

Applicant: _____ Reviewer: _____

Date: _____ Initials: _____

Did the Applicant meet the burden of proof?	Initial Review: <u>Adv. Panel</u>				Final Review			
	Needs More Work	Yes	No	Not Sure	Needs More Work	Yes	No	Not Sure
Does the Applicant have a service connected injury or incapacity which has led to this application?								
Did the injury or incapacity occur while the applicant was a member of this Plan?								
Is the Applicant maximally medically improved (MMI)?								
Does the applicant have permanent work restrictions due to incapacity?								
Do we have a department memo stating that these work restrictions prevent the Applicant from performing their regular duties?								
Do we have a department memo stating that there is no available alternative work that can accommodate these work restrictions?								

Notes to Reviewer: You must fill in a box for each of the 6 criteria.

- “Needs more work” means the application is incomplete. Please specify what is missing.
- “Not sure” means the application is complete, but it is hard to tell if the applicant has met the burden of proof. Please specify why it is hard to tell.

Comments/Contingencies: