



**COLORADO
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Colorado PERA Disability Program

Includes a Disability Program Application

**Colorado
Public
Employees'
Retirement
Association**

Revised July 2010

Contents

Disability Program Overview	1
Application and Disability Determination Process	3
Short-Term Disability.....	7
Disability Retirement.....	14
Disability Program Appeals.....	23
For More Information.....	25
<i>Disability Program Application and Authorization to Obtain Information</i>	back page

Disability Program Overview

Colorado PERA members with five or more years of earned service credit are covered by a two-tier disability program consisting of short-term disability (STD) insurance and a disability retirement benefit. The Disability Program Administrator makes the medical determinations for the program and provides STD coverage through an insurance policy.

If you believe you may qualify for STD or disability retirement, you should review this booklet and discuss with your employer its policies regarding leaves of absence, returning to work at a later date, and retirement. And, if you have other short-term or long-term disability coverage available through your employer, you should apply for those benefits as soon as possible.

On January 1, 2010, the Denver Public Schools Retirement System (DPSRS) merged with Colorado PERA and as of January 1, 2010, DPSRS ceased to exist. If you had an account at DPSRS, your account is now a PERA account under the DPS benefit structure. Therefore, you may have two member contribution accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. Members under the DPS benefit structure who apply for disability on or after January 1, 2010, are covered under the PERA disability program and all benefits associated with your disability will be administered under the PERA disability program rules.

Regardless of whether you apply for disability under the PERA benefit structure or the DPS benefit structure, all benefit provisions applicable to the PERA disability program will apply. The only potential difference is the annual increase provisions, which are discussed on page 20.

Short-Term Disability (STD)

The goal of the STD insurance is to help you return to work as soon as practical to your previous job or another job. However, your employer is not obligated to hold a position open for you beyond applicable federal and state requirements. While on STD, some employers may allow their employees to go on an approved leave of absence; other employers may terminate employment at some point.

For STD, the requirements include the following:

- Your medical condition prevents you from performing the essential functions of your job with reasonable accommodation as required by federal law;
- You are medically unable to earn 75 percent of your predisability earnings from PERA-covered employment from any job given your existing education, training, and experience;
- You may be helped by vocational rehabilitation and retraining; and
- You are not totally and permanently medically incapacitated from regular and substantial gainful employment.

Earnings refers to your PERA-includable salary on which PERA contributions are made and excludes payments to a Section 125 flexible spending account plan, any payoff of unused sick leave, and other payments not typically made throughout your employment.

STD may provide reasonable income replacement and vocational rehabilitation after you have been unable to work for 60 days. STD lasts up to a maximum of 22 months. The maximum income replacement is 60 percent of your predisability earnings. The amount paid under the STD plan may be reduced by other income, as described later.

Disability Retirement

The goal of disability retirement is to provide you with income if you are not able to work and are not expected to recover.

For disability retirement, the requirements include the following:

- Your medical condition prevents you from engaging in any regular and substantial gainful employment;
- You are medically unable to earn 75 percent of your predisability earnings from PERA-covered employment from any job for which you are or could be educated or trained; and
- You are totally and permanently incapacitated and are not reasonably expected to recover from your disabling medical condition.

The benefit is based on your highest average salary and service credit. The monthly benefit continues as long as you continue to be totally and permanently incapacitated from regular and substantial gainful employment.



Voluntary Termination of Disability Benefits

If you choose to voluntarily terminate your receipt of STD payments or disability retirement, any subsequent STD payments or disability retirement benefits would be contingent upon meeting the disability program eligibility requirements referenced in this booklet and the determination by the Disability Program Administrator.

Application and Disability Determination Process

Eligibility Requirements to Apply

You may apply for the disability program if you meet all of the following requirements listed below as specified in State law:

1. You have five or more years of earned service credit, with at least six months of this credit earned in the most recent membership period. A purchase of service credit based on a previously refunded account and a purchase of service credit for employment not covered by PERA does not count toward this five-year requirement.
 - If you have an account under both the DPS and the PERA benefit structures, you must have five years of service credit in the chosen benefit structure in order to apply for PERA's disability program.
 - If your membership status allowed you to exercise portability between the DPS benefit structure and the PERA benefit structure and you have a frozen account, you are not eligible for disability benefits based on the frozen account. Also, your service credit in the frozen account cannot be used toward your five years of service credit in order to make you eligible to apply for disability benefits.
 - If you are a Judicial Division member, you are eligible to apply for benefits regardless of your amount of earned service credit.
 - If you are a State Trooper or CBI agent, you are eligible to apply for benefits regardless of your amount of earned service credit if your disability is caused by an on-the-job injury.
2. You are not eligible for service retirement. See the Service Retirement Eligibility section on page 4.

3. You have not withdrawn your PERA member contribution account.
4. Your *Disability Program Application* is submitted no later than 90 days after your termination date (including the final date of a certified leave of absence).

