



Arkansas Public Employees' Retirement System

Applying for Disability Retirement Benefits

This publication is for members whose employment under this system or a reciprocal system ended due to a disability. The information inside will help you with:

- *Determining Your Eligibility,*
- *Understanding Your Benefits,*
- *Applying For Your Benefits, and*
- *Completing Your Application*

If you have any questions about the information in this publication or the *Application for Retirement Annuity* that should accompany this publication, please contact a retirement counselor in the APERS office at (501) 682-7830 inside Pulaski County or toll free at 1-800-682-7377 outside Pulaski County.

Part I. Determining Your Eligibility

If you have five years of service, generally, you are vested for retirement benefits. If before you reach retirement age you become totally and permanently disabled due to a personal injury or illness, you may be eligible for disability retirement if you meet certain requirements. These requirements determine which of the two types of approval is necessary: normal (or automatic) approval or an APERS Board of Trustees approval. Listed below are the requirements for each type of approval.

Type of Approval	Requirement
Normal Approval	<ol style="list-style-type: none">1. You must be approved by the Social Security Administration (Social Security) for disability benefits, and2. You must have service credit in APERS or a reciprocal system for at least eighteen (18) of the twenty-four (24) months before your disability onset date. Your onset date is the date which Social Security determined that your illness or injury began.
Board Approval*	<ol style="list-style-type: none">1. You are approved by Social Security, but you do not have service credit in APERS for 18 of the 24 months immediately preceding your disability. Your onset date must be within 24 months of your termination of employment, and a board-approved physician must determine that when you terminated you were suffering from an illness or injury that led to the disability. <i>or</i>2. You are denied disability benefits by Social Security through the Administrative Law Judge appeal level.

**Board Approval is required only if you do not meet the Normal Approval requirements. If you must be approved by the Board, please contact us for additional information.*

Part II. Understanding Your Benefits

If you are approved for disability retirement, you will receive an annuity (a series of regular payments) which is paid to you each month for as long as you are disabled. With normal approval, your disability benefit will be effective the first of the month following the later of either your termination of employment or your disability onset date. The amount of your disability annuity is based on your final average compensation and your total credited service. Your benefit is not reduced for early retirement and is the same amount you would receive for normal retirement.

Part III. Applying For Your Benefits

You may apply for disability retirement from this system as soon as you determine that you will apply to Social Security; you do not have to wait until Social Security approves you to apply to this system. To apply for a disability retirement annuity, you must submit the following documents: **1) an Application for Retirement Annuity form, 2) an Employer Verification of Termination form, 3) the Addendum for Disability Retirement Applicants, 4) proof of approval by Social Security, and 5) proof of your age.** You are responsible for submitting all required documents. Without all of the required documents, we cannot determine your eligibility for benefits or issue your first annuity payment if you are approved.

REQUIRED DOCUMENTS

1) Application for Retirement Annuity

You may file your application at any time. You can mail or hand-deliver an application, but we do not accept faxed applications.

2) Employer Verification of Termination

Your employment with an APERS-participating employer must end before you can begin receiving a retirement annuity. A representative from your employer's central payroll department must complete the verification form to verify the date that your employment ended (or will end) and to verify your final earnings.

3) Addendum for Disability Retirement Applicants

You must submit the addendum which includes three additional forms: 1) *Authorization for Release of Social Security Disability Information*, 2) *Acknowledgement of Return to Work Policy*, and 3) *Authorization for Reduced Retirement*.

4) Proof of Approval by Social Security

You must submit a document from Social Security which confirms that they approved you for disability benefits. The document must contain your onset date. If you have not yet received a decision from Social Security when you submit your application to this system, you can submit your proof later when Social Security reaches a decision.

REQUIRED DOCUMENTS *continued...*

4) Proof of Age

You must provide proof of your age before you can begin receiving annuity payments. The proof of age document must list your date of birth or age. We will accept the following documents as proof of age:

One of the following documents:

- Birth certificate issued at date of birth
- Birth certificate issued at any date before age 5
- Baptismal or other church records issued before age 5
- U.S. census report issued 1920 or before
- Social Security Administration document, other than an application for social security number, that states age or date of birth recognized by SSA.

