



## MARYLAND STATE RETIREMENT AGENCY

120 East Baltimore Street  
Baltimore, Maryland 21202-6700  
410-625-5555 or toll free 1-800-492-5909

**Additionally an application for Accidental Disability** retirement has another time constraint, which must be met. Members applying for accidental disability retirement have a 5-year accident limitation. An accidental disability application may not be accepted or considered from a member if filed more than 5 years after the date of the claimed accident. (No accident-filing limit applies to members of the Law Enforcement Officers' Pension System, Correctional Officers' Retirement System, and the State Police Retirement System.)

### **Retiree**

Since only a member can apply for disability retirement benefits, once retired a person is not eligible to apply for disability retirement. However, retirement regulation does permit an individual to simultaneously apply for service retirement and submit an application for disability retirement consideration.

If you have any questions about your filing deadlines, please call a Retirement Specialist for assistance at (410) 625-5555 or 1-800-492-5909.

## **STEP 2**

### **RETIRING UNDER DISABILITY RETIREMENT REQUIRES ACCEPTANCE WITHIN 120 DAYS OF NOTIFICATION**

Our Medical Board will review your disability claim on the basis of your medical records and will recommend approval or denial of your claim to the Board of Trustees. If the Board approves your claim, you must **complete** and file, within 120 days of notification, the **APPLICATION FOR SERVICE OR DISABILITY RETIREMENT, REEMPLOYMENT AFTER RETIREMENT, ELECTRONIC FUND TRANSFER SIGN-UP APPLICATION (FORM 85), FEDERAL AND MARYLAND STATE TAX WITHHOLDING REQUEST (FORM 766)** and **if applicable HEALTH ENROLLMENT APPLICATIONS to accept the disability retirement.** If you fail to complete and file these forms within 120 days after the Board approves your claim, the approval will expire and you will have to file your claim all over again and you will still have to qualify as a member as explained under STEP 1 (see COMAR 17.04.03.16E).

If you are receiving ordinary disability benefits, you have an earnings limit only if you work for a participating employer and you are under your plan's normal retirement age. If you meet these conditions, your benefit amount will be reduced to recover benefits paid in excess of your earnings limitation. You will receive notification of your earnings limitation at retirement.

If you are approved and accept **accidental** disability retirement, your benefits may be reduced for any Workers' Compensation benefits due or payable for the period of time when you are also receiving disability retirement benefits.

As an ordinary or accidental disability retiree who is not eligible for a normal service retirement, any employment with a participating employer, at an annual salary at least equal to your average final salary at retirement, may result in a suspension of your disability pension. (State Police, LEOPS, Local Fire and Police, and other eligible law enforcement officer retirees will only have their benefits suspended if employed as a probationary status law enforcement officer, law enforcement officer or chief.)

**Page 3 contains the instructions for completing the STATEMENT OF DISABILITY. You should consider providing your physician(s) with a copy of page 3 as it details the types of medical data and reports that you and your physician(s) must submit to enable the Medical Board to determine the severity and duration of your medical condition.**

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## FILING THE DISABILITY CLAIM

### INSTRUCTIONS FOR COMPLETING THE STATEMENT OF DISABILITY

Complete the attached **STATEMENT OF DISABILITY (FORM 20)**. THE APPLICATION REQUIRES YOUR SIGNATURE UNDER SECTIONS 'AUTHORIZATION FOR PHYSICIAN'S MEDICAL REPORTS' AND 'AUTHORIZATION FOR RELEASE OF INFORMATION' ON PAGE 5, 'INDEPENDENT MEDICAL EXAMINATION, IF REQUESTED' ON PAGE 6 AND 'AUTHORIZATION FOR RELEASE OF MEDICAL REPORTS' ON PAGE 7. FAILURE TO COMPLETE AND PROPERLY SIGN ALL SECTIONS OF THE APPLICATION WILL DELAY THE FILING OF YOUR DISABILITY CLAIM.

File with the Retirement Agency the completed **STATEMENT OF DISABILITY (FORM 20)** along with a **PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT (FORM 129)**, an **APPLICATION FOR AN ESTIMATE OF DISABILITY RETIREMENT ALLOWANCE (FORM 21A)**, your **job description signed and dated by your employer** and all applicable medical documentation. If during the claim process your employer places you on a medical unpaid leave of absence, file an **APPLICATION TO BE PLACED ON A QUALIFYING APPROVED LEAVE OF ABSENCE (FORM 46)** to protect your death benefit while on the unpaid medical leave.