Service Retirement Eligibility

PERA Benefit Structure

If you began PERA membership on or before June 30, 2005, and you have five years of service credit on January 1, 2011, the following age and service requirements apply:

PERA Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
30 years	50
20 years	60
Any years	65

If you began PERA membership between July 1, 2005, and December 31, 2006, and you have five years of service credit on January 1, 2011, the following age and service requirements apply:

PERA Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
35 years	Any age
30 years	55
20 years	60
Any years	65

If you began PERA membership on or before December 31, 2006, and you have less than five years of service credit on January 1, 2011, or if you began membership between January 1, 2007, and December 31, 2010, the following age and service requirements apply:

PERA Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
35 years	Any age
30 years	55
25 years	60
Any years	65

If you begin PERA membership on or after January 1, 2011, the following age and service requirements apply:

PERA Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
35 years	Any age
30 years	58
5 years	65

State Troopers/CBI Agents:

State Troopers/CBI Agents	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
30 years	Any Age
25 years	50
20 years	55
5 years	65

DPS Benefit Structure

If you have five years of service credit on January 1, 2011, the following age and service requirements apply:

DPS Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
30 years	50
25 years*	55
5 years	65

*15 years must be earned

If you do not have five years of service credit on January 1, 2011, the following age and service requirements apply:

DPS Benefit Structure	
Service Retirement Benefit	
Minimum Service Credit	Minimum Age
35 years	Any age
30 years*	55
25 years	60
5 years	65

*20 years must be earned service credit

How to Apply for the Disability Program

To apply for the disability program, you must send a completed *Disability Program Application* (see back page) to PERA. You should apply as soon as possible after your medical condition prevents you from working. However, in all cases, the *Application* must be received by PERA no later than 90 days after termination of PERA-covered employment, as required by State law.

Upon receipt of your *Application*, PERA will review your records to determine if you meet the program's eligibility requirements. If you meet these requirements, PERA will notify you in writing and send your *Application* to the Disability Program Administrator for medical review. At this point, you will be working directly with the Disability Program Administrator to complete the process.

Medical Review

The *Disability Program Application* includes a release authorizing the Disability Program Administrator to obtain and review various medical, employment, and other reasonable information to evaluate whether you qualify for either STD or disability retirement.

Also, during the medical review process, you may be referred by the Disability Program Administrator to one or more impartial physicians and other specialists for evaluation. The Disability Program Administrator pays for these examinations.

All requirements of the disability program must be satisfied before any payment will be made. If you fail to provide the Disability Program Administrator with requested employment, medical and other reasonable information, or you do not undergo reasonable examinations by physicians or rehabilitation, vocational, or other experts, your *Application* may be discontinued and processing of your payments or benefits may be stopped. Information requested by the Disability Program Administrator should be provided within 60 days.

Based on its review of all of this information, the Disability Program Administrator will determine if you are eligible for the disability program and make one of the following decisions:

- You are eligible for STD and will begin receiving payments from the Disability Program Administrator.
- You are eligible for disability retirement and will begin receiving a monthly benefit from PERA.



- You do not qualify for either STD or disability retirement and will not receive any payments.

You may not be paid for both STD and disability retirement for the same period of time.

You may cancel your *Application* prior to the first payment by submitting a written request to PERA. However, once payment for either STD or disability retirement starts, you may not voluntarily suspend payments. Payments for either STD or disability retirement may stop if you do not continue to qualify for them.

Short-Term Disability (STD)

STD insurance is intended to provide reasonable income replacement payments and rehabilitation for you if you qualify. To receive STD payments, you must satisfy the 60-day waiting period. STD payments last for a maximum of 22 months. Any payments begin after the Disability Program Administrator has determined you qualify for STD.

The Disability Program Administrator may require you to provide certain proof of loss information in this process. This information should be provided to them within 90 days after the 60-day waiting period ends.

60-Day Waiting Period

The waiting period for benefits is 60 consecutive calendar days after the day your disability begins. Your disability must continue during this period.

However, you may be able to meet this 60-day waiting period while working part-time if you are disabled. Also, you may temporarily return to work for up to 30 days during this waiting period, if approved by the Disability Program Administrator; however, your disability must continue to be from the same medical condition. These temporary return days will not count as part of the 60-day period nor will they cause the waiting period to start over, but they will extend the 60-day period by the number of days you work.

STD Medical Standards

For STD, the Disability Program Administrator must determine that, as a result of your medical condition, you meet the following three requirements:

1. You are medically incapacitated from performing the essential functions of your own job with reasonable accommodations as required by federal law. Working an average of more than 40 hours per week is not an essential function.
 - “Essential functions” include types of material duties that you were regularly performing prior to disability if such duties cannot be reasonably modified or omitted.
 - “Your own job” means any employment, business, trade, or profession that involves essential duties of the same general character as the job you are regularly performing for the employer when disability begins. The Disability Program Administrator will look not only at the way you perform your job for the employer, but also at the way the occupation is generally performed for other employers.
2. You are medically unable to earn at least 75 percent of your predisability earnings from PERA-covered employment in any job you are able to perform, based on your education, training, and experience, regardless of whether you do so. (This is based on medical ability to earn from employment and self-employment, but not from passive investment sources, such as interest on a savings account.)
3. You are not totally and permanently incapacitated from all regular and substantial gainful employment. If your incapacity is total and permanent, you will not receive STD payments, but you may be eligible for disability retirement benefits.

This determination is based on your ability to work, not whether you actually work.

