

Proposed language in HF1234/SF1959 related to the reapplication process has caused heightened concern with some of our membership. This supplement addresses these concerns and provides additional information on the reapplication process, also known as the disability continuation process.

NOTHING IS CHANGING.

First, we want to share that the process is not changing. There is no administrative fee. There is no need for an attorney. The member's experience with this process will not be impacted by this proposed language.

The Bill only adds to statute what we are currently doing. We are not changing what is required to be submitted. We are not changing the timing of when it is required to be submitted. And we are not trying to achieve a different result with our process.

It is NOT the same process as the initial disability application. It is very different. The reapplication process is simple – we only require one supporting medical report.

WHAT IS THE REAPPLICATION PROCESS?

Under current law, PERA may require proof at reasonable times that a member remains disabled and is eligible to continue receiving disability payments. After starting the disability benefit, PERA will annually send a letter to the member with the reapplication materials: (1) a form for the member to complete and (2) one medical report.

The member's form requests current contact information and status of the disabling condition. The medical report can be completed by a licensed medical doctor, APRN, or licensed chiropractor who confirms the member continues to meet the definition of disability. A member with a psychological impairment also has the option to submit a medical report from a psychiatrist or a licensed psychologist. The medical report should be completed by one of these experts who is familiar with the disabling condition.

The main purpose of adding this language into our statutes is to help make it clear to members how often they would be required to reapply and ensure that PERA administers the reapplication process consistently.

HOW OFTEN DO I NEED TO REAPPLY?

The member provides one supporting medical report once a year for the first five years, and every three years thereafter. The reapplication process stops when a member starts a retirement benefit.

This continuation process and frequency of requesting medical information has been longstanding with PERA - nothing is changing.

The proposed legislation also clarifies that if our medical consultant states in writing that no improvement can be expected with the member's disabling condition that was the basis for the disability benefit, then the reapplication process may be waived.

WHAT IF I AM DENIED WHEN I REAPPLY?

This is very rare. If a member is denied a disability benefit on reapplication, the member may appeal the decision to PERA's Executive Director and then to the Board of Trustees. Appeals are infrequent because denials are rare.

The proposed legislation would require the member to provide supporting medical evidence for the disabling condition during the appeal process as the member is able to provide additional medical reports and records to support their reapplication.

QUESTIONS?

If you have any further questions on the reapplication process, please contact our Member Service Center at 1.833.454.0154, or email us at benefits@mnpera.org.