

ACTION: ORIGINAL  
FILED

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145-2-21

**Application for a disability benefit.**

(A) For the purpose of sections 145.35, 145.36, 145.361, and 145.37 of the Revised Code and PERS rules:

- (1) "Disability" means presumed permanent mental or physical incapacity for the performance of a member's present duty or similar service which is the result of a disabling condition which has occurred or has increased since an individual became a member.
- (2) "Has not attained age sixty" means a member has filed an application for a disability benefit with the public employees retirement system and not become sixty years old before the last day public service terminated.
- (3) "On-duty illness or injury" means an illness or injury that: (a) occurred during or resulted from performance of duties under the direct supervision of a member's appointing authority, and (b) is not an exacerbation of an existing illness or injury medically diagnosed before the first day of employment with the employer reporting to the retirement system.
- (4) "Original disability plan" means the plan which provides a benefit pursuant to section 145.36 of the Revised Code.
- (5) "Revised disability plan" means the plan which provides a benefit pursuant to section 145.361 of the Revised Code.
- (6) "Examining physician" means a physician appointed by the PERS board.

(B) A member shall make application for a disability benefit on a form provided by the retirement system.

- (1) Consideration of a member's application shall be limited to the disabling condition(s) listed in the application or disclosed by the examination of the physician(s) selected by the retirement system.
- (2) Upon receipt of a completed application, report of employer, report of attending physician(s), report of examining physician(s) and, if available, reports of employment physical examinations, the retirement system's medical consultant(s) shall review all such documentation and prepare a recommendation to the public employees retirement board.
  - (a) Payment of any fees for the preparation of the report of the attending physician(s) shall be the responsibility of the member.

(b) Payment of any fees for the preparation of the report of the examining physician(s) shall be the responsibility of the retirement system.

(C) The board at its regular meetings shall review disability applications and the written recommendations of its medical examiners and medical consultant. The determination by the board on any application is final.

(1) The retirement board may approve a member's application contingent on the following conditions.

(a) The medical consultant determines that:

(i) The member has a disability as defined in section 145.35 of the Revised Code and this rule; and

(ii) Additional medical treatment offers an expectation of improvement of the disabling condition to the extent a member may return to the member's previous or similar job duties.

(b) Such additional medical treatment shall be of common medical acceptance and readily available, and may include, but is not limited to, medicine, alcohol and/or drug rehabilitation, or mechanical devices but would exclude surgery or other invasive procedures.

(c) Such additional medical treatment is an allowable medical expense under the retirement system's health care plan.

(d) The member, prior to receipt of disability benefits, shall agree in writing on a form provided by the retirement board to obtain the recommended treatment and submit required medical reports during the treatment period.

(2)

(a) After receipt of the member's signed agreement, the retirement system shall begin payment of benefits due pursuant to section 145.35, and 145.36 or 145.361 of the Revised Code. The period for recommended treatment shall begin the month following receipt of the member's signed agreement.

(b) If the member fails to submit a required medical report or does not continue treatment the member's disability benefit shall be suspended until such report is received by the retirement system, the member resumes treatment or the physician providing the treatment certifies, and the medical consultant concurs, that treatment is no longer helpful or advisable. If such failure continues for one year, the disability benefit

shall be terminated.

(D) The retirement board may require a member to submit to a subsequent medical examination by a physician selected by the retirement board provided the medical consultant recommends such examination in order to evaluate continued eligibility for disability benefits.

(E) After the retirement board has acted on a member's application it shall notify, by regular mail, the member and the member's last employer reporting to the retirement system of its action.

(F) A member may withdraw an application for a disability benefit prior to receipt of the first interim benefit payment in the same method as described in rule 145-1-65 of the Administrative Code.

Replaces: 145-11-01.

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under: 111.15  
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Rule Amplifies: 145.35, 145.36, 145.361,  
145.37.  
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