-OR-

Any combination of two of the following documents that agree:

- Marriage license which shows age or date of birth
- Insurance policy issued at least 10 years prior to current date
- Records from family bible
- Military discharge
- Child's birth certificate
- Application for social security number
- Birth certificate issued at date when person was older than age 5 when certified by the appropriate agency.

ADDITIONAL DOCUMENTS

You may need to submit other forms or documents along with the required documents previously listed. Use the following list to verify if you should submit any additional documents:

- Proof of age for your spouse (Required if you choose the B50 or B75 annuity option)
- *Employer Verification of Credited Service* form (Required for public safety members only)

Part IV. Completing Your Application

The following information explains how to complete sections II-III and V-VII of the *Application for Retirement Annuity* form.

II. CREDITED SERVICE STATEMENT

1. Service in other Arkansas state-supported retirement systems (reciprocal service)

We can recognize your credited service from other Arkansas state-supported retirement systems. Through reciprocal agreements, your credited service in these systems can be combined with your APERS service to help you meet vesting or service requirements for retirement benefits. If you are already retired from an Arkansas state-supported retirement system, you are not eligible to use reciprocity. If you have reciprocal service, you must have a *Request for Reciprocal Service Credit* form on file in each applicable retirement system before you retire. You must indicate whether you have credited service in any of the following reciprocal retirement systems:

- Teacher Retirement System
- State Highway Employees Retirement System
- State Police Retirement System
- Local Police and Fire Retirement System
- Judicial Retirement System
- District Judge Retirement System
- An alternate retirement plan (*ex: TIAA or VALIC for post-secondary institutions, Dept. of Higher Education or Dept of Workforce Education*)

2. Service as an Elected Public Official

You must indicate whether you have service as an elected public official. An elected public official is a member who holds a municipal, county or state position elected by the public. An elected public official may also include a member who is appointed to complete the term for an elected position.

3. Service as a Public Safety Member

You must indicate whether you have service as a public safety member. A public safety member is a member whose employment is for personal services as a police officer or a firefighter and whose employment started prior to July 1, 1997. For public safety credit in APERS, the Arkansas Code defines a "police officer" and a "firefighter" as the following:

- "Police officer" means any regular or permanent employee whose primary duty is law enforcement of a municipal police department or a county sheriff's office and also includes wildlife officers of the Arkansas State Game and Fish Commission and all officers and the Director of the State Capitol Police.
- "Firefighter" means any regular employee of a fire department whose primary duty is fire fighting, including probationary firefighters.
- Exclusions: "Police officer" or "firefighter" does not include any civilian employee or any person temporarily employed during an emergency. A "police officer" does not include an employee whose primary duty is as a jailor, radio dispatcher, bailiff, or probation officer.

Part IV. Completing Your Application continued...

III. BENEFIT ELECTION

a) Type of Retirement

You must indicate Disability Retirement.

b) Election of Annuity Option

You must choose one of five options for your retirement annuity. The option you choose at retirement will be effective for your lifetime unless your marital status changes which may allow you to choose a different option. The annuity options are described below.

- **Straight Life.** You receive the full annuity. This option does not have a beneficiary provision. However, if your death occurs within 12 months of retirement, your surviving spouse may apply for a survivor annuity which is equal to the amount he or she would have received under Option B75.
- **Option A120 – 120 Months Certain and Life Annuity.** You receive 94% of the straight life annuity. If your death occurs before you receive 120 monthly payments, your beneficiary will receive the annuity for the remainder of the 120 months.
- **Option A60 – 60 Months Certain and Life Annuity.** You receive 98% of the straight life annuity. If your death occurs before you receive 60 monthly payments, your beneficiary will receive the annuity for the remainder of the 60 months.
- **Option B75 – 75% Survivor Beneficiary Annuity.** You receive 83% of the straight life annuity adjusted for the difference in age between you and your beneficiary. If your death occurs, your beneficiary will receive 75% of your annuity for his or her lifetime.
- **Option B50 – 50% Survivor Beneficiary Annuity.** You receive 88% of the straight life annuity adjusted for the difference in age between you and your beneficiary. If your death occurs, your beneficiary will receive 50% of your annuity for his or her lifetime.

