

**OSCAR PETERS,
RETIREMENT ADMINISTRATOR**

**Annette A. Paladino
Disability Manager**



**SANTA BARBARA COUNTY
EMPLOYEES' RETIREMENT SYSTEM**

3916 State Street, Suite 210
Santa Barbara, CA 93105
Phone (805) 568-2940
Fax (805) 560-1086

May 24, 2007

Re: Application for Disability Retirement

Dear Applicant:

Per your recent request, enclosed are Parts A, B, C and D of the application for disability retirement, along with the SBCERS By-laws and other supporting information.

If you have questions about how to complete the application or need clarification on any aspect of the disability retirement process, please contact Annette Paladino at (805) 568-2915.

Sincerely,

OSCAR PETERS, RETIREMENT ADMINISTRATOR

Enclosures: As described above

SANTA BARBARA COUNTY EMPLOYEES RETIREMENT SYSTEM

3916 State Street, Ste. 210

Santa Barbara, CA 93105

805-568-2940

805-560-1086 (FAX)

BENEFICIARY DESIGNATION

The following information is submitted in connection with my disability retirement application.

Print Your Name

Social Security Number

1. I am a member of the Santa Barbara County Employees' Retirement System and pursuant to the County Employees Retirement Act of 1937, as amended, I hereby designate and nominate:

Name: _____

Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Birth date: _____

Telephone number: () _____

Social Security Number: _____ - _____ - _____

to receive any and all of my death benefits payable under such Act. In the event said person predeceases me, I hereby nominate and designate:

Name: _____

Relationship: _____

Address: _____
Street name & number; City, State, Zip code

Birth date: _____

Telephone number: () _____

Social Security Number: _____ - _____ - _____

2. All prior death benefit nominations executed by me are hereby revoked and rescinded.

PLEASE NOTE: Pursuant to the County Employees Retirement Law, a surviving spouse may be entitled to receive retirement survivor and death benefits even if he/she has not been formally named as beneficiary. If recently divorced and changing beneficiary, please submit MARITAL SETTLEMENT AGREEMENT for verification that your ex-spouse has no claim on your retirement benefits.

Date

Signature

**Santa Barbara County Employees Retirement System
Application for Disability Retirement**

PART B - AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

(Complete a separate authorization for each separate medical facility listed in question # 9 of Part C. - i.e. If you have seen several doctors at Sansum Santa Barbara Medical Clinic, complete only one release for Sansum Santa Barbara Medical Foundation Clinic)

TO: _____ (List name and address of medical professional)

The purpose of this Authorization is to permit the investigation and processing of an application for disability retirement that I filed with the Retirement System.

The undersigned hereby authorizes and requests you to permit the Santa Barbara County Retirement System, and any authorized agent thereof, to inspect and copy all records of whatever nature in your possession or under your control, without omission, pertaining to any physical or mental health care or examination I have received from any source, including **(but not limited to)** intake documents, personal history questionnaires, progress notes, Workers Compensation forms, job descriptions, excuse from work notes, return to work notes, all reports, diagnostic test results, correspondence, memoranda, and notes, whether typed or handwritten. If any such records pertain to my psychological condition or use of alcohol, drugs, or other substances, their release is hereby specifically authorized.

To the extent that the confidentiality of any of these records may be protected by state or federal law, I waive the same because the records may be relevant to matters that are properly the subject of investigation by the Retirement System. I understand and acknowledge that records disclosed to the Retirement System pursuant to this authorization may be disclosed to individuals assisting the Retirement System to adjudicate my application for benefits, including interested parties, attorneys, independent medical examiners, hearing officers, court reporters and Board trustees. If an appeal of a Board action is filed with the Superior Court, I understand that such records may become part of the court file. I reserve the power to revoke this Authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this Authorization shall automatically expire one year from the date of my signature below. I understand that I have the right to request and receive a copy of this Authorization.

A photocopy of this Authorization shall be as valid as the original.

Name: (please print) _____

Date of Birth: _____

Social Security Number: _____

Date: _____

Signature: _____

**Santa Barbara County Employees Retirement System
Application for Disability Retirement**

**PART B - AUTHORIZATION FOR RELEASE OF
WORKERS COMPENSATION RECORDS**

(Complete one form for release of Workers Compensation records obtained by either Santa Barbara County Risk Management, Innovative Claims Solutions, or your employing district)

TO: County of Santa Barbara and its departments, agents, and third party administrators, or SBCERS member special districts

The purpose of this Authorization is to permit the investigation and processing of an application for disability retirement that I filed with the Retirement System.

