



Employees' Retirement System of Rhode Island

ANNUAL CONTINUING STATEMENT For Members Receiving a Disability Retirement Allowance

This *Continuing Statement* must be completed and submitted to the person referenced below on or before **July 31, 2020** except for the *Medical Update* which may be submitted at any time during the calendar year. For additional information, please refer to the *Frequently Asked Questions* sheet or call or email the person referenced below.

Send completed forms to:

Employees' Retirement System of Rhode Island Re:
Disability Compliance
50 Service Avenue, Second Floor
Warwick, RI 02886-1021

Fax: 401.462.7691
Phone: 401.462.7600

❖ **SECTION A: MEMBER GENERAL INFORMATION**

Name:	Email Address:
Mailing Address:	Public employer at time of retirement:
	Public job position at time of retirement:

❖ **SECTION B: REQUIRED DOCUMENTATION (Due by July 31, 2020)**

1. Please attach a copy of your 2019 Federal Tax Return *Form 1040*. (You must attach a copy even if you were not employed.) If you will not be filing a Federal Tax Return, please check the appropriate box below.

2. Please include copies of all corresponding wage attachments (W-2s, 1099's, etc.) and business income attachments (Schedule C's, K-1s, S-Corp Form 1120, Partnership Form 1065, etc.). If filing jointly, you must include the attachments and schedules for both you and your spouse.

- My **2019** Federal Tax Return is attached.
- I was granted an extension to file my **2019** Federal Tax Return by the IRS. I will provide a copy upon filing. My extended due date is _____.
- I certify that I am not filing a **2019** Federal Tax Return.

❖ **SECTION C: EMPLOYMENT INFORMATION (Due by July 31, 2020)**

1. Were you employed (includes self-employment) during **2019**? Yes No

If Yes, please complete the table below:

Employer Name & Location	Job Position Held	2019 Amount Earned (use <u>gross</u> wages and <u>net</u> business income)
		\$
		\$
		\$
Total Amount of Earned Income for <u>2019</u>		\$

2. Did you receive any workers' compensation benefits during **2019**? Yes No

If Yes, please provide the amount: \$ _____

3. Did you receive any unemployment benefits during **2019**? Yes No

If Yes, please provide the amount: \$ _____

❖ **SECTION D: ANNUAL CERTIFICATION (Due by July 31, 2020)**

I, the undersigned, certify under penalty of law that, to the best of my knowledge, all the information that I have provided in this *Annual Continuing Statement* is accurate and truthful. Furthermore, I certify that I remain unable to be gainfully employed in the position that I held at the time of my retirement because of a disability.

Member's Signature: _____ Date: _____

Member's Name (please print): _____

Notarization: State of _____ County of _____.

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared the above named member personally known to the notary or proved to the notary through satisfactory evidence of identification to be the person whose name is signed above, and acknowledged to the notary that he or she signed it voluntarily for its stated purpose.

My Commission Expires: _____ Notary ID Number: _____

Notary Public Signature: _____



Employees' Retirement System of Rhode Island

ANNUAL MEDICAL UPDATE

For Members Receiving a Disability Retirement Allowance

Please take this page with you to one of your doctor's appointments during 2020.

Name of Member:	Member Date of Birth:
Doctor's Name:	Date of Examination:

To be completed by your Doctor **(Due by December 31, 2020)**

Please provide a response to the following statement based on your medical opinion.

The Member likely remains unable to work in the position from which he or she retired.	
Yes <input type="radio"/>	Further independent examination is recommended to determine. <input type="radio"/>

Please attach a copy of the Member's current medical report.

