Municipal Pension Oversight Board
Standard Operating Procedures

Procedure Title:	Disability Claim
Authored by:	Blair Taylor
Date Issued:	**August 21, 2012**
Approved by:	Municipal Pensions Oversight Board August 20, 2012
Purpose:	West Virginia Code §8-22-23a (Exhibit V-A) Eligibility for total and temporary disability pensions and total and permanent disability pensions; reporting; light duty. This procedure outlines the process for starting a disability claim on behalf of a municipal police officer or firefighter with the Municipal Pensions Oversight Board. The procedure also outlines the process for starting a re-examination for a disability claim every 26 weeks up to 104 weeks for members already receiving a total and temporary disability from a Board of Trustees of the Policemen's Pension and Relief Fund or from a Board of Trustees of the Firemen's Pension and Relief Fund.

Responsibility:	**Action:**
Pension Secretary	Contacts the MPOB by phone (304-356-2422) or by email (MPOB@wv.gov) requesting the appropriate forms for a disability claim request be sent to the Pension Secretary either in an electronic file by email, faxed using a facsimile machine or in paper form via U.S. Mail. There are two types of requests: a. Total and Temporary Disability b. Total and Permanent Disability
MPOB Staff	Within five (5) working days, will provide three electronic files/paper forms to the Pension Secretary via email, facsimile, or US Mail. Depending upon the type of disability claim being considered, either files/forms for a temporary disability or a permanent disability will be provided. When in doubt, the MPOB will provide the Pension Secretary with all electronic files/paper forms for each disability claim type.

Responsibility:	**Action:**
	a. Total and Temporary Disability i. "Pension Secretary Checklist Temporary Disability Claim" (Exhibit V-B) ii. "Employee Physician Cover Letter for Temporary Disability"(Exhibit V-C) iii. "Temporary Disability Claim Employee Physician's Report" (Exhibit V-D) b. Total and Permanent Disability i. "Pension Secretary Checklist Permanent Disability Claim" (Exhibit V-E) ii. "Employee Physician Cover Letter for Permanent Disability" (Exhibit V-F) iii. "Permanent Disability Claim Employee Physician's Report" (Exhibit V-G)
Pension Secretary	Total and Temporary Disability Claim Requests a. Gathers required information and returns the information to the MPOB via fax (304-558-1016) or through the US Mail certified, return receipt requested. (Exhibit V-B.1) The address of the MPOB is: Municipal Pensions Oversight Board 1700 MacCorkle Avenue, SE Charleston, WV 25314 b. Provides to the member requesting the temporary disability: i. "Employee Physician Cover Letter for Temporary Disability"(Exhibit V-C) ii. "Temporary Disability Claim Employee Physician's Report" (Exhibit V-D)

Responsibility:	**Action:**
Pension Secretary	Total and Permanent Disability Claim Requests a. Gathers required information and returns the information to the MPOB via fax (304-558-1016) or through the US Mail certified, return receipt requested. (Exhibit V-E.1) The address of the MPOB is: Municipal Pensions Oversight Board 1700 MacCorkle Avenue, SE Charleston, WV 25314 b. Provides to the member requesting the permanent disability i. "Employee Physician Cover Letter for Permanent Disability" (Exhibit V-F) ii. "Permanent Disability Claim Employee Physician's Report" (Exhibit V-G)
Pension Member	Takes "Employee Physician Cover Letter for Temporary Disability" or "Employee Physician Cover Letter for Permanent Disability" and "Temporary Disability Claim Employee Physician's Report" or "Permanent Disability Claim Employee Physician's Report" to his/her specialist for completion. (Exhibits V-C & V-D or V-F & V-G)
Pension Member's Physician	The physician completing the report can disable the member for any condition within the physician's field of specialty. Sends the completed "Temporary Disability Claim Employee Physician's Report" or "Permanent Disability Claim Employee Physician's Report" to the MPOB. (Exhibit V-D.1 or V-G.1)
MPOB Staff	Immediately upon receipt of the "Temporary Disability Claim Employee Physician's Report" or "Permanent Disability Claim Employee Physician's Report", the MPOB staff member date-stamps, scans, password

protects, and places the file in the shared electronic folder of the disability applicant. The shared file is located at Gov MPOB Shared