The medical condition causing the disability:

- Must be physical or mental or a combination of both;
- Must be under ongoing appropriate treatment by a physician with the appropriate specialty; and
- Must exist prior to when you terminate your PERA-covered employment.

Exclusions

No STD payments will be made if your disability is caused by or contributed to by any of the following:

- Intentionally self-inflicted injury (whether you are sane or insane).

- War or acts of war.
- Service in the armed forces of any country, subject to any requirements of federal law.
- Committing or attempting to commit a felony or engaging in any criminal act.

No STD payments will be paid if you are confined for any reason in a penal or correctional institution.

STD Income Replacement Payments

The Disability Program Administrator will determine the income replacement amount payable for short-term disability and will pay that amount to you. The maximum monthly amount of your STD payment will be 60 percent of your average monthly predisability PERA-includable salary. This is based on the 12 consecutive calendar months immediately preceding your last full day on the job prior to the 60-day waiting period.

However, this 60 percent maximum may be reduced based on coordination of benefits so the total of your STD payments and various other payments you receive or are eligible to receive (referred to as deductible income) do not exceed 100 percent of your average monthly predisability earnings from PERA-covered employment. If total payments would exceed 100 percent, your STD payments from the disability program will be reduced to reach the 100 percent maximum.

For this purpose, deductible income includes the following:

- Sick and annual leave pay or other salary continuation paid to you by the employer.
- Work earnings and any amount in your predisability earnings that you are eligible to receive while STD payments are payable.
- Payments under a workers' compensation or similar law.
- Benefits received due to a disability under automobile insurance.
- Unemployment compensation.
- Any amount received to resolve a back pay claim.
- Any amount received by compromise, settlement, or other method as a result of a claim for any of the above deductible income amounts.

You must pursue any deductible income for which you may be eligible. If you do not pursue the deductible income, the Disability Program Administrator may reduce your STD payments by an amount it estimates you would be eligible to receive.

If you receive an amount of deductible income that is attributable to more than one month, the Disability Program Administrator will reasonably allocate this total so it can determine any STD payment on a monthly basis.

Example: A member's average monthly predisability PERA salary is \$1,000 and this member qualifies for both workers' compensation benefits of $66\frac{2}{3}$ percent of predisability income and STD payments of 60 percent of average predisability PERA salary. Because the total of these two benefits is greater than 100 percent of average monthly predisability salary, STD payments are reduced to $33\frac{1}{3}$ percent of predisability salary.

For this purpose, deductible income does not include the following:

- Benefits from any individual disability insurance policy.
- Benefits from any group disability insurance policy provided by your employer.
- Benefits from any group credit or mortgage disability insurance.
- Reimbursement for hospital, medical, or surgical expenses.
- Any cost of living increase in any deductible income other than work earnings if the increase is effective while you are disabled and eligible for the deductible income.
- Reasonable attorney fees incurred in connection with a claim for deductible income.
- Accelerated death benefits paid under a life insurance policy.
- Benefits from any thrift, savings, IRA, 401(k), 408(k), 457, or 403(b) plan.

Rehabilitation

The Disability Program Administrator may determine that you qualify to participate in a vocational rehabilitation or training plan. You may also request that the Disability Program Administrator establish a rehabilitation program for you, but the Disability Program Administrator determines whether or not to approve it.

This rehabilitation or training is intended to help you to return to your job or to prepare you for another job. If you fail to participate in good faith in your plan, all payments under STD may be terminated.

Some or all of your expenses incurred in connection with your participation in the rehabilitation plan may be paid by the Disability Program Administrator. Also, the Disability Program Administrator may assist you in finding a job if you will not be re-employed by your employer, but there is no assurance that you actually will be employed after STD ends.

Reasonable Accommodation

In some instances, after you have qualified for STD, the Disability Program Administrator may reimburse your employer for some or all of the costs for reasonable accommodation so you may return to your job or return to work in any occupation. The maximum reimbursement is \$5,000. The Disability Program Administrator must approve this reasonable accommodation cost in writing before the reasonable accommodation is made.

Maximum Payment Period

STD payments may be paid to you for up to the first 22 months of disability after you complete the 60-day waiting period. The initial payment will be paid one month after the end of the waiting period. Payments will end sooner if your STD ends. During this maximum payment period, you may temporarily return to work up to 90 days, if approved by the Disability Program Administrator, without requiring a new 60-day waiting period; however, your disability must continue to be from the same medical condition.

Overpayment of STD

You will be notified of any overpayment; you must immediately repay any overpayment. Failure to repay may result in collection, offset, or other legal remedies to recover the overpayment.

When STD Ends

Your STD benefits will end on the earliest of the following:

- Date you are no longer disabled.
- Date the maximum payment period ends.

- Date you become eligible for PERA service retirement (except for Judicial Division members).
- Date you refund your PERA member contribution account.
- Date of your death (any payments remaining unpaid will be paid to your estate).
- Date you satisfy the medical standard for disability retirement benefits. You will be evaluated based on your prior application to determine if you qualify for disability retirement. If the Disability Program Administrator determines that your medical condition satisfies this medical standard for disability retirement while you are receiving STD, your STD will end and you will be considered for disability retirement.
- Date you fail to fulfill an STD requirement, such as a re-examination or to provide requested information, or when you fail to participate in good faith in your medical treatment, rehabilitation, or retraining approved by the Disability Program Administrator.
- Date benefits become payable under any other group disability insurance policy under which you become insured during a period of temporary recovery employment, except for one by a PERA-covered employer.
- Date you do not qualify for STD for any reason.