It is important to remember that our Medical Board determines your disability claim without the benefit of a personal examination. Therefore, it is critical that you have your physician(s) submit adequate documentation to support your claim. Your physician(s) must include sufficient details of your medical problem to enable the Medical Board to determine the severity and duration of your medical condition. Listed below are types of data and reports that you or your physician(s) must submit (at your expense), if applicable:

- |  |   |
|--|---|
| (1) HISTORY OF VISITS  | (10) PHYSICAL THERAPY AND RESPONSE  |
| (2) HOSPITAL RECORDS<br>(OPERATIVE REPORT & DISCHARGE SUMMARY)   | (11) NEUROLOGICAL AND/OR ORTHOPEDIC CONSULTATIONS   |
| (3) PHYSICAL AND DIAGNOSTIC FINDINGS   | (12) UP-DATED MEDICAL FROM A SPECIALIST   |
| (4) CLINICAL STUDY REPORTS   | (13) HYPERTENSION CASES SHOULD HAVE A SIX MONTH READING OF BLOOD PRESSURE   |
| (5) YOUR PHYSICIAN'S STATEMENT OF YOUR CURRENT DISABILITY SYMPTOMS AND PHYSICAL LIMITATIONS WHY YOU CANNOT PERFORM YOUR JOB DUTIES | (14) HEART CONDITION SHOULD SUBMIT STRESS TEST, EKG, & ECHOCARDIOGRAM TEST RESULTS  |
| (6) LABORATORY AND SPECIAL STUDY REPORTS   | (15) ARTHRITIS OF THE NECK AND/OR BACK SHOULD SUBMIT ACTUAL X-RAYS  |
| (7) REPORT OF X-RAYS AS READ BY EXAMINING PHYSICIAN  | (16) TYPE OF X-RAYS NEEDED FOR ACCIDENTAL CASES ARE ONES TAKEN AFTER THE ACCIDENT, AFTER SURGERY AND/OR MOST CURRENT. IF X-RAYS ARE NOT AVAILABLE, ADVISE IN WRITING. |
| (8) EEG, MYELOGRAM, ANGIOGRAPHY, CAT SCAN, ETC.  | (17) COMPLETE TREATMENT RECORDS FOR DISABILITY CLAIMED EVEN IF THEY PRECEDE DATE OF CLAIMED ACCIDENT.   |
| (9) DIAGNOSIS AND TREATMENT RESPONSES  |   |

CONTINUED ON PAGE 4 (REVERSE SIDE)

**MARYLAND STATE RETIREMENT AGENCY**

120 East Baltimore Street  
Baltimore, Maryland 21202-6700  
410- 625-5555 or toll free 1-800-492-5909

**RETIRING UNDER DISABILITY RETIREMENT  
REQUIRES ACCEPTANCE WITHIN 120 DAYS OF NOTIFICATION**

You must complete and file an **APPLICATION FOR SERVICE OR DISABILITY RETIREMENT** within 120 days of notification of Board approval to accept disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by SRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120<sup>th</sup> day after the approval. In addition, you must file the **REEMPLOYMENT AFTER RETIREMENT FORM**, **ELECTRONIC FUND TRANSFER SIGN-UP APPLICATION (FORM 85)**, **FEDERAL AND MARYLAND STATE TAX WITHHOLDING REQUEST (FORM 766)** and if **applicable HEALTH ENROLLMENT APPLICATIONS**.

For members who purchase service for the period of a qualified Board approved leave of absence, the effective date of retirement will be the later of:

- (1) the date designated on the **APPLICATION FOR DISABILITY RETIREMENT**;
- (2) the day following the expiration date of the qualified approved leave where the leave period has expired prior to the Board's approval of the disability retirement; or
- (3) the first day of the month following the Board's approval of the disability retirement when the qualified leave period has not expired.

For all other members, the effective date of retirement will be the later of:

- (1) the day following the last day on payroll as certified by the applicant's employer;
- (2) the date your **STATEMENT OF DISABILITY IS RECEIVED**; or
- (3) the date designated on the **APPLICATION FOR DISABILITY RETIREMENT**.

**IF YOU NEED ASSISTANCE IN COMPLETING THE REQUIRED APPLICATIONS OR HAVE ANY QUESTIONS, PLEASE CALL A RETIREMENT SPECIALIST AT 410- 625- 5555 OR TOLL FREE AT 1-800-492-5909.**

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202-6700

**STATEMENT OF DISABILITY**  
IMPORTANT: READ THE INSTRUCTIONS FIRST. FILL IN  
APPROPRIATE SECTIONS. PRINT IN INK OR TYPE

FOR RETIREMENT USE ONLY

FORM 20 (REV. 7/10)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Yrs)  
Gender: \_\_\_\_\_  
FIRST INITIAL LAST SOCIAL SECURITY NUMBER  
Home Address: \_\_\_\_\_ EMPLOYING AGENCY  
NUMBER AND STREET  
CITY AND STATE ZIP CODE CLASSIFICATION  
Home Phone: \_\_\_\_\_ - - Work Phone: \_\_\_\_\_ - -

**AUTHORIZATION FOR PHYSICIAN'S MEDICAL REPORT(S)**

Dear Doctor:

Please complete the Physician's Medical Report and forward it directly to the Medical Board of the State Retirement Agency. In addition you are authorized to provide further information regarding my condition to the physician or physicians designated by the Retirement System.

