



\*\$320400\$H7\$ERS\*

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September 18, 2015

MR. MARK J MITCHELL



RE: Disability Retirement Application Acknowledgement  
Pension ID: 320400  
Retirement Plan: ERS  
Retirement Date:

Dear MR. MARK J MITCHELL:

Your application for disability retirement was received in our office on 09/11/2015. Preliminary information indicates that you are currently employed with the Ga. Dept. of Public Safety. A request for verification of your employment has been sent to your agency's personnel office. Until certification of employment is received, your application for disability retirement cannot be reviewed by our medical board.

Any member in service who has met the minimum service requirements for disability retirement may be retired on a disability allowance by the board of trustees, upon written application to the board of trustees by the member or employer and upon certification by the medical board that the member is medically or physically incapable of further performance of duties in the position held at the time the disability originated, that incapacity is likely to be permanent, and that the member should be retired. The medical board cannot consider any evidence of the disability which is submitted more than 12 months after the application for disability retirement was received in our office. You must furnish complete, objective medical evidence of your disabling condition at the time you filed for disability retirement for evaluation by the medical board no later than 09/11/2016.

In addition, you are required to submit a complete duplicate of your disability application, including all attachments, to your employer at the same time you file your application with our office. Upon receipt of that copy, your agency is required to interview you within ten (10) business days in order to determine if an alternative position\* will be available within 45 days of submitting your application. If no such position is available, your application will be forwarded to our medical board for review. If an alternative position\* is available, you have the option of accepting that position and canceling your application, or disputing your abilities to perform the duties of the alternative position. Such dispute must be submitted in writing within 30 days of your notification of the alternative position. If you file a dispute, your disability application will be reviewed by the medical board on the basis of both your current job description, as well as the job description of the alternative position. Be aware that should your dispute of the alternative position be denied by our medical board, your application will be canceled.

**IMPORTANT:** If you have State health insurance and are on leave without pay and wish to continue your coverage, you must contact the office of the State Health Benefit Plan. While ERSGA will deduct health insurance premiums from a monthly retirement benefit, these deductions will not be retroactive.