Additional Notes (Optional):
--

Doctor's Signature: _____ Date: _____

This box is only applicable for Members who are unable to see a doctor during 2020. Member, please check the reason below and return to ERSRI.		
I cannot afford to see a doctor. <input type="radio"/>	I do not have a doctor. <input type="radio"/>	My doctor will not sign the form. <input type="radio"/>
Other (please explain): _____		

Please submit this form to:

Employees' Retirement System of Rhode Island Re:
Disability Compliance
50 Service Avenue, Second Floor
Warwick, RI 02886-1021

Fax: 401.462.7691
Phone: 401.462.7649



Employees' Retirement System of Rhode Island

FREQUENTLY ASKED QUESTIONS

For Members Receiving a Disability Retirement Allowance

Please be advised that these questions and answers should not be relied upon in a legal setting and they do not supersede any law or promulgated rule or regulation. These questions and answers apply the laws, rules and regulations, and policies that are in effect as of December 31, 2019. Should the laws, rules and regulations, and/or policies change, these questions and answers will no longer be applicable.

1. Why does ERSRI require me to submit an Annual Disclosure Statement?

ERSRI is required by law to adjust a member's disability retirement allowance if the member earns over a certain amount of money. ERSRI determines whether you have earned over the statutory limit by reviewing your *Annual Disclosure Statement* and supporting documentation.

2. Where can I find the laws regarding the earnings limitation for members receiving a disability retirement allowance?

The earnings limitation applies to: (i) state employees including BHDDH nurses and correctional officers through Rhode Island General Laws (RIGL) § 36-10-17; (ii) teachers through RIGL § 16-16-19; (iii) general municipal employees through RIGL § 45-21-24; (iv) municipal police and fire members receiving an ordinary disability retirement through cross reference to RIGL § 45-21-24 by RIGL § 45-21.2-7; and (v) municipal police and fire members receiving an accidental disability retirement through RIGL § 45-21-24 based on the provisions of RIGL § 45-21.2-4.

3. How much money can I make before my retirement allowance is adjusted.

You are permitted to make the difference between the amount you would have earned had you still been employed in the same position from which you retired and your disability retirement allowance. See the below example:

1. You retired as a teacher in 2004.
2. You would have earned \$70,000 had you been employed as a teacher in 2015.
3. For 2015, your disability retirement allowance with COLA was \$50,000.
4. For 2015, you would be permitted to make \$20,000 (\$70,000 - \$50,000) before your disability retirement allowance is adjusted.

4. *At what age will I no longer receive an Annual Disclosure Statement?*

Once a member attains his or her minimum age of service retirement, he or she will no longer receive an *Annual Disclosure Statement*. Please note that you will receive an *Annual Disclosure Statement* the calendar year after you attain your minimum age of service retirement because we request your earnings information for the previous calendar year. For example, if you attain your minimum age of service retirement in 2017, you will receive an *Annual Disclosure Statement* in 2018 in which you must provide your 2017 tax information.

5. *What happens if I do not submit an Annual Disclosure Statement?*

If you do not provide ERSRI with a completed *Annual Disclosure Statement* including all supporting documentation, your disability retirement allowance may be suspended until your statement is received and analyzed.

6. *Will my tax return become a public document?*

No. Pursuant to RIGL § 38-2-2(4)(O), tax returns are not public documents.

7. *Why do I have to provide my spouse's tax information?*

If you filed a joint tax return, ERSRI will not be able to differentiate whether the earnings are attributable to you or your spouse without receiving the W-2s, wage attachments and other business income attachments and/or schedules for both you and your spouse.

8. *If I made over the statutory limit, will I be notified before my disability retirement allowance is adjusted?*

Yes, you will be mailed written notice at least thirty (30) days before your disability retirement allowance is adjusted. The notice will contain the amount owed and the adjustment period.

9. *What if I cannot afford to see a doctor on an annual basis?*

You are not required to see a doctor. However, ERSRI has the legal authority to send you for an independent medical examination (IME), at ERSRI's expense, once per year. By not submitting an *Annual Medical Update*, ERSRI may be more likely to send you to an IME.

10. *What happens if I refuse to see an IME which was assigned by ERSRI?*

If you refuse to see an IME that has been assigned to you by ERSRI, your disability retirement allowance may be permanently revoked.

11. *Where can I find the laws regarding ERSRI's authority to send me to an IME?*

Rhode Island General Laws § 36-10-17; § 16-16-19; and § 45-21-23 govern the re-examination of disability retirees.