability retirement from a Board approved physician means that he or she agrees that the member has become totally incapacitated from the further performance of the member’s normal work duties. A member cannot be recommended for denial based on case review alone.

**Additional Testing or Records**

If the physician recommends that additional testing or medical records are required, then LASERS will contact the member for the additional information. If additional records are requested, the member must obtain copies of the medical records at his or her expense. If additional testing is required, LASERS will schedule the testing for the member. The testing will be at the expense of LASERS.

Once all the information has been received and reviewed by the appointed physician, he or she will determine if the new information is sufficient to recommend approval to the LASERS Board of Trustees. If the physician is unable to make a determination, then the member will be scheduled for an Independent Medical Exam (IME).

**INDEPENDENT MEDICAL EXAM (IME)**

An IME is an Independent Medical Examination that is requested by the State Medical Disability Board physician if he or she determines there was not sufficient evidence to support a recommendation for approval to the LASERS Board of Trustees.

This examination is done at the expense of LASERS. LASERS will coordinate the appointment with the member and physician. The member will be informed of the appointment date, the appointment time, and the physician’s cancellation policy in writing.

Depending upon the response from the physician who performed the case review, the member will either see the case review physician or a specialist. Once the IME is completed, the case review physician or specialist will submit the medical evaluation and his or her conclusions as to whether the member should be recommended for approval or denial to the LASERS Board of Trustees.

**NOTE:** If the member fails to appear for this examination and the physician charges a cancellation fee, then the member will be responsible for paying the fee.

**PRE-EXISTING CONDITIONS**

At any point during the process, if the State Medical Disability Board physician determines that the member’s condition is pre-existing and did not occur during state service, the member’s case will be recommended to the Board of Trustees for denial for a pre-existing condition. The only exception is if a member’s condition existed prior to state service but became disabling during state service, then the case may be considered.

**BOARD REVIEW AND DECISION**

Once a member has been recommended for approval or denial by the State Medical Disability Board physician, the case will be presented to the LASERS Board of Trustees at the next scheduled monthly board meeting. Based on the information presented from the case review, additional testing, and/or IME, the Board of Trustees will make a decision to approve or deny the member for Disability retirement. The member will be notified of the decision by letter and the employing agency will receive a copy.

**NOTE:** LASERS staff cannot discuss the physician’s recommendation prior to the case going before the LASERS Board of Trustees.
The Approval Process

Once a member is approved for Disability retirement, he or she is required to retire as a Disability retiree. The member will be notified that he or she must terminate state service immediately. A member may choose to remain on sick and/or annual leave in lieu of terminating state service. If he or she decides on this option, then the member is required to submit Form 04-02: Disability Retirement Waiver to Remain on Leave. By submitting this form and remaining on leave, the member waives his or her right to any disability benefit for the period of time on leave. Once approved for Disability, no retroactive benefits will be paid for the time that the member was on leave, because the member is considered to be in state service. The member will still be required to submit Form MSD12: Annual Attending Physicians Statement (for more information, reference the section Continuing Disability Retirement in this chapter).

If a member does not terminate state service and continues to actively work, whether or not leave has been exhausted, the member will be considered “returning to active service”. The Human Resources Personnel Officer should submit Form 10-02A: Re-employment of Disability Retiree. For more information, reference the section Returning to Active Service in this chapter.

TERMINATING STATE SERVICE

Upon approval for disability, the agency must determine the termination date. A member’s Disability retirement will take effect on one of the following dates:

- Date the application was received by LASERS – the agency is notified primarily by email when the application is received and should document this date for their records.

- OR -

- Day after the termination date – this will either be the member’s last day of work or the last day of leave.

- OR -

- First full, continuous day of Leave Without Pay (LWOP) – this means the member was not paid for work or leave for a full day, nor did he or she receive any pay or leave any day thereafter.
SUBMITTING LEAVE CERTIFICATION
Once the termination date has been determined, Form 07-01: Certification of Unused Annual and Sick Leave must be submitted by the Human Resources Personnel Officer. This form should indicate the termination date and LWOP date, if applicable. LASERS determines the effective date of retirement based on the termination date listed on the leave certification. For more information on how leave is calculated, reference Chapter 14: Conversion of Unused Annual & Sick Leave.

NOTE: If the member was on LWOP when the application was submitted, then the retirement date will be the same as the date the application was received.