Responsibility:	**Action:**
MPOB Staff	(\\executive\dfs) Municipal Pensions Board\MPOB Disability Operations\specific municipal pension case info\Active Applications\{Last Name (temporary/permanent)-City FD/PD}. Where information is inside { } is subjective to the case being recorded. Places under lock and key the physical report from the member's physician. Within five (5) working days of receipt of V-B.1 or V-E.1 from the Pension Secretary, MPOB Executive Director contacts an independent medical examination company (IMEC) and requests their assistance with finding a physician specializing in the medical field for which the Member's physician also is a specialist. MPOB Executive Director provides the Pension Secretary's information and any medical records provided by the Pension Secretary and/or Member to the IMEC. (Exhibit V-B.1 or V-E.1) MPOB Executive Director monitors the progress of the disability exam status, the IMEC's ability to fulfill its role as a facilitator for the IME, and fields calls from both the Pension Secretary and the Member as appropriate. Telephone calls and conversations are documented by the Executive Director in emails to the file. Emails are then saved as files in the shared electronic folder of the disability applicant. The shared file is located at Gov MPOB Shared (\\executive\dfs) Municipal Pensions Board\MPOB Disability Operations\specific municipal pension case info\Active Applications\{Last Name (temporary/permanent)-City FD/PD}. Where information is inside { } is subjective to the case being recorded.
IMEC	The IMEC selects and schedules an appointment with their physician on behalf of the Member and monitors whether the Member shows for the independent medical exam (IME).

Responsibility:	**Action:**
IMEC	Provides a completed report from the state provided doctor to the MPOB for processing. (Exhibit V-H or H.1)
MPOB Staff	Immediately upon receipt of the "Temporary Disability Claim Board Physician's Report" or "Permanent Disability Claim Board Physician's Report", the MPOB staff member date-stamps, scans, password protects, and places the file in the shared electronic folder of the disability applicant. The shared file is located at Gov MPOB Shared (\\executive\dfs) Municipal Pensions Board\MPOB Disability Operations\specific municipal pension case info\Active Applications\{Last Name (temporary/permanent)-City FD/PD}. Where information is inside { } is subjective to the case being recorded. Places under lock and key the physical report from the IMEC. Executive Director compares the Member's completed Employee's Physician Report (provided directly by the Member's physician to the MPOB) (Exhibit V-D.1 or V-G.1) and the MPOB's completed report (provided by the IMEC directly to the MPOB) (Exhibit V-H or H.1) to determine if both physicians agree there is/is not a disability. Provided the two reports both indicate the same conclusion, the physical reports are sent via US Mail, return receipt requested, to the member's Pension Secretary with a cover letter from the Executive Director (Exhibit V-I). If the reports DO NOT indicate the same conclusion, the following step is undertaken. If the two physician's reports have different conclusions, then the Executive Director is responsible for finding a third physician to conduct another disability exam. Tie-Breaking Exam Within five (5) working days, the Executive Director contacts an IMEC (a different IMEC) and requests their assistance with finding a physician