The undersigned hereby authorizes and requests you to permit the Santa Barbara County Retirement System, and any authorized agent thereof, to inspect and copy all records of whatever nature in your possession or under your control, without omission, pertaining to my Workers Compensation claims including (**but not limited to**), subpoenaed medical records, treating physician medical records, all P & S reports, all IME, QME or AME medical reports and records, all fitness for duty examination reports, all pre-employment and periodic health examinations, all Workers Compensation claim forms, all claimant deposition transcripts, all physician deposition transcripts, all witness statements, all investigative reports, all excuse from work notes, all return to work notes, all correspondence to/from physicians, all job descriptions, all job analysis reports, all RU 91 forms, all RU 94 forms, all written offers of modified work or offered reasonable accommodations, all vocational rehabilitation notes and reports, all C & R agreements, all Findings and Awards documents, etc. If any such records pertain to my psychological condition or use of alcohol, drugs, or other substances, their release is hereby specifically authorized.

To the extent that the confidentiality of any of these records may be protected by state or federal law, I waive the same because the records may be relevant to matters that are properly the subject of investigation by the Retirement System. I understand and acknowledge that records disclosed to the Retirement System pursuant to this authorization may be disclosed to individuals assisting the Retirement System to adjudicate my application for benefits, including attorneys, independent medical examiners, hearing officers, court reporters and Board trustees. If an appeal of a Board action is filed with the Superior Court, I understand that such records may become part of the court file. I reserve the power to revoke this Authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this Authorization shall automatically expire one year from the date of my signature below. I understand that I have the right to request and receive a copy of this Authorization. A photocopy of this Authorization shall be as valid as the original.

Name: (please print) _____

Date of Birth: _____

Social Security Number: _____

Date: _____

Signature: _____

**Santa Barbara County Employees Retirement System
Application for Disability Retirement**

PART B - AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO: County of Santa Barbara and its departments, or SBCERS member special district

_____ **(Applicant to leave this section blank)**

The purpose of the Authorization is to permit the investigation and determination of my entitlement to disability retirement benefits from the Retirement System

The undersigned hereby authorizes and requests you to permit the Santa Barbara County Retirement System, and any authorized agent thereof, to inspect and copy all records of whatever nature in your possession or under your control, without omission, pertaining to any employment that I have held, including (without limitation) records relating to my employment application, hiring, job duties, job performance, hours worked, compensation paid, termination, injuries (either on the job or off), medical insurance, workers compensation claims, fitness for duty evaluations, leave applications, correspondence to/from my doctors, any investigative reports, any grievances, any meeting notes, memos, correspondence to/from me, any job descriptions, any requests for reasonable accommodation, any offers of reasonable accommodation, any letters of resignation, separation documents, etc

To the extent that the confidentiality of any of these records may be protected by state or federal law, I waive the same because the records may be relevant to matters that are properly the subject of investigation by the Retirement System. I understand and acknowledge that records disclosed to the Retirement System pursuant to this authorization may be disclosed to individuals assisting the Retirement System to adjudicate my application for benefits, including attorneys, independent medical examiners, hearing officers, court reporters and Board trustees. If an appeal of a Board action is filed with the Superior Court, I understand that such records may become part of the court file. I reserve the power to revoke this Authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this Authorization shall automatically expire one year from the date of my signature below. I understand that I have the right to request and receive a copy of this Authorization.

A photocopy of this Authorization shall be as valid as the original.

Name: (please print) _____

Date of Birth: _____

Social Security Number: _____

Date: _____

Signature: _____

**OSCAR PETERS,
RETIREMENT ADMINISTRATOR**

**Annette A. Paladino
Disability Manager**



**SANTA BARBARA COUNTY
EMPLOYEES' RETIREMENT SYSTEM**

3916 State Street, Suite 210
Santa Barbara, CA 93105
Phone (805) 568-2940
Fax (805) 560-1086

Dear Member:

Re: Application for Disability Retirement - PART C

In accordance with section 503 of the Bylaws of the Retirement Board, you are requested to provide additional information in support of your application for disability retirement in the form of answers to the enclosed questionnaire (Part C). The Bylaws require that you provide full answers in writing, signed under penalty of perjury.

A failure to provide full and accurate information can delay the processing of an application and, pursuant to section 519 of the Bylaws, may result in the imposition of sanctions.

Sincerely,

**OSCAR PETERS
RETIREMENT ADMINISTRATOR**

Enclosure: Part C-Supplement to Application for Disability Retirement

Santa Barbara County Employees Retirement System Application For Disability Retirement

Please provide complete answers to the following questions. Add additional sheets, if necessary.