c) Spouse Acknowledgement of Straight Life Annuity

If you choose the straight life annuity option and you are a married member, your spouse must sign this section to acknowledge that he or she will not receive a benefit unless your death occurs within 12 months of retirement.

d) Beneficiary Designation for A120, A60, B75 or B50 Option

If you choose the A120, A60, B75 or B50 annuity option, you must designate a beneficiary. *Under the A120 or A60 option*, you may designate anyone as a beneficiary. If you designate more than one beneficiary, they will share equal portions of your annuity. Your designation is irrevocable, but you can choose another beneficiary if your designated beneficiary predeceases you. *Under the B75 or B50 option*, your beneficiary must be a spouse to whom you have been married for at least one year or a person aged 40 or older who receives more than one-half support from you.

V. DIRECT DEPOSIT AUTHORIZATION

We require that your annuity payments be deposited directly into a financial institution account. Direct deposit is the most efficient and safest method to deliver your payments to you. On the first working day of each month, we deposit your annuity payment into a checking or savings account that you designate. The deposit represents your payment for that month. Your first payment begins with the effective date of your retirement annuity. You must certify that you do not have a bank account, or a representative of your financial institution must furnish your account information.

VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

Your retirement annuity is subject to Federal income tax. You must elect how we must withhold the tax from your annuity payments. You can elect that Federal income tax (1) not be withheld or (2) be withheld using standard tax tables and an optional (3) fixed additional amount. If you do not make a withholding election, we must withhold federal income tax as if you are married and claim three allowances. If you have contributions in the system from contributory service or a service purchase, you may be able to reduce the taxable amount of your monthly benefit using the Safe Harbor method (IRS Publication 575) or the Pension General Rule (IRS Publication 939). For questions regarding federal income taxes, contact the Internal Revenue Service or review its Publication 575 *Pension and Annuity Income*.

VII. STATE INCOME TAX WITHHOLDING ELECTION

Your retirement annuity may be subject to Arkansas income tax. You must elect how we must withhold the tax from your annuity payments. You can elect that Arkansas income tax (1) not be withheld, (2) be withheld using standard tax tables, or (3) be withheld using a fixed amount. The first \$6,000 of your annuity payments is excluded from income tax. For questions regarding Arkansas income taxes, contact the Arkansas Department of Finance and Administration.

Return all completed forms to:

APERS ■ Attn: Retirement Applications ■ 124 W. Capitol Ave, Ste 400 ■ Little Rock AR 72201



I. MEMBER INFORMATION

Name: _____ Social Security No: _____
 Mailing Address: _____ Date of Birth: _____ Age: _____
 City, State, Zip: _____ Gender: Male Female
 Last APERS Employer: _____ Marital Status: Single Married
 Last Day of Work for Employer: _____ Daytime Phone No: () _____

II. CREDITED SERVICE STATEMENT

1. Do you have credited service in any other Arkansas state-supported retirement system? No Yes
 If Yes, list name of system(s): _____

2. Do you have any service in APERS as an elected public official? No Yes *If Yes, complete #4*

3. Do you have any service in APERS as a public safety member? No Yes *If Yes, complete #4*

4. If you answered Yes to #2 or #3, list your employer and dates of service for each elected or public safety position.

<u>Position</u>	<u>Employer</u>	<u>Dates of Service</u>
_____	_____	_____
_____	_____	_____

III. BENEFIT ELECTION

a) Type of Retirement *Required – Choose one.*

1. Normal Retirement
 2. Normal Retirement with PAW Plan
 3. Reduced Retirement
 4. Disability Retirement

b) Election of Annuity Option *Required – Choose one.*

1. Straight Life
 2. Option A120
 3. Option A60
 4. Option B75
 5. Option B50

c) Spouse Acknowledgement of Straight Life Annuity *Complete if you chose the Straight Life annuity and you are married.*
 I understand that my spouse has chosen the Straight Life annuity option which does not entitle me to a survivor annuity unless my spouse dies within 12 months of retirement.
 Signature of Member's Spouse: _____ Date: _____

d) Beneficiary Designation for A120, A60, B75 or B50 Option *Do not complete if you chose the Straight Life annuity.*

Beneficiary Name: _____ Relationship: _____
 Social Security No: _____ Date of Birth: _____ Gender: _____
 Address: _____

IV. MEMBER SIGNATURE

I acknowledge that I have been provided with the *Applying for Retirement Benefits* publication which explains age and service requirements, application requirements, credited service, and annuity options. I certify that I have read and understand these provisions, and I choose to receive my retirement annuity based on my elections above.