You are required to notify the Disability Program Administrator immediately in writing as soon as you no longer qualify for STD payments. If you should die while receiving STD, a relative or your estate should notify PERA and the Disability Program Administrator within 30 days of your death.

Receiving STD Benefits

PERA Membership

No PERA contributions are made on STD payments. However, if you are on a paid PERA-covered leave of absence from your PERA-affiliated employer or if you return to PERA-covered work temporarily, PERA contributions will be deducted from your pay.

While receiving STD payments, your PERA membership will continue provided you are not terminated from PERA-covered employment. If you remain employed, have your employer complete and send to PERA a *Certification of Leave of Absence* form to protect your membership rights. Your PERA membership will

terminate if your employment terminates, if you retire, refund your PERA account, or die. See “After STD Ends” on page 14.

Life Insurance

If you are enrolled in PERA’s life insurance program prior to your disability, you may continue the coverage with no change in premium. When you are no longer receiving pay from your employer, you will pay your premium directly through the Automatic Payment Service, which deducts premiums from your savings or checking account. Premiums cannot be deducted from your STD payments.

PERACare Health Benefits Program

STD recipients and their eligible dependents are eligible to participate in the PERACare Health Benefits Program. Your enrollment must be received by PERA no later than 30 days after your first benefit payment is issued or at other times as specified by the PERACare Health Benefits Program. PERA will send you summary information about PERACare when you are approved for STD. If you would like detailed plan and enrollment information for PERACare, contact PERA’s Customer Service Center at 1-800-759-7372 or 303-832-9550.

If you enroll in PERACare, you will pay your premium by automatic deduction from your bank account. Since you are not a PERA benefit recipient, you are not eligible to receive PERA’s subsidy toward your PERACare premium.

You should check with your employer about continuing your health care coverage through your employer’s insurance, as an employee, or under COBRA, as the premium is likely to be lower.

Taxes on STD Payments

STD payments are subject to federal and state income tax laws since you do not pay premiums for the coverage. When your *Disability Program Application* is approved, the Disability Program Administrator will provide you with income tax withholding information and make deductions as you direct. If you are subject to Medicare tax or other taxes, they also will be withheld from your STD payment.

Colorado PERA’s 401(k) and 457 Plans

If you have an account in Colorado PERA’s 401(k) and/or 457 Plans at the time of your disability, you may continue participation in those Plans. No contributions can be made from STD payments but contributions can be made from any salary,

such as temporary work for your employer. If your employer terminates your employment, you are eligible to withdraw your 401(k) and/or 457 Plan accounts provided that you are not employed by any other PERA employers. If you would like to withdraw your PERA 401(k) account, call 1-800-759-7372 and select the 401(k)/DC option. If you would like to withdraw your PERA 457 account, call 303-737-7720 or 1-800-838-0457.

After STD Ends

PERA Membership

If you return to work in a PERA-covered position, you begin earning service credit again and contributions will be made to your PERA member contribution account.

If you do not return to PERA-covered employment, you will become an inactive member. You will be eligible to receive a future retirement benefit or refund your account. The amount you receive in STD payments is not deducted from your member contribution account. If you are participating in the PERA life insurance program, you may continue as long as you do not refund your PERA member contribution account.

In the event of your death, under certain circumstances, survivor benefits may be payable. If you are still employed by your employer and on a certified leave of absence, monthly benefits may be payable to your qualified survivors. If survivor benefits are not payable, your named beneficiary will receive a lump-sum payment of your PERA member contribution account.

Disability Retirement

Disability retirement is intended to provide you with monthly benefits if you are, due to a medical condition, totally and permanently disabled from engaging in any regular and substantial gainful employment. This monthly benefit continues as long as you remain unable to engage in regular and substantial gainful employment because of your medical condition.

Medical Standard

For disability retirement, the Disability Program Administrator must determine that:

- You are, because of your medical condition, totally and permanently mentally or physically incapacitated from regular and substantial gainful employment.

- Your medical condition is being treated to the extent appropriate by a physician with the appropriate specialty.
- You are not reasonably expected to recover from the disabling medical condition.
- Your medical condition must prevent you from engaging in any work for which you could earn 75 percent of your predisability earnings from PERA-covered employment. These predisability earnings are based on the 12 consecutive calendar months immediately preceding your last full day on the job. This means that you are unable to perform the essential functions of any job with reasonable accommodation. (This is based on medical ability to earn from employment and self-employment, but not from passive investment sources, such as interest on a savings account.)
- Your medical condition existed as of the date of your termination of employment.

Disability retirement benefits will not be approved for any disability that is the result of an intentionally self-inflicted injury.

The disability retirement determination is based on your ability to work, not whether you actually work.

You may be on leave of absence while your *Disability Program Application* is being processed or in some cases, as determined by the Disability Program Administrator, perform part-time work. If it is determined that you qualify for disability retirement, PERA will advise you when your employment must terminate.