PART C - SUPPLEMENTAL QUESTIONS

Applicant Name:

1. List all other names by which you have been known.

2. Is your claimed disability the result of an injury or an illness? (Circle one or both)

A. InjuryB. Illness

3. Do you believe that your Santa Barbara County employment caused or aggravated your disabling condition? If so, please explain your belief.

4. If your disabling condition is the result of an on the job injury, please explain the facts of the injury including the date of the injury, the location where it occurred, the circumstances of the injury, the names of any witnesses to the injury, and any other pertinent details.

5. If your disabling condition is the result of a non-industrial injury, please describe the injury; describe the nature and the frequency of your symptoms, whether your condition is changing in any way (improving or worsening) or whether your condition has stabilized. Also, please indicate all medications that you are currently taking to treat the injury.

6. If your disabling condition is the result of an illness, please give the name of the illness; describe the symptoms of the illness, the frequency of the symptoms, whether the condition is changing in any way (improving or worsening) or whether the condition has stabilized. Also, please indicate all medications that you are currently taking to treat the illness.

7. Please explain fully why you believe your condition prevents you from performing your job duties.

8. Is there anything that your employer can do that you believe would enable you to perform your duties? i.e. - give you another assignment within your job class, make physical modifications to your work area, delegate some of your duties to a co-worker, allow you to perform some duties with the assistance of a co-worker, provide you with ergonomic technology such as a voice activated computer, safety lifting belt, telephone headset, etc. Please explain whether you requested any reasonable accommodation from the County and, if so, how did the County deal with your request. Be specific.

9. Please list the names, addresses, and phone numbers of all the medical providers who (A) treated you for the disabling condition, (B) all medical professionals who evaluated your disabling condition for purposes of obtaining any benefits such as Workers Compensation and Social Security disability benefits, etc and (C) all medical professionals who treated or evaluated you for any reason during the 5 year period immediately before the onset of your illness or injury.

This application will be deemed complete upon receipt of all records necessary for the investigation of the claim, including medical, employment, personnel records, etc. When the Retirement Office deems the application complete, the 150-day investigative period will begin. If upon review of the received records, additional records are deemed necessary; the 150-day investigative period will be suspended until additional records are subpoenaed, received, and reviewed. Please note: failure to provide complete and accurate information, including a complete list of all health care providers may result in a suspension of the investigative period and may delay the determination of your entitlement to disability retirement benefits.

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was signed on the _____ day of _____, 2006, at _____, California.

(Signature)_____

**OSCAR PETERS,
RETIREMENT ADMINISTRATOR**



**SANTA BARBARA COUNTY
EMPLOYEES' RETIREMENT SYSTEM**

**Annette A. Paladino
Disability Manager**

3916 State Street, Suite 210
Santa Barbara, CA 93105
Phone (805) 568-2940
Fax (805) 560-1086

Part D – Treating Physician Statement

Dear Member:

Please have the treating physician who is treating you for the condition that is the basis of your application complete Part D of the application. If you are contending to be permanently incapacitated by more than one condition – i.e. orthopedic and psychiatric conditions, please provide a Treating Physician's Statement for each condition.

Please note: your application will be considered incomplete until Part D – Treating Physician's Statement is received by the Retirement Office.

If you have questions regarding the treating physician's statement, please call Annette Paladino, Disability Retirement Manager at 805-568-2915.

Sincerely,

OSCAR PETERS, RETIREMENT ADMINISTRATOR

PART D - TREATING PHYSICIAN'S STATEMENT

TO THE TREATING PHYSICIAN: To determine whether your patient meets the requirements for a disability retirement under the County Employees Retirement Law, the Retirement Board will consider the information that you provide in this statement along with information contained in your treating records and the records of other evaluating medical professionals.

Patient's Name: _____

Physician Name _____ Physician Telephone _____

1. How long have you treated this patient? _____ Frequency? _____

2 Identify the disabling condition(s), if any _____

3. Describe the patient's limitation(s), if any _____

4. Is this disability temporary, permanent (unlikely to improve in patient's lifetime) or indeterminable at this time?

5. List any permanent work restrictions:

6. What is the cause or causes of the disabling condition? _____

Physician Signature

Date

Return to: SBCERS, 3916 State Street, Suite 210, Santa Barbara, CA 93105

**OSCAR PETERS,
RETIREMENT ADMINISTRATOR**

**Annette A. Paladino
Disability Manager**



**SANTA BARBARA COUNTY
EMPLOYEES' RETIREMENT SYSTEM**

3916 State Street, Suite 210
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Dear Member:

This letter and its enclosures will provide you with some essential information concerning the disability retirement application process.

