Employer/
School district ...... ____________________

Date sent
to employer .... ____________________

Please return by .... ____________________

Type of disability
applied for .... ☐ Accidental ☐ Ordinary
☐ Both

Applicant .... ____________________

Social Security
number .... ____________________

School .... ____________________

Disability Applicant's
Employer's Statement

INSTRUCTIONS

- The applicant named above has applied to retire from the Massachusetts Teachers' Retirement System on the basis of either accidental or ordinary disability, also as indicated above. In order to evaluate this person's application, we need to obtain background information from you, the applicant's employer. The questions in this booklet should be answered by the administrator in your school district who is most familiar with the applicant's claim; typically, this is the applicant's immediate supervisor, the building principal or the school superintendent.
- **IMPORTANT—PLEASE NOTE:**
  - ☐ **This statement must be signed by two people: the person who prepared it *and* the school superintendent.**
  - ☐ **You must attach a copy of the applicant's job description to your completed statement.**
  - ☐ **Even if the applicant is no longer employed in your school district, we must receive complete answers to the questions presented.** (For example, "N/A, no longer employed here" will not be accepted.)
- If you need general information about our disability application and evaluation process, please refer to our booklet, *What You Need to Know About Disability Retirement*. If you have any questions or need clarification, please contact our Legal Unit for help.
- Do not remove any pages from this booklet. If necessary, please attach additional sheets.
- Please print the information legibly, in ink.
- Be sure to complete the entire statement and attach all required documents before returning this statement to our office.
- Before you send this booklet and your documents to us, make a photocopy of all pages for your records.
- After you have completed this statement, gathered the required documents and made a photocopy for your records, please send your materials, by the return date indicated above, to:

  Disability Case Manager
  Massachusetts Teachers' Retirement System
  500 Rutherford Avenue, Suite 210
  Charlestown, MA 02129-1628

MAIN OFFICE

500 Rutherford Ave., Suite 210
Charlestown, MA 02129-1628
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01144-4028
Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs

Form LEG-DRE-10032016

Applicant
(see cover)

■ Applicant's name ______________________ Social Security number ______________

Statement Preparer

■ Name ______________________
Last First MI

Title ______________ School district ______________

Office/school address ______________________
Number and street PO Box City State ZIP

Phone (_____) ______________ Fax (_____) ______________

■ How long have you known the applicant? . . . . . . Since (mm/yyyy) ________; or, ______ years, ______ months

■ Have you supervised the applicant? . . . . . . ☐ No ☐ Yes; from ________ to ________
(mm/dd/yyyy) (mm/dd/yyyy)

Applicant's Supervisors

■ Immediate supervisor's name ______________________
Last First MI

Title ______________________

Office/school address ______________________
Number and street PO Box City State ZIP

Phone (_____) ______________ Fax (_____) ______________

■ Principal's name (if applicable) ______________________
Last First MI

School address ______________________
Number and street PO Box City State ZIP

Phone (_____) ______________ Fax (_____) ______________

■ Superintendent's name ______________________
Last First MI

Office address ______________________
Number and street PO Box City State ZIP

Phone (_____) ______________ Fax (_____) ______________

Employer's Attorney Data
(if applicable)

■ Name ______________________
Last First MI

Firm ______________________

Address ______________________
Number and street Suite/floor

____
City State ZIP

Phone (_____) ______________ Fax (_____) ______________

Preparer's Statement

■ I, the undersigned, have been authorized by the school district listed above to prepare this statement. I understand that the above-named applicant, employee and member of the Massachusetts Teachers' Retirement System has applied for disability retirement pursuant to the provisions of Massachusetts General Laws Chapter 32. I certify that I have read and understand the information contained in this statement, and I subscribe, under the penalties of perjury, that the information I have supplied in this statement is true, complete and correct to the best of my knowledge.

Preparer's signature ______________________ Date ______________

Superintendent's Statement

■ I, the undersigned, am the Superintendent of the school district from which the applicant is seeking to retire on the basis of a disability. I certify that I have read and understand the information contained in this statement, and I subscribe, under the penalties of perjury, that the information supplied in this statement is true, complete and correct to the best of my knowledge.