Signature of Member: _____ Date: _____

Application for Retirement Annuity

Name: _____ (Print Name) Social Security No: _____ (Print SSN)

V. DIRECT DEPOSIT AUTHORIZATION

1. I certify that I do not have a bank account.
2. I authorize APERS to deposit my net monthly benefit to the account indicated below with the same effect as if a check had been delivered to me for that amount.
Type of Account : Checking Savings Account Number: _____

For Direct Deposit - To Be Completed By Your Financial Institution. For a checking account only: You may attach a "voided" check in this area instead of having your financial institution complete the section.

Bank (ACH) Routing Number: _____ Account Number: _____

Financial Institution Name and Address: _____

I confirm the identity of the above-named payee and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Representative Name: _____ Representative Signature: _____

Date: _____ Telephone Number: (____) _____

ATTACH VOIDED CHECK IN THIS AREA

VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

1. Do not withhold any Federal income tax from my annuity.
2. Withhold Federal income tax using the **standard tax tables**.
Single Married Married, but withhold at higher "Single" rate
Number of Allowances _____
3. **Additional amount**, if any, you want withheld from each annuity payment (*you cannot enter an amount here without entering the number of allowances on line 2*). \$ _____

VII. STATE INCOME TAX WITHHOLDING ELECTION

1. Do not withhold any Arkansas income tax from my annuity.
2. Withhold Arkansas income tax using the **standard tax tables**.
Single Married
Number of Dependents (Do not include yourself or your spouse) _____
3. Withhold Arkansas income tax using the **fixed amount** of \$ _____ per month.

VIII. MEMBER SIGNATURE

I certify that I have read and understand the provisions regarding direct deposit and income tax withholding, and I choose to have my payment issued to me based on my elections above. If I have a bank account, I authorize the financial institution indicated above to credit my net monthly benefit to my account. If an overpayment is made, I authorize APERS to debit the account to correct the overpayment. This authority is effective until I notify APERS in writing to terminate it. I understand that I will not receive notice of the monthly deposit.

Signature of Member: _____ Date: _____



Employer Verification of Termination

MEMBER INFORMATION

This Form Must Be Completed By The Employer

Name: _____ Social Security Number: _____

EMPLOYER NOTICE

The member listed above has applied for retirement benefits from APERS. Before retirement benefits can begin, members must terminate their employment with an APERS-participating employer/reciprocal employer. In the section below, please verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments that the member may receive for unused time off or other termination-related pay.

TERMINATION AND EARNINGS VERIFICATION

Employer Payroll Representative: Verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments for unused time off or other termination-related pay.

1. Member Status.

Contributory

Non-Contributory

2. Last date to earn pay: _____

3. Termination Date _____ **If Different than #2 please explain:** _____

4. List the member's compensation for the final three (3) months through the month of termination.

Month/Year	Monthly Earnings	Monthly Service Credit (1, 2, 3 or 4)	Hours Worked	Service Credit
_____	_____	_____	80+	4
_____	_____	_____	60-79	3
_____	_____	_____	40-59	2
_____	_____	_____	20-39	1
_____	_____	_____	0-19	0

5. List compensation the member will receive after the month of termination.

Month/Year	Monthly Earnings	Reason
_____	_____	_____

EMPLOYER CERTIFICATION

I have read the "Employer Notice" above regarding members terminating their employment before receiving retirement benefits. I certify that based on my knowledge or the information provided to me this member has or will terminate employment with this agency on the date given above and will remain terminated after that date except as authorized by retirement law.

Name: _____ Signature: _____

Title: _____ Employer: _____

Telephone No: () _____ Fax No: () _____

Date: _____

Notice of Penalty for Falsifying Statements or Records

Any person who knowingly makes any false statements or who falsifies or permits to be falsified any record in an attempt to defraud the system as the result of such act shall be guilty of a misdemeanor and shall upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both. Arkansas Code of 1987, as amended, 24-4-102.