Effective Date of Disability Retirement

The effective date for disability retirement is the first day of the month following termination of employment if you are not receiving STD payments.

You must terminate employment with all PERA-covered employers no later than the last day of the month following the determination that you qualify for disability retirement benefits. If you fail to terminate by that date, your *Application* will be canceled.

If you are receiving STD payments and it is determined that you qualify for disability retirement, the effective date shall be the later of (1) the first day of the month following termination of employment or (2) the first day of the month in which your STD ends. If you receive an STD payment after the effective date of disability retirement, the amount of the disability

retirement benefit for that same month will be reduced by the STD amount paid.

Disability Retirement Benefit Amount

PERA will determine the amount of your disability retirement benefit by calculating it in a manner similar to calculations for service retirement benefits. PERA will multiply 2.5 percent of your Highest Average Salary (HAS) times your years of earned and purchased service credit plus projected service to either 20 years or to age 65, whichever is earlier. If you have more than 20 years of earned and purchased service credit, your benefit will include an additional 2.5 percent of HAS for each year over 20 based upon your earned and purchased service credit only.

Exception: If you are a Judicial Division member, your service credit will be projected to the end of the term of office in which you were serving at the time the disability began.

Disability retirement benefits are not coordinated (reduced) by other payments except for amounts received to resolve back pay claims. However, other programs may reduce their payments to you if you receive disability retirement or other benefits.

Option Selection

Regardless of whether you are under the PERA or DPS benefit structure, you have the following benefit options for your disability retirement benefit:

Option 1: This option provides you with a lifetime monthly benefit. Following your death, a single payment of any remaining balance in your member contribution account, plus a 100 percent match on the balance, will be made to your named beneficiary, or your estate if no named beneficiary exists. No further monthly benefits are payable.

Option 2: This option provides you with a lifetime monthly benefit. Following your death, your cobeneficiary will receive a lifetime monthly benefit equal to one-half your benefit at the time of your death. If there is an account balance remaining after the death of your cobeneficiary, a single payment of any remaining balance in your member contribution account, plus a 100 percent match on the balance, will be made to

Named Beneficiary:

The person(s) or entity you designate to receive a lump-sum payment of any remaining moneys credited after all monthly benefits have been paid.

Cobeneficiary: *The person you designate under Options 2 or 3 to receive a continuing monthly benefit after your death. You may name only one cobeneficiary.*

your named beneficiary, or your estate if no named beneficiary exists. No further monthly benefits are payable.

Option 3: This option provides a lifetime monthly benefit. Following your death, your cobeneficiary will receive a lifetime monthly benefit equal to the monthly benefit you were receiving at the time of your death. If there is an account balance remaining after the death of your cobeneficiary, a single payment of any remaining balance in your member contribution account, plus a 100 percent match on the balance, will be made to your named beneficiary, or your estate if no named beneficiary exists. No further monthly benefits are payable.

Option 2 and 3 benefits are calculated the same as Option 1, then reduced to pay for continuing monthly benefits to your cobeneficiary.

If you are receiving an Option 2 or 3 benefit and your cobeneficiary dies before you, your benefit amount will increase to the Option 1 amount. The new benefit amount will be effective on the date of your cobeneficiary's death. You must report the death of your cobeneficiary to PERA for the increase to become effective.

Death Before Receiving Benefits

Benefits to your qualified survivors or a single payment to your named beneficiary(ies) may be payable according to State law, under either of the following circumstances:

- If you should die after you have applied for disability but before it is determined that you qualify for disability retirement, or
- If you should die after you have applied for disability but before the effective date of disability retirement.

Under these circumstances, disability retirement benefits will not be paid. See the PERA *Survivor Benefits* brochure or call PERA for detailed information.

Overpayment of Disability Retirement Benefit

You will be notified of any overpayment of your benefit; you must immediately repay any overpayment. Failure to repay may result in collection, offset, or other legal remedies to recover the overpayment.

Termination of Disability Retirement

Disability retirement benefits to you will end on the earliest of the following:

- Date you are no longer disabled.
- Date you fail to participate in a re-examination or to provide requested information to the Disability Program Administrator.
- Date of your death (if you designated a cobeneficiary under benefit Option 2 or 3, benefits will continue to that person).
- Date you no longer qualify for disability retirement for any reason.

You are required to notify PERA in writing as soon as you no longer qualify for a disability retirement benefit. If you die while receiving a disability retirement benefit, a relative or your estate should notify PERA within 30 days of your death.

When the Disability Program Administrator determines you no longer qualify for disability retirement benefits, you may continue to receive benefits for up to three calendar months immediately following the month in which the determination is made that you no longer qualify. At that point, you have the following options:

- Return to PERA-covered employment and earn additional service credit in anticipation of retiring later with a service retirement benefit. (You would return with the number of earned and purchased years of service credit you had before you began disability retirement, but not any projected service.)
- Elect to refund your account in lieu of future retirement benefits provided any balance remains after the reduction for all disability retirement benefits.
- Apply for a reduced or service retirement when you qualify either immediately or at a future date. The benefit will be calculated using your earned and purchased service credit, but not any projected service credit used in determining the disability retirement benefit.
- Be eligible for STD payments, but only if you (a) initially satisfied all of the requirements for STD except the medical standard, (b) you continue to satisfy all of the STD requirements, and (c) you have received disability

retirement benefits for less than the maximum STD payment period. In this case, STD payments may be paid to you but only for any months remaining after reducing the maximum 22-month STD payment period by the number of months you were paid disability retirement benefits.