Responsibility:	**Action:**
MPOB Staff	specializing in the medical field the Member's physician also is specialist. Executive Director provides the Pension Secretary's information presented to the MPOB and any medical records provided by the Pension Secretary and/or Member to the MPOB on the IMEC. (Exhibit V-B.1 or V-E.1) Executive Director monitors the progress of the disability exam status, the IMEC's ability to fulfill its role as a facilitator for the IME, and fields calls from both the Pension Secretary and the Member as appropriate. Telephone calls and conversations are documented by the Executive Director in emails to the file. Emails are then saved as files in the shared electronic folder of the disability applicant. The shared file is located at Gov MPOB Shared (\\executive\dfs) Municipal Pensions Board\MPOB Disability Operations\specific municipal pension case info\Active Applications\{Last Name (temporary/permanent)-City FD/PD}. Where information is inside { } is subjective to the case being recorded.
IMEC	The IMEC selects and schedules an appointment with their physician on behalf of the Member and monitors whether the Members shows for the IME. Provides a completed report from the state provided doctor to the MPOB for processing. (Exhibit V-H or H.1)
MPOB Staff	Immediately upon receipt of the "Temporary Disability Claim Board Physician's Report" or "Permanent Disability Claim Board Physician's Report", the MPOB staff member date-stamps, scans, password protects, and places the file in the shared electronic folder of the disability applicant. The shared file is located at Gov MPOB Shared (\\executive\dfs) Municipal Pensions Board\MPOB Disability Operations\specific municipal pension case info\Active Applications\{Last Name (temporary/permanent)-City FD/PD}. Where information is inside { } is subjective to the case being recorded.

Responsibility:	**Action:**
MPOB Staff	Places under lock and key the physical report from the IMEC.
	Executive Director compares the Member's completed Employee's Physician Report (provided directly by the Member's physician to the MPOB) (Exhibit V-D.1 or V-G.1), the MPOB' s first completed report (provided by the IMEC directly to the MPOB) (Exhibit V-H or H.1) and this third completed report (provided by the 2nd IMEC directly to the MPOB) (Exhibit V-H or H.1) to determine which two of the three reports coincide with regard to the disability request.
	Within five (5) working days, the Administrative Assistant creates a form letter to send the three reports to the Pension Secretary (Exhibit V-I). Sends all a hardcopies of each of the three reports to the Municipal Pension Secretary via US Mail, return receipt requested, for processing by the local municipal pensions and relief fund. (Exhibits V-D.1 or V-G.1, Exhibit V-H or V-H.1 from the first state IMEC and the Exhibit V-H or H.1 from the second state IMEC).
MPOB Staff	Executive Director deletes and erases all electronic password protected IME files from MPOB storage drives 30 days after reports are sent to the local Municipal Pension Secretary.
Policemen's or Firemen's Pension & Relief Fund	Receives the reports from the MPOB, meets and votes on the disability request submitted by its police officer or firefighter.

Note: The responsibilities and actions listed in the procedure are not particularly in chronological order as many of the responsibilities and actions occur simultaneously.

Exhibit V-A

WEST VIRGINIA CODE

§8-22-23a. Eligibility for total and temporary disability pensions and total and permanent disability pensions; reporting; light duty.

(a) All members applying for total and temporary or total and permanent disability benefits after June 30, 1981, shall be examined by at least two physicians under the direction of the staff at Marshall University, West Virginia University, Morgantown, or West Virginia University, Charleston: *Provided,* That if a member's medical condition cannot be agreed on by the two physicians, a third physician shall examine the member: *Provided, however,* That beginning January 1, 2010, and continuing thereafter, a member applying for total and temporary or total and permanent disability benefits shall be examined by two physicians, one of which shall be chosen and paid by the member, and one of which shall be chosen and paid by the oversight board. If the two physicians disagree, the oversight board shall select and pay for a third examining physician. Disability benefits shall be awarded if in the opinion of two of the examining physicians the member is by reason of the disability unable to perform adequately the job duties required. Each medical examination shall include the review of the member's medical history, but an examining physician may not have access to the disability examination report or disability recommendation of another physician. The physicians shall send copies of their reports to both the board of trustees of the member's pension and relief fund and the oversight board. The expense of the member's transportation to medical examinations shall be paid by the board of trustees. Medical expense shall not exceed the reasonable and customary charges for similar services. Beginning January 1, 2010, and thereafter, if a member is charged with an offense that has the potential to lead to the member's termination, the member's municipal pensions and relief fund board of trustees may not consider the member's eligibility for disability benefits until after investigation of the charge is completed and any disciplinary decision is implemented. No later than January 1, 2011, and annually thereafter, each board of trustees shall report to the oversight board the total number of disability applications received during the prior fiscal year, the status of each application as of the end of the fiscal year, total applications granted and denied and the percentage of disability-benefit recipients to the total number of active members of the fund.

