



Municipal Employees' Retirement System of Michigan
1134 Municipal Way • Lansing, MI 48917
800.767.2308 • Fax: 517.703.9706
www.mersofmich.com

Limitation on Disability Benefits – Affidavit

This form is also available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required and must be completed to submit the form accurately.

The MERS Plan Document, **Section 36**, stipulates a limitation on the amount of disability benefits payable to a disability retiree between the effective date of retirement and attaining the age and service requirements of the employer. Under this provision, MERS must periodically request income information from retirees.

Application of the limitation will be based on the regular Straight Life amount before election of any other form of payment. The amount of disability benefits shall not exceed the difference between 100% of the retired member's final average compensation and the amount of the retired member's annual considered income from the following sources:

- a. Compensation for personal services rendered in any gainful employment. This includes self-employment that results in a profit.
- b. Workers' compensation weekly benefits, redemptions and settlements. Workers' compensation benefits for bona fide medical expenses shall not be considered.
- c. Payments from any program of salary continuance that is financed in whole or in part by your employer, such as sick and accident insurance, disability insurance, or programs of similar purpose.
- d. Payments made to the member from federal Social Security, survivors, disability, or health insurance programs.

Cost-of-living increases from workers' compensation, federal Social Security, or retirement shall be disregarded.

If you cannot provide the amount of workers' compensation and/or Social Security being received, the presumed amounts shall be determined on the basis of your final average compensation and the single person statutory benefits. Upon receipt of evidence of the actual amount of workers' compensation and/or Social Security being received, the retirement system shall adjust the amount of retirement allowance being paid. In the event you are over-compensated, Section 86 of the Plan Document allows for the recovery of any overpayment of MERS benefits that occur.

Section 36(7) specifies that failure by a retiree to provide requested information within 90 days of MERS request, at the time of retirement and future request, "shall cause suspension of payment ... until the information is received."

Please complete the **Limitation on Disability Benefits – Affidavit** on the reverse side of this form and return it to MERS at:

**Municipal Employees'
Retirement System of Michigan**
1134 Municipal Way
Lansing, MI 48917
Fax: 517.703.9706

Questions? Please contact us at 800.767.2308.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.2308 to request special accommodations.



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Please print • See attached guide for details • Retain a copy for your records

1. Information about you

Last name*	First name*	MI	Last four digits of SSN*
Email address		Retirement date (mm/dd/yyyy)	Phone number (with area code)
Name of employer*		Municipality number (4 digits)*	

2. Workers' compensation

Have you applied for workers' compensation benefits? Yes No

Have you been approved? Yes No Pending

If Yes, please provide a copy of your most current **Notice of Compensation Payments**.

Weekly benefit amount: \$ _____

If you have redeemed your workers' compensation claim with a lump sum dollar settlement, please provide MERS with a copy of the **Redemption Order**.

3. Disability or sickness and accident

Do you have disability or sickness and accident benefits provided by your employer? Yes No

If Yes, please provide a copy of your **Benefit Payment Notice**.

4. Social Security

Have you applied for Social Security benefits? Yes No

Have you been approved? Yes No Pending

If Yes, please provide a copy of your **Notice of Award** and enter your monthly benefit amount: \$ _____

If No, please provide a copy of your **Notice of Denial Claim**.

5. Required signature

By my signature I understand my responsibility to keep MERS informed of any changes to my income up to full attainment of age and service requirements set by my employer. If I become employed, I will provide MERS with a copy of my official job description and my W-2 wage & tax statements. If I am self-employed, I will provide MERS with a copy of my IRS Profit or Loss form each year. It is my responsibility to notify MERS if I apply for Social Security or workers' compensation benefits or am approved for benefits at a later date. Failure to provide this information may result in suspension of benefit payments until the information is received by MERS.

Member signature *	Date (mm/dd/yyyy)*
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Data collected on this form will be used by MERS staff for identification and documentation. The individual's Social Security number, birth date, and address are classified as private and will not be shared with an unauthorized person without written consent.

* Required field

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