SUBMITTING FINAL EARNINGS
Final earnings are submitted via the agency’s monthly contribution (payroll) report, typically during the month following the member’s termination date. The earnings reported should only include the remaining days worked and/or on paid leave up to the member’s termination date.

Once reported, earnings and contributions are verified to the hour and must be exact. For example: A member worked 40 hours and was on sick leave for 30 hours. The hourly rate was $45.00; therefore, the final earnings reported should equal $3,150.00. If the earnings are not exact, the agency will be contacted to explain the discrepancy.

REQUIRED DOCUMENTS
LASERS will mail an approval letter to the member to request any additional documentation needed to ensure timely and accurate processing of the disability benefit. To ensure proper identification of documents, the member’s full name and the last four digits of his or her Social Security number should be clearly written on all documents submitted to LASERS.

The following documents may be required:
- Copies of birth certificate for member and beneficiary(ies)
- Copies of Social Security card for member and beneficiary(ies)
- Copy of death certificate (if applicable) - required if member’s spouse is deceased
- Certified copy of Divorce Decree (if applicable) - required if member is divorced
- Certified copy of Community Property documents (if applicable)
- Certified copy of Matrimonial Contract, Prenuptial Agreement, Separate Property Agreements (if applicable)

Employer Quick Check: Disability Approval

✓ Did the Human Resources Personnel Officer submit Form 07-01: Certification of Unused Annual and Sick Leave with the correct termination date? (Refer to the section Terminating State Service in this chapter).

✓ Did the Human Resources Personnel Officer submit exact final earnings up to the termination date? (Refer to the section Submitting Final Earnings in this chapter).
In addition to the approval letter, LASERS will mail the following forms to the member (if applicable). The forms listed below with an asterisk (*) may not apply to all members:

- **Form 04-05**: Authorization for Direct Deposit
- **Form W-4P**: Withholding Certificate for Pension or Annuity Payments
- **Form 06-02**: Insurance Premium Deduction Authorization – only needed if the member has insurance through Louisiana Office of Group Benefits
- **Form 01-06**: Designation of Beneficiary – only needed if the member has chosen a retirement option that allows for more than one beneficiary
- **Form 04-04**: Spousal Consent – only needed if the member is selecting a beneficiary other than his or her spouse or if the disability retirement option selected does not leave a monthly benefit to his or her spouse of at least 50 percent of the member’s benefit
- **Form 06-03**: Option 2B Mentally Handicapped Designee – only needed if the member has chosen Option 2B

### Calculating a Disability Benefit

Members approved for Disability retirement will receive an unreduced maximum disability benefit based on the accrual rate of their retirement plan. The maximum benefit calculation is the member’s final average compensation (FAC) multiplied by the years of service and accrual rate (for more information on FAC, refer to Chapter 8: Retirement Benefit Calculation & Eligibility). The maximum disability benefit may be reduced based on the retirement option selected by the member (refer to the Benefit Options section of this chapter).

To calculate a disability benefit for members in the following specialty plans, including Line of Duty, visit the appropriate chapter in this handbook:

- Corrections Primary
- Corrections Secondary
- Judicial Plan – hired prior to January 1, 2011
- Hazardous Duty Services Plan
- Wildlife Agents Plan
- New Orleans Harbor Police Plan

### BENEFIT CALCULATION

**Example**: Chris is age 52 and has accrued 10.90 years of service credit. He has an annual final average compensation (FAC) of $40,000. He has 0.50 years of unused leave to convert to service credit. His maximum disability retirement benefit would be calculated in the following manner:

**Disability Maximum Benefit**

<table>
<thead>
<tr>
<th>Final Average Comp (FAC)</th>
<th>$40,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrual Rate</td>
<td>2.5%</td>
</tr>
<tr>
<td>Years of Service</td>
<td>10.90</td>
</tr>
</tbody>
</table>

Maximum Benefit = $10,900 per year ($908.33 monthly)

**Unused Leave Converted to Service Credit**

<table>
<thead>
<tr>
<th>Final Average Comp (FAC)</th>
<th>$40,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrual Rate</td>
<td>2.5%</td>
</tr>
<tr>
<td>Years of Service</td>
<td>0.50</td>
</tr>
</tbody>
</table>

Leave Conversion = $500 per year ($41.67 monthly)