If you die after disability retirement benefits have been terminated, survivor benefits or a single payment of your remaining account balance is payable to your beneficiaries or estate according to State law.

PERA Membership

You must terminate your PERA-covered employment and your PERA membership to receive any disability retirement benefit.

First Benefit Payment

Benefit payments are made on the last business day of each month. Your first disability retirement benefit payment will be issued, at the earliest, on the last business day of the month of your effective date of retirement.

Changing Your Cobeneficiary or Benefit Option

You may change your benefit option or cobeneficiary within 60 days following the issuance of your initial disability retirement benefit. After 60 days, you may change your benefit option only under certain circumstances as noted below:

Marriage:

- If you elect an Option 1 benefit and are not married at retirement but later marry, you may name your new spouse as cobeneficiary and select an Option 2 or 3 retirement benefit.
- If you elect an Option 2 or 3 at retirement with your spouse as cobeneficiary and your spouse dies, upon remarriage you may name your new spouse as cobeneficiary and select Option 2 or 3.

Divorce:

- If you elect an Option 2 or 3 at retirement with your spouse as cobeneficiary and you later divorce, you may change your cobeneficiary but not the option you selected, provided a change of cobeneficiary is ordered or allowed by a district court with jurisdiction over the divorce action.

- If you elect an Option 2 or 3 at retirement with your spouse as cobeneficiary and you later divorce, you may revert to Option 1 under the following conditions:
 - You retired after July 1, 1988;
 - You divorced on or after July 1, 2003; and
 - You were ordered or allowed by a district court with jurisdiction over the divorce action to remove your former spouse as cobeneficiary.

Working After Retirement

Your disability retirement benefit is based upon your inability to perform any regular and substantial gainful employment. Any work after retirement must be coordinated with the disability program administrator and may prompt a re-evaluation of your disabling condition. If it is determined that you are medically able to earn 75 percent of your predisability earnings, your disability retirement benefit may end.

If you work for a PERA employer while on disability retirement, you are subject to the 110-day/720-hour work limit and must pay the working retiree contribution. For more information, see the *Working After Retirement* booklet, available on the PERA Web site at www.copera.org.

Annual Benefit Increases

Currently the Plan provides that you will receive annual increases to your disability retirement benefit based on your benefit structure and when you began membership. For all benefit recipients, annual increases will be paid in July.

Annual Benefit Increases for Retirees Under the PERA Benefit Structure Who Began Membership On or Before December 31, 2006, and for Retirees Under the DPS Benefit Structure

Annual Increase Amount in 2010

- The annual increase in 2010 is the lesser of 2 percent of the average of the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the months in the 2009 calendar year. The CPI-W for this period was negative, which means there is not an annual increase in 2010.

Annual Increase Amount Beginning in 2011

- The plan currently provides for an annual increase of 2 percent, unless the PERA fund has a negative investment year. In the event that there is a negative investment year, the annual increase for the following three years will be the lesser of 2 percent or the average of increases determined for each month as calculated by the CPI-W during the prior calendar year.

Eligibility for Annual Increase

- If your effective date of retirement is on or before December 31, 2010, you are eligible for your first annual increase in July 2011. Benefit increases are prorated for those retirees with less than a full year in retirement. For example, if your effective date of retirement is October 1, 2010, you will receive your first annual increase on July 31, 2011, and the amount will be nine-twelfths of the annual increase payable in 2011.
- If your effective date of retirement is on or after January 1, 2011, you are eligible for your first annual increase after you have been receiving your benefit for 12 consecutive months. For example, if you retire August 1, 2011, you will receive your first annual increase on July 31, 2013.

Annual Benefit Increases for Retirees Under the PERA Benefit Structure Who Began Membership on or After January 1, 2007

If you began PERA membership on or after January 1, 2007, the plan currently provides for an annual increase of the lower of 2 percent or the CPI-W, or a permanent increase for benefit recipients that will exhaust 10 percent of the year-end balance of the market value of the annual increase reserve. You are eligible for the increase if you have been receiving your retirement benefit for the full preceding calendar year.

Taxes on Disability Retirement Benefits

Your entire benefit is fully taxable until you reach “minimum retirement age.” PERA uses the age at which you would first be eligible for reduced service retirement as minimum retirement age. Upon reaching minimum retirement age, the Simplified Method calculation is used to determine the tax-free portion of your benefit, if any, so you may recover any contributions made on an after-tax basis without paying taxes on them a second time.

If you are under age 65, you may be eligible for a special federal income tax credit. You should review IRS Schedule "R" and Publication 524, *Credit for the Elderly or Disabled*, to determine if you qualify for the credit.

Colorado law excludes from Colorado State income tax total pension income up to \$20,000 per year per person for those retirees age 55 through 64, or \$24,000 for those retirees age 65 and over. The retiree's age on December 31 is used to determine the exclusion amount for that year. Pension income includes PERA benefits, Social Security payments, certain other retirement pensions, and distributions from Individual Retirement Accounts and tax-deferred savings plans.

