CITY OF SAN JOSÉ FEDERATED CITY EMPLOYEES' RETIREMENT SYSTEM DISABILITY CHECKLIST INSTRUCTIONS

STEP 1. OVERVIEW

Disability Counsel, Benefits Division Manager & Committee Members will receive one checklist per disability applicant with their COMM-BOARD file.

Highlighted sections below need to be completed. Please make sure to add your initials at the top. The comments/contingencies section at the bottom is optional to fill out but can be used for notes.

STEP 2. INITIAL REVIEW

During your intial review of the applicant's file, prior to the Disability Committee Meeting, mark an X in the corresponding field for each question stating: needs more work, yes, no, or not sure.

STEP 3. FINAL REVIEW

After the Disability Committee Meeting discussion, mark an X in the corresponding field for each question stating: needs more work, yes, no, or not sure.

STEP 4. SUBMIT COMPLETED FORM

Submit your completed checklist in person at the Disability Committee Meeting or email to amy.dickinson@sanjoseca.gov

Date: <u>DATE</u> , 2024	Initials:							
Did the Applicant meet the burden of proof?	Initial Review: Prelim. Review				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?								