DISABILITY RETIREMENT APPLICATION PROCEDURES

The rules and procedures of the Retirement Board governing applications for disability retirement are set forth in Article V of the Board's Bylaws, a full copy of which is enclosed for your reference. You should review these provisions carefully, since a failure to comply could delay the determination of entitlement to disability retirement, or result in a determination adverse to you.

LEGAL REPRESENTATION

No applicant for disability retirement is required to have an attorney at any time; however, any applicant may at their own expense, retain an attorney at any time during the application process. If you choose to be represented by an attorney, the attorney must file with this office a written Notice of Representation.

DISABILITY RETIREMENT BENEFITS

Your Benefits Specialist can provide you with information on the estimated amount of your monthly disability retirement allowance (if granted), the effective date of any benefits, survivor benefits, etc.

Members Served Representative Phone Number

Santa Barbara Office -- California residents with zip code lower than 93200, plus residents of Buellton, Los Olivos, Santa Ynez, and Solvang:

- Last Name A-K..... Barbara Gordon ... (805) 568-2942
- Last Name L-Z Scott Dunlap (805) 568-2943

Santa Maria Office – All out of state residents, and California residents with zip code higher than 93200, excluding residents of Buellton, Los Olivos, Santa Ynez, and Solvang:

- Last Name A-K..... Doreen Miller (805) 739-8668
- Last Name L-Z Reneé Lynn (805) 739-8667

PURCHASE OF UNPAID MEDICAL LEAVE

You may have the right to increase your total service credit by purchasing (paying retirement contributions and interest) all or a portion of unpaid medical leave. Your retirement representative can provide you with information on the cost of purchasing medical leave time, the payment method, and other information that you should consider when deciding whether to purchase unpaid medical leave.

SERVICE RETIREMENT:

Government Code section 31725.7 provides that in some circumstances a member may apply for and receive a service retirement allowance pending determination of entitlement to a disability retirement. If you are interested, please consult your retirement representative to see if you are eligible for service retirement. If you choose to retire for service, **you may not return to your County employment in the event that your disability retirement is denied.** Please review the enclosed text of section 31725.7 and, if you wish to discuss your eligibility, please contact your Benefits Specialist at the above listed phone numbers.

If you have any questions on the disability application process, please contact Annette Paladino, Disability Manager at (805) 568-2915.

Sincerely,

OSCAR PETERS
RETIREMENT ADMINISTRATOR

Enclosures: Bylaws Article V; Gov. Code § 31725.7

Government Code § 31725.7 Service retirement allowance pending determination of entitlement

At any time after filing an application for disability retirement with the board, the member may, if eligible, apply for, and the board in its discretion may grant, a service retirement allowance pending the determination of his entitlement to disability retirement. If he is found to be eligible for disability retirement, appropriate adjustments shall be made in his retirement allowance retroactive to the effective date of his disability retirement as provided in Section 31724.

This section shall not be construed to authorize a member to receive more than one type of retirement allowance for the same period of time nor to entitle any beneficiary to receive benefits which the beneficiary would not otherwise have been entitled to receive under the type of retirement which the member is finally determined to have been entitled. In the event a member retired for service is found not to be entitled to disability retirement he shall not be entitled to return to his job as provided in Section 31725.

If the retired member should die before a final determination is made concerning entitlement to disability retirement, the rights of the beneficiary shall be as selected by the member at the time of retirement for service. The optional or unmodified type of allowance selected by the member at the time of retirement for service shall also be binding as to the type of allowance the member receives if the member is awarded a disability retirement.

**OSCAR PETERS,
RETIREMENT ADMINISTRATOR**

**Annette A. Paladino
Disability Manager**



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EMPLOYEES' RETIREMENT SYSTEM**

3916 State Street, Suite 210
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Phone (805) 568-2940
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**Application for Disability Retirement:
Your Rights to Vocational Rehabilitation Under § 31725.65**

Dear Member:

Enclosed is a copy of Section 31725.65 of the Government Code, for your information. It provides that in the event the Board of Retirement should find you eligible for a **service-connected** disability retirement, but capable of performing the duties of another position within County service, that the Board shall refer you to a County agency to initiate a suitable re-employment plan. If such a plan were successful, you would receive compensation at least equivalent to that of your current position, even if the new position is a lower paying job, with any difference in compensation between the two positions paid to you by the Retirement System in lieu of a disability retirement.

If you do report for duty in a new position and later leave County employment, either voluntarily or involuntarily, your service-connected disability retirement benefits will begin again after your second period of County employment ends.

In connection with our obligations under Section 31725.65, we request that you complete and sign the enclosed questionnaire as part of your disability retirement application, and return it to us at your earliest opportunity.