Employer Verification of Credited Service

MEMBER INFORMATION

Name: _____ Social Security No.: _____

CREDITED SERVICE NOTICE

The member listed above has indicated that he or she has service as a public safety member. Public safety members accrue non-contributory service credit at a different rate than the regular rate for crediting service. In the section below, verify the member's public safety service.

A public safety member means a non-contributory member whose employment is for personal services as a police officer or firefighter and whose employment started prior to July 1, 1997. For public safety credit in APERS, the Arkansas Code defines a "police officer" and "firefighter" as the following:

- "Police officer" means any regular or permanent employee whose primary duty is law enforcement of a municipal police department or a county sheriff's office and also includes wildlife officers of the Arkansas State Game and Fish Commission and all officers and the Director of the State Capitol Police.
- "Firefighter" means any regular employee of a fire department whose primary duty is fire fighting, including probationary firefighters.
- Exclusions: The term "police officer" or "firefighter" does not include any civilian employee or any person temporarily employed during an emergency. A police officer whose primary duty is as a jailor, radio dispatcher, bailiff, or probation officer is also not included.

CREDITED SERVICE VERIFICATION

This section must be completed by the current sheriff, police chief, fire chief, Director of Arkansas Game and Fish Commission, or the Secretary of State (for State Capitol Police).

List the job title, primary duties, employer, and dates of service for each public safety position this member has held with your agency.

Job Title	Primary Duties	Employer	Dates of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYER CERTIFICATION

I have read the "Credited Service Notice" above regarding service crediting for public safety members, and I certify that this member qualifies as a public safety member. My certification is based either on my knowledge of the work performed or from affidavits* from at least two fellow employees who supervised or worked with the member during their employment. (*Attach affidavits.)

Signature: _____ Date: _____

Title: _____ Employer: _____
(Sheriff, Chief, Director or Secretary of State)

Notice of Penalty for Falsifying Statements or Records

Any person who knowingly makes any false statements or who falsifies or permits to be falsified any record in an attempt to defraud the system as the result of such act shall be guilty of a misdemeanor and shall upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both. Arkansas Code of 1987, as amended, 24-4-102

Addendum for Disability Retirement Applicants*Authorization for Release of Social Security Disability Information***I. MEMBER INFORMATION**

Name: _____ Social Security No: _____

Mailing Address: _____

City, State, Zip: _____

II. MEMBER NOTICE

This form authorizes the Social Security Administration to release information to us about your disability claim. We use the information to determine if you are eligible for a disability retirement benefit from this system and to determine the effective date of your benefit. If we approve you for a disability benefit, we also use the form to periodically verify that you continue to be disabled. You must submit this form to us along with your *Application for Retirement Annuity*. You should return this form even if you are eligible for a reduced retirement benefit from this system pending your approval for disability by Social Security.

III. MEMBER AUTHORIZATION

I authorize the Social Security Administration to furnish to APERS the following information regarding my disability claim:

- Copy of all medical information
- Copy of forms:
 - SSA 831 (Disability Determination and Transmittal)
 - SSA 833 (Cessation or Continuance of Disability or Blindness Determination and Transmittal)

Signature of Member: _____ Date: _____

IV. SOCIAL SECURITY ADMINISTRATION NOTICE

The APERS member listed above in section *I. Member Information* applied for a disability retirement benefit from this system. We request information regarding the member's disability claim with your agency. The information that we request is listed above under section *III. Member Authorization* where the member has authorized you to release this information to us. We use this information solely to determine if the member is eligible for a disability benefit from this system. We do not disclose the information to any third party.

