

MEDICAL EXAMINATION REPORT

Participant Name _____ Participant SS# OR UID# _____ Participant Date of Birth _____

Participant Address _____
Number Street City State Zip Code

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PHYSICIAN

DIAGNOSIS INCLUDING SUBJECTIVE SYMPTOMS, OBJECTIVE CLINICAL FINDINGS, OBJECTIVE DIAGNOSTIC STUDIES AND RESULTS, COMPLICATIONS, AND THE BASIS FOR YOUR ULTIMATE FINDING OF TOTAL DISABILITY (CONTINUE ON BOTTOM OF REVERSE SIDE IF MORE SPACE IS NEEDED)

ICD diagnostic code(s): _____

The above named individual was most recently examined on _____. (MONTH/DAY/YEAR)

This disability **originally** commenced on or about: _____. (MONTH/DAY/YEAR)

The **current period** of disability commenced on or about: _____. (MONTH/DAY/YEAR)

Medical treatment (is) _____ (is not) _____ required at the present time.

Re-examination is recommended on or about _____.

IMPORTANT -- PHYSICIAN MUST INITIAL WHICHEVER APPLIES

I certify that I have reviewed the Pension Plan disability information that appears on the reverse side of this form. After reviewing this information, I hereby certify that:

_____ I am of the opinion that this individual is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

_____ I am of the opinion that this individual is able to engage in substantial gainful activity as follows:

Physician Printed Name _____ (must be LEGIBLE) Physician Signature _____ Date Completed by Physician _____

Address _____
Number Street City State Zip

Telephone _____ (Area Code) Number Physician Federal Tax I.D. # _____

Physician License # _____ License Issued by State of _____

INSTRUCTIONS FOR DISABILITY PENSION APPLICANT

If you are applying for a disability pension, you **MUST** file for Social Security Disability (under Title II of the Social Security Act) and furnish the Pension Department with a copy of the Social Security determination letter when you receive it (even if the determination is not favorable).

However, you do **not** need to wait for the Social Security determination before filing an application for disability pension. **If you do not yet have the Social Security determination, you must submit proof that you have applied for Social Security Disability (e.g. an application acknowledgement letter from Social Security) when you submit your pension application.**

If you do not yet have a favorable determination from Social Security, this "Medical Examination Report" must be completed by your doctor to certify total and permanent disability for any type of gainful employment. The Pension Department will use this "Medical Examination Report" to process your disability pension application. The effective date for disability pensions will be determined in accordance with the Pension Plan Document.

PLEASE HAVE YOUR PHYSICIAN READ THE FOLLOWING EXCERPTS FROM THE PENSION PLAN DOCUMENT CAREFULLY BEFORE COMPLETING THIS FORM

The Plan Document Defines the Term "DISABLED"

"Disabled" means that a Participant is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Disability Pension – Earnings Restriction

A Disability Pensioner will be permitted to engage in and have earnings from work that is not Prohibited Employment without losing his Disability Pension from the Plan provided his earnings from such employment do not exceed the Social Security Administration's "substantial gainful activity" (SGA) earnings limit, as adjusted annually.

For your information, the 2011 Social Security Administration's substantial gainful activity earnings limit is \$1,000.00 per month. Employment that would lead to earnings greater than this amount is considered to be substantial.