If you have any questions regarding this matter, please contact Annette Paladino, Disability Manager at (805) 568-2915.

Sincerely,

**OSCAR PETERS
RETIREMENT ADMINISTRATOR**

enclosures: 31725.65 Questionnaire

§31725.65 Questionnaire

I have received a letter from the Santa Barbara County Retirement System describing the provisions of Government Code Section 31725.65, as well as a copy of the statute. Fully informed as to my rights under the statute, I make the following election.

___ In the event that I am determined to be permanently incapacitated from performing my usual duties in County service and that incapacity is found to be service connected, I am interested in considering a rehabilitation plan that may result in my being placed in another position within County service in a different job classification. **I request that potential positions within County service be explored concurrently with my disability retirement application, if feasible.**

___ In the event that I am determined to be permanently incapacitated from performing my usual duties in County service and that incapacity is found to be service connected, I am not interested in participating in a rehabilitation plan to be placed in another position within County service in a different job classification. I hereby **waive** my rights to be considered for such a plan and **instruct the Retirement System not to pursue such a plan on my behalf.**

___ I am not currently interested in being considered for a rehabilitation plan to be placed in another position within County service in a different job classification. However, in the event that I am found to be permanently incapacitated from performing my usual duties in County service and that incapacity is found to be service connected, **I would like to be re-contacted and provided with further information regarding my available options at that time.**

Applicant
(Signature)

Date

31725.65. (a) When the board finds, based on medical advice, that a member in county service is incapacitated for the performance of the member's duties, the board shall determine, based upon that medical advice, whether the member may be capable of performing other duties.

If the board determines that a member, although incapacitated for the performance of the member's duties, is capable of performing other duties, the board shall notify the appropriate agency in county service of its findings.

(b) When the appropriate agency in county service receives that notification from the board, the agency shall immediately inform the member of any vacant county positions that may be suitable for the member, consistent with his or her disability, and shall consult with the member in an effort to develop a reemployment plan that shall identify what position, if any, in county service would be compatible with the member's aptitudes, interests, and abilities.

(c) Upon approval by the member of the reemployment plan, the appropriate agency in county service shall notify the board that the agency is proceeding to implement the approved reemployment plan.

(d) Upon commencement of service by the member in the position specified in the approved reemployment plan, the member shall not be paid the disability retirement allowance to which the member would otherwise be entitled during the entire period that the member remains in county service. However, if the compensation rate of the position specified in the approved reemployment plan is less than the compensation rate of the position for which the member was incapacitated, the board shall, in lieu of the disability retirement allowance, pay to the member a supplemental disability allowance in an amount equal to the difference between the compensation rate of the position for which the member was incapacitated, applicable on the date of the commencement of service by the member in the position specified in the approved reemployment plan, and the compensation rate of the position specified in the plan, applicable on the same date. The supplemental disability allowance shall be adjusted annually to equal the difference between the current compensation rate of the position for which the member was incapacitated and the current compensation of the position specified in the approved reemployment plan. The supplemental disability allowance payments shall commence upon suspension of the disability retirement allowance and the amount of the payments shall not be greater than the disability retirement allowance to which the member would otherwise be entitled. Supplemental disability allowance payments made pursuant to this section shall be considered as a charge against the county advance reserve for current service, and all of these payments received by a member shall be considered as a part of the member's compensation within the meaning of Section 31460.

(e) From the time that the member is eligible to receive a disability retirement allowance until the appropriate agency is able to provide the position in county service specified in the approved reemployment plan, and the member has commenced service in that position, the disability retirement allowance to which the member is entitled under this article shall be paid. Upon commencement of service by the member in the position specified in the approved reemployment plan, the period during which the member was receiving disability retirement payments shall not be considered as breaking the continuity of the member's service, and the rate of the member's contributions shall continue to be based on the same age at entrance into the retirement system as the member's rates were based on prior to the date of the member's disability. The member's accumulated contributions shall not be reduced as a result of the member

receiving the disability retirement payments, but shall be increased by the amount of interest that would have accrued had the member not been retired.

(f) Notwithstanding Section 31560, a member whose principal duties, while serving in the position for which the member was incapacitated, consisted of activities defined in Section 31469.3 shall, upon commencement of service by the member in the position specified in the approved reemployment plan, continue to be considered as satisfying the requirements of Section 31560, notwithstanding the actual duties performed during the entire period that the member remains in county service.

(g) This section shall apply only to members who are incapacitated for the performance of the member's duties on or after January 1, 2004, and who are eligible to retire for service-connected disability.