His monthly Disability retirement benefit is calculated by adding his maximum Disability benefit and his unused leave benefit: $908.33 + $41.67 = $950. Therefore, he will receive **$950** per month until his death or until he converts to Regular retirement. Depending upon the option Chris chooses, his benefit could be further reduced (reference Chapter 9: Retirement Options & Cost-of-Living Adjustments).
LEAVE CONVERSION
At the time of retirement, a member may receive additional benefits for their unused, accumulated annual and sick leave. Upon certification by the agency, the leave will be converted to service credit and included in the member's monthly disability benefit. Disability retirees do not have the option to receive a lump-sum payment for their unused leave.

Form 07-01: Certification of Unused Annual and Sick Leave must be submitted to LASERS after the member terminates employment, even if there is no remaining leave to convert. This form is important to the disability process because it is the primary document for determining the member's termination date. If the member was on leave without pay (LWOP) during the final month(s) of employment, then the LWOP date listed on the leave form should be the first full, continuous day of leave without pay. For a more detailed explanation, refer to the Terminating State Service section of this chapter.

BENEFIT OPTIONS
Members applying for Disability retirement must select a retirement option at the time the application is submitted to LASERS. Once an option is selected, it cannot be changed until a member is eligible for an unreduced regular retirement (for more information, reference the section Converting from Disability to Regular Retirement in this chapter).

Members have the same options available under Disability retirement as all other LASERS retirement plans, excluding Option 4A. If a member chooses an option other than maximum, the disability benefit will be reduced from the maximum amount using an actuarial disability factor. For more information on options available, refer to Chapter 9: Retirement Options & Cost-Of-Living Adjustments.

HEALTH INSURANCE
Once a member is approved for Disability retirement, the agency may be responsible for paying 75 percent of his or her Office of Group Benefits (OGB) premium. The member must have participated in OGB for 10 years to qualify for this participation rate.

THE SELF-FUNDED COLA
The Self-Funded COLA option is not available to Disability Retirees. For this reason, information on the Self-Funded COLA is not listed on the disability application.

CONTINUING DISABILITY
When a member receives a Disability retirement benefit, he or she is required to provide certain certifications to prove continuing eligibility for disability benefits. The following certifications are mandatory:

1. Earned Income Statement (EIS)
2. Annual Attending Physician Statement (AAPS)

EARNED INCOME STATEMENTS (EIS)
Disability retirees may accept employment in a non-LASERS eligible position. Earnings from this employment are limited to the difference between the retiree's FAC, adjusted for inflation based on the Consumer Price Index (CPI), and the retiree's disability benefit. LASERS sends a letter with an attached EIS to all disability retirees in February of each year. Regardless of their employment status, they must submit the notarized EIS to LASERS by May 1st of each year. Members must also submit a copy of their W-2 and 1040 IRS forms. Failure to return the statement and supporting documents in a timely manner may result in suspension or eventual termination of the disability benefit.

ANNUAL ATTENDING PHYSICIAN STATEMENTS (AAPS)
Disability retirees are required to submit proof of their continued disability by completing Form MSD12: Annual Attending Physician Statement (AAPS). This form must be submitted by the retiree yearly for the first five years following his or her Disability retirement and once every three years thereafter until the retiree reaches Regular retirement age and/or converts to Regular retirement.
Each year, LASERS mails the AAPS to the retiree 90 days prior to his or her anniversary date of retirement. This form must be completed by the member’s personal physician and returned to LASERS on or before the member’s anniversary date. The physician who signs the form must be a medical doctor. Any cost incurred will be at the expense of the member. Failure to comply with certification requirements may result in suspension or eventual termination of disability benefits.

Returning to Active Service
At any point, Disability retirees may decide that they are capable of returning to active state service. If so, Form 10-02A: Re-employment of Disability Retiree should be submitted to LASERS by the Human Resources Personnel Officer. This form requires that the member make a selection of one of two re-employment options:

1. Return to work and terminate his or her disability benefit
2. Return to work for a six-month trial period

RETURNING TO WORK AND TERMINATING DISABILITY BENEFIT
Retirees who decide to return to work and terminate their disability benefit will begin contributing to LASERS. Any service credit accrued prior to disability retirement will be restored to the member’s account.