Superintendent's signature ______________________ Date ______________

Current Employment

IMPORTANT NOTICE

This section requires that you attach and submit a copy of ALL of the following:

- ☐ **The applicant's official job description**
- ☐ **Any records of the applicant's physical condition**
- ☐ **Any records of the applicant's education, training qualifications or certification**

THESE RECORDS ARE ESSENTIAL!

■ Please attach a copy of the applicant's current job description and provide the following information:

Title____

Dates employed in this position .... From______________ (mm/dd/yyyy) to ______________ (mm/dd/yyyy)

School____

School address____
Number and street

____
City State ZIP

Phone (________) ______________ Fax (________) ______________

■ Do you have any records regarding the applicant's physical condition, either at the time of his or her employment with your school district (for example, a pre-employment physical exam report) or thereafter? .... ☐ No ☐ Yes

- If "yes," please attach such records to your statement.

■ Do you have any records regarding the applicant's education, training, qualifications or certification (for example, a résumé or application)? .... ☐ No ☐ Yes

- If "yes," please attach such records to your statement.

■ Please list the individuals in the applicant's school building who are most familiar with the applicant's job duties as well as those persons who you consulted in the preparation of this statement.

- Name ____

  Title ____

  - Did you consult the above-named individual in preparing this statement?.... ☐ No ☐ Yes

- Name ____

  Title ____

  - Did you consult the above-named individual in preparing this statement?.... ☐ No ☐ Yes

- Name ____

  Title ____

  - Did you consult the above-named individual in preparing this statement?.... ☐ No ☐ Yes

■ Please list the name and telephone number of any person or persons the Board should contact to obtain further information on this applicant.

- Name ________________________ Phone (______) ____________
- Name ________________________ Phone (______) ____________
- Name ________________________ Phone (______) ____________
- Name ________________________ Phone (______) ____________

Disabilities and Duties

Please respond to these questions even if the applicant is no longer actively employed.

- Please describe the essential duties which the applicant is or was required to perform in his or her current or last position. Refer to the inside back cover of this booklet for a definition of "essential duties."

- How frequently is (was) the applicant required to perform the duties described above?

- Please describe the physical requirements of the applicant's current position.

- In your opinion, are there any physical requirements that the applicant cannot perform because of the claimed disability? .... ☐ No ☐ Yes

  Please explain

- In your opinion, could the applicant perform the substantial duties of his or her current position if he or she was reasonably accommodated?........... ☐ No ☐ Yes

  Please explain

Future Opportunities for Employment

- Are there any other positions in your school district which the applicant may be able to perform, notwithstanding his or her current condition?........ ☐ No ☐ Yes

  If "yes," please identify and describe the position(s)

- Are there any positions listed above which are available or which are likely to become available within the foreseeable future? .... ☐ No ☐ Yes

  If "yes," please identify the position(s) and availability

- In your opinion, based on the applicant's experience and qualifications, are there any circumstances under which he or she could return to work? ..... ☐ No ☐ Yes

  If "yes," please explain

Reactions and Responses to Disability Claim

■ Have you been made aware of the applicant's medical condition? ☐ No ☐ Yes

If "yes," please state how, when and by whom

■ Has the applicant's medical condition affected his or her attendance or job performance? ☐ No ☐ Yes

Please attach a copy of the applicant's attendance records and performance evaluations for the last five years. Also, if "yes," please describe the impact of the alleged disability on the applicant's ability to perform his or her job.

IMPORTANT NOTICE

This section requires that you attach and submit a copy of ALL of the following:

- ☐ **The applicant's attendance records for the last five years**
- ☐ **The applicant's performance evaluations for the last five years**

THESE RECORDS ARE ESSENTIAL!