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

**AUTHORIZATION FOR RELEASE OF INFORMATION**

On behalf of the State Retirement Agency, I hereby consent to the release of my personnel records and any medical records on file with the Workers' Compensation Commission, Social Security Administration or from any physician for which medical information has been submitted in connection with my claim. I also hereby consent to allow the State Retirement Agency to obtain information from the Social Security Administration as to my future earnings. A photostat of this authorization shall be treated as though it is the original.

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

**TYPE OF DISABILITY: (CHECK)**

- ( ) ORDINARY - I have at least 5 years of retirement credit, and I am mentally or physically incapacitated for the further performance of the normal duties of my position, and this incapacity is likely to be permanent.
- ( ) ACCIDENTAL - I have had an on-the-job accident within the last 5 years. This accident causing my disability, which totally and permanently incapacitates me from the further performance of my duties and which is the natural and proximate result of such accident, that occurred in the actual performance of duty at a definite time and place and without willful negligence on my part.

**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**

\_\_\_\_\_  
DATE RETIREMENT COORDINATOR'S NAME SIGNATURE  
(PLEASE PRINT)

**AGENCY'S NAME AND MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**IMPORTANT:** The Retirement Agency's specialists and your Agency's retirement coordinators will help you complete and forward the following forms, but, ultimately, it is your responsibility to insure that all of the following forms are completed and submitted with this form:

- ATTACH FORM 21A "APPLICATION FOR AN ESTIMATE OF DISABILITY RETIREMENT ALLOWANCE"
- ATTACH EMPLOYER'S "REPORT OF ACCIDENT" IF ACCIDENTAL DISABILITY IS CLAIMED
- ATTACH A COPY OF EMPLOYEE'S JOB DESCRIPTION, SIGNED AND DATED BY AGENCY
- ATTACH FORM 129 "PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT"
- ATTACH FORM 46 "APPLICATION TO BE PLACED ON A QUALIFYING APPROVED LEAVE OF ABSENCE", IF APPLICABLE

**CONTINUE BY TURNING TO PAGE 6 (REVERSE SIDE)**

**STATEMENT OF DISABILITY**

**APPLICANT COMPLETES THIS SECTION**

If additional space is required, attach a separate sheet.

A. Describe your disability or medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe how your disability affects your job performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Last day you actually worked on the job: \_\_\_\_\_

D. Are you receiving Social Security Benefits? ( ) Yes ( ) No ( ) In Progress  
(If yes, attached a copy of the approval letter)

E. Your Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If additional space is needed, due to more than one physician,  
attach a separate sheet with your name and Social Security  
number on each page.

I agree to appear before the physician(s) designated  
by the State Retirement Agency at such time and  
place as arranged by the Agency if an additional  
opinion is required by the Medical Board.

\_\_\_\_\_  
(Applicant's Signature)

F. Your immediate supervisor or foreman:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED IF YOU ARE APPLYING FOR ACCIDENTAL DISABILITY**

DESCRIBE ACCIDENT: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Witness to accident:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for Workers' Compensation Benefits? ( ) Yes ( ) No

If yes, attach copies of all forms submitted to Workers' Compensation Commission and all orders or awards issued by Workers' Compensation Commission for each accident.

Upon completion, detach page 7 and forward to your physician. Detach and retain pages 1 & 3 for your records. You or your retirement coordinator must forward the remaining pages to the State Retirement Agency. Be sure to submit an application for an estimate of disability retirement allowances with this statement and the Preliminary Application for Disability Retirement.

**CONTINUE BY TURNING TO PAGE 7**



III. POSITIVE LABORATORY FINDINGS  
AND SPECIAL STUDIES:

Give results of all pertinent studies including x-rays, EKGs, etc, with dates. (In the case of EKGs, please attach a copy of the tracing or a detailed description thereof).

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IV. DIAGNOSIS:

- 1.
- 2.
- 3.

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V. TREATMENT AND RESPONSE:

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VI. EVALUATION: Please provide your evaluation as to the patient's ability to perform the duties required by his/her employment.

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VII. PROGNOSIS

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REPORTING PHYSICIAN'S NAME AND ADDRESS: (TYPE OR PRINT)	Physician's Signature	Specialty
	Telephone Number	Date

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Upon completion mail to: Maryland State Retirement Agency  
120 East Baltimore Street  
Baltimore, Maryland 21202-6700

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