RETURNING TO WORK FOR SIX-MONTH TRIAL PERIOD
Retirees who decide to return to work for a six-month trial period will have their disability benefit suspended during this time. The retiree and employer will contribute to LASERS during the length of the trial period. No changes shall occur with respect to the retiree’s Group Benefit insurance. The retiree shall be treated as if he or she were still receiving a disability benefit; however, deductions should be made from his or her employment earnings instead of the retirement benefit.

If the retiree decides to terminate employment at any point during the six-month trial period, his or her disability retirement benefit will resume without having to re-apply for disability. All employee and employer contributions submitted to LASERS will be returned to the retiree and the agency.

If the retiree decides to continue working for six months or longer, his or her disability benefit will be terminated.

ELIGIBILITY CREDIT AFTER RETURNING TO ACTIVE SERVICE
If the retiree decides to return to active service and works three or more years, the time that the retiree was receiving a disability benefit will count towards retirement eligibility credit, but not for the calculation of benefits. When this occurs, it can possibly impact a member’s eligibility for Regular retirement or DROP participation.

Example: Chris had 10.90 years of service credit when he began Disability retirement on January 1, 2009. He returned to work on May 1, 2013 for a six-month trial period. He continued to work past the six-month trial period, so his Disability benefits were terminated and all previous service credit was restored. As of May 2016, he has worked over three years, so he will receive retirement eligibility for the time that he was on Disability retirement. His total service credit is calculated below:

<table>
<thead>
<tr>
<th>Computation Service Credit</th>
<th>Eligibility Service Credit</th>
<th>Computation Service Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Service Credit</td>
<td>10.90</td>
<td>10.90</td>
</tr>
<tr>
<td>Credit for time while on Disability retirement</td>
<td>4.40</td>
<td>0</td>
</tr>
<tr>
<td>Service Credit earned after returning to work</td>
<td>3.10</td>
<td>3.10</td>
</tr>
<tr>
<td>Total Service Credit</td>
<td>18.40</td>
<td>14.00</td>
</tr>
</tbody>
</table>

He currently has 18.40 years of retirement eligibility and 14.00 years for the calculation of benefits. Computation service credit is not granted during the time the member was on Disability retirement since contributions were not made to LASERS during that time period.
The Denial Process

If the LASERS Board of Trustees, upon recommendation from the State Medical Disability Board, agrees that the member is not permanently and totally incapacitated, then the member will be denied for Disability retirement. Members who are denied disability benefits have the right to appeal the decision.

LASERS will mail a letter to the member stating that he or she has been denied, with Form MSD46: Disability Appeal attached to the letter. If the member wants to appeal the decision, then he or she must return Form MSD46: Disability Appeal or file a written statement within 30 days of notification of the denial. If a member does not appeal within 30 days, the file will be closed. If eligible, the member can re-apply at a later date.

Members who choose to appeal the denial of disability benefits will undergo extra examinations, some of which are at the member’s expense, to determine if the denial will be overturned. A member whose appeal is denied by the Board of Trustees may then appeal that decision to the Nineteenth Judicial District Court. This appeal must be filed within 30 days of the denial.

Converting From Disability To Regular Retirement

A Disability retiree has the option to convert from Disability retirement to Regular retirement on the date he or she meets Regular retirement eligibility or anytime thereafter. If a Disability retiree has retired out of state service with at least 20 years, he or she does not have the option to remain on disability and must convert to Regular retirement.

Upon attaining regular retirement eligibility, Disability retirees will have the option to:
- Remain on Disability retirement
- Convert to Regular retirement

Retirees who select to remain on Disability retirement will have no changes to their benefit. They will still be required to submit Earned Income Statements, but will no longer have to submit Annual Attending Physician Statements.

Disability retirees who convert to Regular retirement can make one or more of the following choices:
- Select Initial Benefit Option (IBO)
- Select Self-Funded COLA
- Change retirement option
- Change beneficiary
- Select lump sum leave payment

Making any of the above choices will impact a retiree’s current retirement benefit. Even if a retiree selects to keep his or her previous option, the current retirement benefit amount may change due to the current actuarial factors.

Disability retirees who convert to Regular retirement will no longer be required to submit Earned Income Statements or Annual Attending Physician Statements.
Frequently Asked Questions

1. If a member was injured prior to state service, is he or she eligible for Disability retirement?
   No. The disabling condition must have occurred after the date of hire and while the member was actively employed in state service. If the member’s condition existed prior to state service but became disabling during state service, the case may be considered.