■ Did the applicant request any modification of job duties in order to accommodate his or her medical condition? ☐ No ☐ Yes

If "yes," please explain

■ Did your school district offer any modification of job duties or other reasonable accommodations to the applicant because of his or her medical condition? ☐ No ☐ Yes

If "yes," please explain

■ Did the applicant file any grievances against your school district which could be related to his or her claim for disability? ☐ No ☐ Yes

If "yes," please explain, including the status of any grievance

■ Did your school district conduct any tests or studies on any area of the school building or grounds based on the applicant's claim of disability? ☐ No ☐ Yes

If "yes," please explain, including a description of any repairs made

Reactions and Responses to Disability Claim

Continued from page 4

- In your opinion, is the applicant's alleged disability the result of, or in any way related to, a personnel action? ☐ No ☐ Yes

  If "yes," please explain

  ____
  ____
  ____
  ____

- Does the applicant's employer, the school district, support the applicant's claim for a disability retirement? ☐ No ☐ Yes

  If "no," please explain

  ____
  ____
  ____
  ____

Workers' Compensation

- Has the applicant applied for Workers' Compensation benefits? ☐ No ☐ Yes

  If "yes," please provide the following information:

  - Date applied for (mm/dd/yyyy) ______________________________

- Has the applicant received or is he or she receiving Workers' Compensation benefits or a settlement? ☐ No ☐ Yes

  If "yes," please provide the following information:

  - Type of Workers' Compensation benefits received or receiving ☐ Weekly benefits ☐ Settlement (please attach a copy of the agreement)
  - Date of initial payment (mm/dd/yyyy) ______________________________
  - Amount of payment ______________________________
  - Is the applicant receiving Workers' Compensation COLA? ☐ No ☐ Yes
    If yes, date he or she first received COLA (mm/dd/yyyy) ______________________________
  - Name of attorney for Workers' Compensation Insurer ______________________________
  - Name of Insurer ______________________________
  - Please provide the name, phone number and e-mail for the responsible adjuster/claims representative ______________________________
  - If self-insured, please provide the name, phone number and e-mail of your school, town or city's Workers' Compensation agent ______________________________
  - If self-insured with a third party administrator, please provide the name, phone number and e-mail of the responsible insurance adjuster/claims representative ______________________________

Note to Preparer

- If the applicant has applied for retirement based on

  ORDINARY DISABILITY ONLY, you do **not** have to complete the remaining pages in this booklet. Please be sure that you sign the Preparer's Statement—and that your Superintendent also signs the Superintendent's Statement—on page 1 before you return your form and attachments to the MTRS. Please be advised that, at such time as this application may go before the Board for a hearing, you and others familiar with this case may be required to testify in person. Thank you for your cooperation and assistance!

  ACCIDENTAL DISABILITY ONLY or BOTH ACCIDENTAL AND ORDINARY DISABILITY, you must complete the remaining pages in this booklet. Please continue on page 6.

Circumstances Related to Claim of Accidental Disability

One of the conditions for receiving approval of an application for accidental disability retirement benefits is that the Board must find that the applicant's disability is the natural and proximate result of either

- **a personal injury sustained** (usually, one or several specific incidents) or
- **a hazard undergone** (generally, exposure to a harmful situation over a period of time).

- Are you aware of the incident or hazard that the applicant is alleging occurred or existed? ☐ No ☐ Yes

  If "yes," please explain, noting whether and when you had any conversations with the applicant regarding such incident or hazard.

  ____
  ____
  ____
  ____

- Are you aware of any incidents or hazards that are **related to the applicant's job duties** that may have caused or contributed to the applicant's alleged disability? ☐ No ☐ Yes

  If "yes," based on your personal knowledge and being as specific as possible, please describe such incidents or hazards that may have caused the applicant's alleged disability.

  - Date(s) ______________________________
  - Specific time(s) or if hazard/ exposure, length of time exposed ______________________________
  - Location(s) ______________________________
  - Description of incident(s) or hazard/exposure ______________________________
    ____
    ____

- Are you aware of any incidents or hazards that are **NOT related to the applicant's job duties** that may have caused or contributed to the applicant's alleged disability? ☐ No ☐ Yes

  If "yes," based on your personal knowledge and being as specific as possible, please describe such incidents or hazards that may have caused the applicant's alleged disability.