Local Disability Determination Office:
 Disability Determination for SSA
 701 Pulaski Street
 Little Rock, AR 72201
 Phone: (501) 682-3049
 Fax: (501) 682-3066

Furnish Information Directly to:
 AR Public Employees' Retirement System
 124 W. Capitol Ave. Ste 400
 Little Rock, AR 72201
 Phone: (501) 682-7830
 Fax: (501) 371-1043

V. APERS BENEFITS UNIT

Original release sent to DDSSA on _____ by _____
 (date) (name)

Addendum for Disability Retirement Applicants*Authorization for Reduced Retirement***I. MEMBER INFORMATION**

Name: _____ Social Security No: _____
(Print Name) (Print SSN)

II. REDUCED RETIREMENT NOTICE

The *Applying for Disability Retirement Benefits* publication explains the eligibility requirements for a disability benefit from this system. One of the disability requirements is approval by Social Security for disability benefits. If you have applied for a disability benefit with Social Security and your application is pending, you may be able to begin receiving an annuity under this system if you qualify for reduced (early) retirement. With reduced retirement, your annuity is reduced from the amount you would receive if you were eligible for normal retirement. The requirements for reduced retirement are listed below.

Reduced Retirement Requirements

- Age 55 with at least 5 years of service, or
- Any age with 25 years of service, or
- Up to 10 years before normal retirement age

If you meet any of the requirements listed above, you can elect to begin receiving an annuity under reduced retirement. If you later meet our requirements for a disability benefit, your status will change from reduced retirement to disability retirement. If you do not meet our requirements for a disability benefit, you will continue under reduced retirement for your lifetime.

III. REDUCED RETIREMENT ELECTION

Choose one option from 1-3 and sign below to acknowledge the notice on reduced retirement.

1. I am not eligible for reduced retirement.
2. I am eligible for reduced retirement, but I decline receiving an annuity while my Social Security application is pending.
3. I am eligible for reduced retirement, and I request to receive an annuity while my Social Security application is pending.

Signature of Member: _____ Date: _____

Addendum for Disability Retirement Applicants*Acknowledgement of Return to Work Policy***I. MEMBER INFORMATION**

Name: _____ Social Security No: _____
 (Print Name) (Print SSN)

II. RETURN TO WORK POLICY NOTICE

Return to Work Restrictions

Members that are approved for disability retirement from this system are subject to restrictions for returning to work while they receive disability payments. The restrictions for returning to work are listed below.

- **Returning To Work For An Employer That Participates In APERS**

While you receive a disability retirement benefit, you may not work for an employer that participates in APERS. If you return to work for an APERS-participating employer while you receive a disability benefit, you are no longer eligible for disability retirement and we will stop your benefit payments. If you have any questions regarding an employer's participation in APERS, you should contact APERS before you begin working for that employer.

- **Returning To Work For An Employer That Does Not Participate In APERS**

While you receive a disability retirement benefit, under certain circumstances you may return to work for an employer that does not participate in APERS. You may return to work for a non- APERS participating employer if your income does not exceed the level which Social Security considers "substantial". In 2011, Social Security considers earnings of \$1,000 per month or more to be substantial. The substantial earnings amount usually increases each year. For the current amount that Social Security considers substantial, visit their website at www.socialsecurity.gov/work.

Annual Disability Questionnaire

We verify your employment status annually with a questionnaire that requires you to indicate whether you worked during the previous year and to disclose your earnings. If you worked during the previous year and exceeded the substantial income limit for any month, you were not eligible for a benefit for that month. Once you reach normal retirement age, your status changes from disability retirement to normal retirement, and you no longer have work restrictions and are not required to complete the annual questionnaire.

Trial Work Period

You can use a trial work period of up to nine (9) months to determine whether you can maintain employment. During the trial work period, APERS suspends your monthly disability payments while you work without an income limit. You are allowed only one nine month trial work period, but the nine months do not have to be consecutive. If you are unable to continue your employment before the nine-month period expires, we will reinstate your disability payments effective on the first day of the month after your employment ends. You also use your trial work period for any months that you already worked and exceeded the substantial earnings limit. These months are determined from the annual disability questionnaire.

Violating Return to Work Restrictions

If we determine that you violated a restriction and were not eligible for a monthly disability payment that you received, you must repay the payment to the system. You violate a restriction for any month in which you return to work for an APERS-participating employer or for any month in which you exceed the substantial income limit for a non- APERS participating employer. We request that you notify us in writing before you return to work or if you decide to use the trial work period. If you notify us before either event, you can likely prevent violations and their resulting overpayments.

III. MEMBER ACKNOWLEDGEMENT

Sign below to acknowledge receipt of the return to work policy.

Signature of Member: _____ Date: _____