2. Can a disability applicant rescind his or her Disability Application?
   Yes. However, it must be rescinded prior to the case being submitted to the LASERS Board of Trustees for approval or disapproval.

3. What happens if a member submits an incomplete application to LASERS?
   The member will have 10 business days to submit a completed application to LASERS. If it is not received within this time period, the application will be rejected.

4. Does a member have to designate a Disability retirement beneficiary?
   Yes. A member must designate a Disability retirement beneficiary.

5. Who is responsible for completing Form 04-01A: Disability Report?
   This form must be completed by the member’s employing agency and signed by the member’s direct supervisor and the agency’s Human Resources Personnel Officer.

6. Who is responsible for paying a State Medical Disability physician or Board approved physician for Case Reviews and IMEs?
   LASERS is responsible for paying all costs associated with Case Reviews and IMEs, except “no-show” or cancellation fees charged by a physician, for the normal disability process. The member is responsible for all costs associated with the appeal process.

7. When should a member expect his or her first Disability benefit payment?
   The first payment is made 30 to 45 days after the member has been approved for Disability retirement, as long as the member has submitted all required documents to LASERS, has terminated state service or exhausted leave, and the agency has submitted the member’s leave certification form.

8. How will a member know when he or she has been approved or denied for Disability retirement?
   Once the LASERS Board of Trustees makes a decision, a letter is mailed to the member stating approval or denial. If the member is denied Disability retirement, Form MSD46: Disability Appeal is mailed along with the decision letter.

9. What happens if a member is denied Disability retirement by the LASERS Board of Trustees?
   The member will be able to appeal the decision. The member must return Form MSD46: Disability Appeal or file a written statement of appeal within 30 days of notification of the denial.

10. Can a member continue to work after being approved for Disability retirement?
    No. Once a member is approved for Disability retirement, he or she must terminate state service immediately. If a member continues to work after being approved for Disability retirement, then he or she will be considered a Disability re-employed retiree and will be subject to re-employment laws.

11. Can a member remain on annual or sick leave after being approved for Disability retirement?
    Yes, a member may choose to remain on sick or annual leave in lieu of terminating state service. The member must submit Form 04-02: Disability Retirement Waiver to Remain on Leave. By submitting this form, the member is forfeiting any disability benefits for the period of time that he or she is on leave. Once leave is exhausted, the member must terminate immediately.
12. Can a disability applicant change his or her retirement option before the retirement date?
No, once the application is filed with LASERS, a member cannot change his or her retirement option.

13. Can a disability applicant choose the Self-Funded COLA option?
No, the Self-Funded COLA option is not available to Disability retirees.

14. When should the agency submit Form 07-01: Certification of Unused Annual and Sick Leave?
Once the member is approved for Disability retirement, Form 07-01: Certification of Unused Annual and Sick Leave should be submitted immediately following the member’s termination date. If the member is not terminating state service and is remaining on leave, then Form 04-02: Disability Retirement Waiver to Remain on Leave should be submitted in lieu of the leave certification. As soon as leave is exhausted, Form 07-01: Certification of Unused Annual and Sick Leave should be submitted immediately following the member’s termination date.

15. Can a Disability retiree be paid his or her leave in a lump sum balance?
No. Upon certification by the agency, any unused leave must be converted to service credit and included in the member’s monthly disability benefit.

16. If a member was on leave without pay (LWOP) during the last month of his or her employment, what LWOP date should be listed on Form 07-01: Certification of Unused Annual and Sick Leave?
The agency should list the first full, continuous day of the member’s LWOP on the leave certification form. There should be no earnings posted to the member’s account after the LWOP date.

17. What happens if a member wants to return to work but is unsure if he or she is able to perform the duties?
A member can return to work on a six-month trial period. The disability benefit will be suspended during this time. Once the trial period is over, the member will need to decide if he or she wants to continue working or terminate employment. For more information, reference the section on Returning to Active Service in this chapter.

18. If a Disability retiree returns to active service after receiving a Disability retirement benefit, what happens to the “time” that the retiree was receiving his or her benefit?
If a Disability retiree returns to active service, his or her years of service are reinstated. If the retiree works three or more years after returning to active service, then he or she will receive eligibility credit for the time period in which the retiree was receiving a disability benefit.