  - Date(s) ______________________________
  - Specific time(s) or if hazard/ exposure, length of time exposed ______________________________
  - Location(s) ______________________________
  - Description of incident(s) or hazard/exposure ______________________________
    ____

Circumstances Related to Claim of Accidental Disability

Continued from page 6

- In your opinion, did the applicant's alleged incidents or hazards occur while the applicant was performing his or her job duties? .... ☐ No ☐ Yes

  Please explain

  ____

- Are you aware of any job duties that may have contributed to an aggravation of the applicant's medical condition?......................... ☐ No ☐ Yes

  If "yes," please explain

  ____

- Please describe the job duties the applicant was performing immediately prior to and during the time of the personal injury sustained or the hazard/exposure undergone.

  ____

Witness Data

- Did anyone witness the incident(s) or hazard/exposure described above? ..... ☐ No ☐ Yes

  If "yes," please provide the following information for each witness.

  - Name ______________________________
    Last First MI

    Address ______________________________
    Number and street Apt. PO Box

    ____
    City State ZIP

    Phone (________) ____________ Relationship to applicant ____________

  - Name ______________________________
    Last First MI

    Address ______________________________
    Number and street Apt. PO Box

    ____
    City State ZIP

    Phone (________) ____________ Relationship to applicant ____________

Incident Reports

IMPORTANT NOTICE

This section requires that you attach and submit a copy of ALL of the following:

- ☐ **Reports or investigations concerning the applicant's alleged incidents or hazards.**

THESE RECORDS ARE ESSENTIAL!

■ Are you aware of any reports or investigations relating to the incident(s) or hazard/exposure claimed by the applicant?. . . . . ☐ No ☐ Yes

If "yes," please attach a copy of any such report or investigation in your possession and provide the following information for each person or agency who prepared such report.

■ Name ______________________________
Last First MI

Agency ______________________________

Address ______________________________
Number and street

____
City State ZIP

Phone (________) ______________________ Date of report ______________________
(mm/dd/yyyy)

■ Name ______________________________
Last First MI

Agency ______________________________

Address ______________________________
Number and street

____
City State ZIP

Phone (________) ______________________ Date of report ______________________
(mm/dd/yyyy)

Note to Preparer

You have now completed the Employer's Statement. Please be sure that you sign the Preparer's Statement—and that your Superintendent also signs the Superintendent's Statement—on page 1 before you return this form and attachments to the MTRS.

Please be advised that, at such time as this application may go before the Board for a hearing, you and others familiar with this case may be required to testify in person.

Thank you for your cooperation and assistance!

Determination of Essential Duties

In connection with all applications for disability retirement and evaluations, a determination of the essential duties of the relevant job or position shall be made. The determination of what constitutes an essential duty of a job or position is to be made by the employer, based on all relevant facts and circumstances and after consideration of a number of factors.

Please note that if the Commonwealth's Human Resources Division has promulgated a list or description of essential duties for a position that is consistent with those of the member's position, the employer shall submit such a list or description as the essential duties for the position in question. The Human Resources Division may be reached at:

- Phone. 617-727-3777
- Online . . . . http://mass.gov/hrd (check here for posted job specifications)

The term "essential duties" as used in Massachusetts General Laws, Chapter 32 and in all regulations promulgated by the Public Employee Retirement Administration Commission shall mean those duties or functions of a job or position which must necessarily be performed by an employee to accomplish the principal object(s) of the job or position. The essential duties of a position are those that bear more than a marginal relationship to the position. In making the determination as to whether a function or duty is essential, the employer shall consider and provide documentation to include, but not be limited to:

- the nature of the employer's operation and the organizational structure of the employer;
- current written job descriptions;
- whether the employer requires all employees in a particular position to be prepared to perform a specific duty;
- the number of employees available, if any, among whom the performance of the job function can be distributed;
- the amount of time that employees spend performing the function;
- whether the function is so highly specialized that the person in the position was hired for his or her special ability to perform the function;
- the consequences of not requiring the employee to perform the function;
- the actual experience of those persons who hold and have held the position or similar positions; and,
- collective bargaining agreements.