If you are approved for disability retirement, PERA will send you tax withholding information and the *Taxes on PERA Benefits* booklet.

PERACare Health Benefits Program

Disability retirees and their eligible dependents may participate in the PERACare Health Benefits Program. PERA will subsidize a portion of your monthly premium if you are enrolled in a PERACare health plan. The subsidy is based on the number of years of service credit used to calculate your disability retirement benefit. After you are approved for disability retirement, PERA will send you information about PERACare.

The following is a list of times when you may enroll in PERACare:

- No later than 30 days after your first benefit payment is issued.
- At the end of your health care coverage through your employer.
- At the end of COBRA coverage.
- During the PERACare open enrollment period.
- When you or one of your dependents reach age 65.
- At other times as authorized by PERA.

If you enroll in PERACare at any time other than when you are first eligible or during an open enrollment period, you must complete and return a *Certification of Previous Health Care Coverage* to acknowledge that you had continuous health care coverage prior to joining PERACare. Call PERA or go to the PERA Web site at www.copera.org to obtain this form.

Life Insurance

If you are enrolled in the PERA life insurance program and begin receiving disability retirement benefits, the same premium will be deducted from your monthly benefit unless you advise PERA in writing to cancel your coverage.

If you are not receiving pay from your employer while your *Disability Program Application* is being processed, you may contact Unum at 1-866-277-1649 for information on making premium payments.

Colorado PERA's 401(k) and 457 Plans

If you have an account in Colorado PERA's 401(k) and/or 457 Plans at the time of your disability retirement, you may continue participation in those Plans; however, no further contributions to your account can be made from your disability retirement benefit. If you return to work for a PERA-affiliated employer, you may make 401(k) or 457 Plan (if your employer offers the PERA 457 Plan) contributions from any post-retirement salary. *Note:* Any work after retirement may prompt a re-evaluation of your disabling condition and your disability benefit may end.

After termination of employment, you are eligible to withdraw your 401(k) and/or 457 Plan accounts. If you would like to withdraw your PERA 401(k) account, call 1-800-759-7372 and select the 401(k) option. If you would like to withdraw your PERA 457 account, call 303-737-7720 or 1-800-838-0457.

Disability Program Appeals

Two types of appeals are available to disability applicants depending on the nature of the issue. Appeals of matters determined by PERA are to be made to PERA; appeals of matters determined by the Disability Program Administrator are to be made to the Disability Program Administrator. You must appeal as described on the next page.

Appeals to PERA

PERA determines matters relating to who is eligible to apply for the program, salary, service credit, and the amount payable as disability retirement benefits. PERA will inform you in writing if your application is denied because you are ineligible to apply according to State law and will inform you in writing about other matters that PERA determines. If you disagree, you may appeal by

writing to PERA and including the specifics of your appeal. PERA appeals are governed by PERA Rules. Address appeals to:

PERA General Counsel
1301 Pennsylvania Street
Denver, Colorado 80203-5011

Appeals to the Disability Program Administrator

The Disability Program Administrator determines all other matters relating to this disability program, including whether you meet the medical standards for STD or disability retirement.

If you are denied disability due to a medical or other determination by the Disability Program Administrator or your payments are terminated, the Disability Program Administrator will send you a written explanation of the reason. The Disability Program Administrator will send you information about how and when to appeal its denial or other adverse determination. You must appeal in writing to the Disability Program Administrator within 60 days after receiving notice of the determination. Your appeal should state your reasons and may include any additional relevant information you have. The Disability Program Administrator will review the matter.

The Disability Program Administrator's appeal process includes review of a medical determination by a panel of independent experts who are qualified based on their expertise and experience and not involved in the original decision.

If you do not receive a written decision from the Disability Program Administrator within 90 days after your *Disability Program Application* is received by the Disability Program Administrator, you may appeal as if your claim had been denied.

You should send your appeal in writing to PERA's current Disability Program Administrator, Standard Insurance Company:

Appeals Coordinator
Standard Insurance Company
PO Box 2800
Portland, Oregon 97208

For More Information

- Visit PERA's Web site at www.copera.org.
- Visit the PERA offices at 1301 Pennsylvania Street in Denver or in Westminster at 1120 West 122nd Avenue.
- For matters determined by PERA, call PERA at 303-832-9550 or 1-800-759-PERA (7372).
- For matters determined by the Disability Program Administrator and applications in process, call the Disability Program Administrator at 1-800-368-1135.

This brochure provides information about the Colorado PERA disability program. Your rights, benefits, and obligations as a PERA member are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees' Retirement Association, which take precedence over any interpretations in this brochure.