19. Can Disability retirees submit an Annual Attending Physician Statement (AAPS) form four months prior to the AAPS being due because that is when they have an appointment with their doctor?
No. The AAPS is not due until LASERS requests it. It is typically requested 30 days prior to the retiree’s anniversary date of retirement.

20. Can a member who is approved for Disability Retirement choose not to collect his or her benefit?
Yes, the benefit will be suspended for the time period the member chooses not to receive the benefit. During this time, the member will not be required to submit Earned Income Statements and Annual Attending Physician Statements.
Reference Material

**APPLICABLE FORMS**
- 01-06: Designation of Beneficiary
- 02-01A: Authorization of Direct Rollover
- 04-01: Disability Retirement Application
- 04-01A: Disability Report
- 04-01B: Attending Physician's Statement of Disability Report
- 04-02: Disability Retirement Waiver to Remain on Leave
- 04-04: Spousal Consent
- 04-08: Disability to Regular Retirement Election
- 06-02: Insurance Premium Deduction Authorization
- 06-03: Option 2B Mentally Handicapped Designee
- 07-01: Certification of Unused Annual and Sick Leave
- 10-02A: Re-employment of Disability Retiree
- MSD12: Annual Attending Physician Statement
- MSD46: Disability Appeal
- W-4P: Withholding Certificate for Pension or Annuity Payments

**APPLICABLE AGENCY LIAISON MEMORANDA**
- 06-08: Act 75 of the 2005 Regular Session
- 10-06: LASERS Required Documents
- 11-09: Applying for Disability
- 12-26: Disability Retirement for Employees with 20 Years
- 13-02: Leave Certification Form
- 13-06: Disability Retirement for Employees with 20 Years (Clarification of Liaison Memo 12-26)

**APPLICABLE LAWS & RULES**
(Note: this list is not exhaustive)
- La. R.S. 11:212 Louisiana State Employee's Retirement System
- La. R.S. 11:214 Employees of the Enforcement Division in the Department of Wildlife and Fisheries
- La. R.S. 11:216 Pre-existing Conditions
- La. R.S. 11:217 Disability Vesting
- La. R.S. 11:218 Application and Examination Procedures; Certification of Disability
- La. R.S. 11:219 State Medical Disability Board
- La. R.S. 11:220 Certification of Continuing Eligibility for Disability Benefits
- La. R.S. 11:221 Authority of Retirement Boards to Modify Benefits; Earnings Statements
- La. R.S. 11:224 Restoration to Active Service
- La. R.S. 11:225 Restoration to Active Service; Trial Period
- La. R.S. 11:424 Conversion of Annual and Sick Leave to Retirement Credit; Payment
- La. R.S. 11:444 Computation of Retirement Benefits
- La. R.S. 11:445 Payment of Benefits; Guaranteed Return of Accumulated Contributions
- La. R.S. 11:446 Mode of Payment Where Option Selected
- La. R.S. 11:461 Eligibility; Certification
- La. R.S. 11:463 Certification of Continuing Eligibility for Disability Benefits; Paid by the Louisiana State Employee's Retirement System
- La. R.S. 11:561 Disability Retirement Pay
- La. R.S. 11:583 Disability Retirement
- La. R.S. 11:584 Forced Retirement
- La. R.S. 11:603 In Line of Service Disability
- La. R.S. 11:617 Disability Retirement
- La. R.S. 44:15 Medical Records of Persons
- LAC 58.I.2501 Applying for Disability Retirement through any State or Statewide Public Retirement System or Pension Plan or Fund Application for Disability Retirement
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**APPLICABLE CHAPTERS IN MEMBER’S GUIDE TO RETIREMENT**

- Chapter 16: Disability Retirement
- Chapter 23: Hazardous Duty Services Plan (HAZ Plan)
- Chapter 26: Correctional Officers Hired Prior to 01/01/11
- Chapter 27: Peace Officers Hired Prior to 01/01/11
- Chapter 29: Wildlife Agents Hired Prior to 01/01/11
- Chapter 31: Judges and Court Officers Hired Prior to 01/01/11

**APPLICABLE LASERS VIDEO**

- Annual and Sick Leave: How it Affects You
Retirement Application Checklist for Members Applying for Disability Retirement

This checklist is to assist you in completing Disability retirement paperwork to be submitted to LASERS. To ensure proper identification, include your full name and the last four digits of your Social Security number on all documents submitted to LASERS. Please write clearly.

**DISABILITY APPLICATION:**

The three-part application should be submitted as one document to LASERS. You must be employed in active state service on the day the application is received by LASERS. LASERS will confirm this information with the agency upon receipt of the application. If the application is not complete when received, you will be notified and will have 10 business days to submit a completed document to LASERS or your application will be rejected.

- Form 04-01: Disability Retirement Application (You are responsible for completing all pages in their entirety.)
- Form 04-01A: Disability Report (Your employing agency is responsible for completing this form. It must be certified by your direct supervisor and your agency’s Human Resource Personnel Officer.)
- Form 04-01B: Attending Physician’s Statement of Disability Retirement (You are responsible for having this form completed by your attending physician. It must be completed by a physician or a physician’s designee.)

**In addition to the three-part Disability Application, you should also submit:**

- Copies of all medical records pertaining to the disabling condition for which you are applying
- A copy of your most recent Civil Service job description (Your Human Resources department can provide this.)

Revised March 2017
This checklist is to assist you in submitting Disability retirement paperwork once you have been approved for Disability retirement. Retirement benefits are not paid by LASERS until all required documentation is received. To ensure proper identification, include your full name and the last four digits of your Social Security number on all documents submitted to LASERS. Please write clearly.

**DOCUMENTS TO SUBMIT ONCE APPROVED FOR DISABILITY RETIREMENT:**

- A copy of your birth certificate and Social Security card issued by the Social Security Administration
- A copy of your beneficiary(ies) birth certificate and Social Security card issued by the Social Security Administration
- A copy of your spouse’s death certificate, if applicable
- A certified copy of any Divorce Decrees, if applicable
- A certified copy of Community Property documents, if applicable
- A certified copy of Matrimonial Contract, Pre-nuptial Agreement, and/or Separate Property Agreement, if applicable

**FORMS TO SUBMIT ONCE APPROVED FOR DISABILITY RETIREMENT:**

- Form 04-05: Authorization for Direct Deposit
- Form W-4P: Withholding Certification for Pension or Annuity Payments
- If applicable, Form 06-02: Insurance Premium Deduction Authorization *(This form is required if you are insured through Louisiana Office of Group Benefits.)*
- If applicable, Form 04-04: Spousal Consent *(This form is required if you are selecting a beneficiary other than your spouse or if the Disability retirement option selected does not leave a monthly benefit to your spouse of at least 50 percent of your monthly Disability benefit.)*
- If applicable, Form 01-06: Designation of Beneficiary *(This form is needed if you have chosen a Disability retirement option that allows for more than one beneficiary and you would like to list additional beneficiaries not currently listed on the Disability retirement application.)*
- If applicable, Form 06-03: Option 2B Mentally Handicapped Designee *(This form is needed only if you have chosen Option 2B.)*
- If applicable, Form 04-02: Disability Retirement Waiver to Remain on Leave *(This form is only needed if you elect to remain on leave and waive your right to any Disability benefit for the period of time on leave.)*

Revised March 2017
Member submits Disability application and case history*

LASERS determines member’s eligibility to apply for Disability retirement

LASERS sends case history to physician for Case Review**

Physician reviews records and makes one of the following decisions:

- Additional records and/or testing requested

  Member submits additional medical records and/or testing

  Physician reviews records and/or tests and makes recommendation

  Independent Medical Exam needed

  LASERS schedules IME with physician or specialist; doctor makes recommendation

  Approval recommended

  Recommendation of approval sent to the LASERS Board of Trustees

  Board agrees with recommendation of approval

  Member terminates immediately

- Member receives preliminary benefit
  
  30-45 days after term date

  Agency submits leave certification form

  Member receives preliminary benefit
  
  30-45 days after term date

  Agency submits member’s final earnings

  Member’s benefit is finalized
  
  60-90 days after term date

* The case history includes any medical records submitted by the member.

** A member cannot be denied for Disability retirement based on Case Review alone.

‡ Preliminary benefit cannot be paid by LASERS until all required documents have been received by the member and the leave certification form has been received from the agency.

‡‡ A member also has the option to remain on leave in lieu of termination. See section The Approval Process within this chapter.