Colorado Public Employees' Retirement Association

Mailing Address: PO Box 5800, Denver, CO 80217-5800

Office Locations: 1301 Pennsylvania Street, Denver
1120 W. 122nd Avenue, Westminster
303-832-9550 • 1-800-759-7372
www.copera.org

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Disability Program Application

Colorado Public Employees' Retirement Association
PO Box 5800 Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Important: PERA must receive this Application as soon as your medical condition prevents you from engaging in your regular duties, but no later than 90 days after you terminate employment. **A signature is required on both sides of this form.**

Member Information

Name _____ SSN _____

Address _____
Street City State ZIP Code

Work Telephone () _____ Home Telephone () _____ Birthdate _____ Sex Male Female
month/day/year

If Married _____
Name of Spouse Birthdate SSN

Employment

Employer Name _____ Telephone () _____

Address _____
Street City State ZIP Code

Your Job Title _____ Your Supervisor's Name _____

Date of your last full day at work _____ Last day of leave (if applicable) _____
month/day/year month/day/year

Date you became unable to work as a result of your disability _____
month/day/year

Is your disability work-related? Yes No Have you filed a workers' compensation claim? Yes No

Are you now working or have you worked at your job or any other job since the date of your disability?

Yes No Date Returned _____
month/day/year

Sickness or Injury (List any physical or mental sickness or injury that causes or contributes to your inability to work at your job. Attach a separate sheet if needed.)

Sickness or injury _____ Date first noticed _____
month/day/year

Please describe your symptoms: _____

Have you ever had a similar condition before? Yes No Date _____
month/day/year

Attending Physician (List all physicians consulted for your sickness or injury. Attach a separate sheet if needed.)

1. Physician's Name _____ Telephone () _____

Address _____
Street City State ZIP Code

Date first consulted for your sickness or injury? _____ Date last consulted? _____
month/day/year month/day/year

2. Physician's Name _____ Telephone () _____

Address _____
Street City State ZIP Code

Date first consulted for your sickness or injury? _____ Date last consulted? _____
month/day/year month/day/year

Any person who knowingly and with intent to injure, defraud, or deceive an insurance company or other person files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act, which may be subject to civil and/or criminal penalties. Such actions may be deemed a felony, and imprisonment and/or substantial fines may be imposed.

Member Signature _____ Date _____

Authorization to Obtain Information

Colorado Public Employees' Retirement Association

PO Box 5800 Denver, Colorado 80217-5800

303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



A signature is required on both sides of this form.

I authorize these persons/organizations having any records or knowledge of me or my health:

- Any physician, medical practitioner, or health care provider.
- Any hospital, clinic, pharmacy, or other medical or medically related facility or association.
- Any insurance company.
- Any employer or plan administrator.
- Any organization or entity administering a benefit program.
- Any educational, vocational, or rehabilitational organization or program.
- Any consumer reporting agency, financial institution, accountant, or tax preparer.
- Any government agency (for example, Social Security Administration, public retirement system, etc.).

To give this information:

- Charts, notes, X-rays, operative reports, lab and medication records, and all other medical information about me, including medical history, diagnosis, testing, and test results. Prognosis and treatment of any physical or mental condition, including:
 - Any disorder of the immune system, including HIV, Acquired Immune Deficiency Syndrome (AIDS), or other related syndromes or complexes.
- Any communicable disease or disorder.
- Any psychiatric or psychological condition, including test results, but excluding psychotherapy notes. Psychotherapy notes do not include a summary of diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- Any condition, treatment, or therapy related to substance abuse, including alcohol and drugs.
- Any non-medical information requested about me, including such things as: education, employment history, job descriptions, job duties, earnings or finances, or eligibility for other benefits (for example, Social Security Administration, public retirement systems, claim status, benefit amounts, and effective dates, etc.).

To Standard Insurance Company:

I understand that The Standard will use the information to determine my eligibility or entitlements under the Colorado PERA Disability Program.

I understand and agree that this Authorization shall remain in force throughout the duration of my claim for payments with The Standard. I understand that I have the right to revoke this Authorization at any time by sending a written statement to The Standard, and that revocation of the Authorization, or the failure to sign the Authorization, may impair The Standard's ability to evaluate or process my application. Revocation of the Authorization may be a basis for denying my claim for payments.

I understand that in the course of conducting its business, The Standard may disclose to other parties information it has about me. The Standard may release this information about me to a reinsurer, a plan administrator, or any person performing business or legal services for The Standard in connection with my application.

I understand that The Standard complies with state and federal laws and regulations enacted to protect my privacy. I also understand that the information disclosed to The Standard pursuant to this Authorization may be subject to redisclosure with my Authorization or as otherwise permitted or required by law. (Disability coverage is not subject to the Privacy Rules of the Health Insurance Portability and Accountability Act (HIPAA) and therefore the release of information to The Standard is not protected under the Act.)

I acknowledge that I have read the *Authorization to Obtain Information*. A photocopy or facsimile of this Authorization is as valid as the original and will be provided to me upon request.

Member's Name (Please Print)

Social Security Number

Signature of Member/Guardian/Representative

Date (month/day/year)

Authorization for The Standard to release information to Colorado PERA

The Authorization to release information is optional and will not impair your eligibility to obtain Colorado PERA disability payments.

I authorize The Standard to release information contained in my file, including any of the information identified above, to PERA for the purpose of conducting performance audits of The Standard. **I acknowledge that I have read the Authorization** and I understand and agree that this Authorization shall remain in force for one year from the date of signature. A photocopy of this Authorization is as valid as the original.

Member's Name (Please Print)

Signature of Member/Guardian/Representative

Date (month/day/year)