(b) Effective for members becoming eligible for total and temporary disability benefits after June 30, 1981, initially or previously under this subsection allowance for initial or additional total and temporary disability payments, the amount thereof to be determined as specified in section twenty-four of this article shall be paid to the member during the disability for a period not exceeding twenty-six weeks if after a medical examination in accordance with subsection (a) of this section two examining physicians report in writing to the board of trustees that: (1) The member has become so totally, physically or mentally disabled, from any reason, as to render the member totally, physically or mentally, incapacitated for employment as a police officer or firefighter; and (2) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated or eliminated if the member follows a reasonable medical treatment plan or reasonable medical advice: *Provided,* That, in any event, a member is not eligible for total and temporary disability payments following the fourth consecutive 26-week period of total and temporary disability unless subsequent disability results from a cause unrelated to the cause of the four previous periods of total and temporary disability. During the two-year period of total and temporary disability, the department is required to restore the member to his or her former position in the department at any time the member is determined to no longer be disabled: *Provided, however,* That the department may refill, on a temporary basis, the position vacated by s the member after the first twenty-six weeks of his or her temporary disability.

(c) Effective for members becoming eligible for total and permanent disability benefits initially under this subsection or becoming eligible for total and temporary disability benefits under subsection (b) of this section after June 30, 1981, allowance for total and permanent disability payments, the amount thereof to be determined as specified in section twenty-four of this article, shall be paid to the member after a medical examination in accordance with subsection (a) of this section, two examining physicians report in writing to the board of trustees that the member has become so totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter or, if the member has been a member of either of the departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or

mentally, and permanently incapacitated for employment as a police officer or firefighter. The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected if the member follows a reasonable medical treatment plan or reasonable medical advice.

(d) Effective for members becoming eligible for total and temporary disability benefits after June 30, 1981, under the provisions of subsection (b) of this section, any payments for total and temporary disability for a period during the disability not exceeding twenty-six weeks shall cease at the end of the 26-week period under the following conditions:

(1) The member fails to be examined as provided in subsection (a) of this section; or (2) the member is examined or reexamined as provided in said subsection and two examining physicians report to the board of trustees that the member's medical condition does not meet the requirements of subsection (b) or (c) of this section. Effective for members becoming eligible for total and temporary disability benefits after June 30, 1981, under subsection (b) of this section, subsequent to the member's receipt of total and temporary disability payments for a period of two years, the payments shall cease at the end of the two-year period under the following conditions: (A) The member fails to be examined as provided in subsection (a) of this section; or (B) the member is examined or reexamined as provided in said subsection and two examining physicians report to the board of trustees that the member's medical condition does not meet the requirements of subsection (c) of this section.

(e) Notwithstanding other provisions of this section to the contrary, a member of a municipal policemen's or firemen's pension and relief fund who is found to be disabled from performing the full range of tasks relevant to police officer or firefighter employment but capable of performing a restricted or light-duty police officer or firefighter job made available at the discretion of the employing municipality may choose to continue working and retain an active membership in his or her pension and relief fund.

Note: WV Code updated with legislation passed through the 2011 4th Special Session

Exhibit V-B

Pension Secretary Checklist
Temporary Disability Claim

Attached are the two files to give your police officer/firefighter to provide to his/her physician (must be specialist, not a primary care doctor) to complete as part of the **total and temporary** disability claim being filed. The file "Employee Physician Cover Letter for Temporary Disability" will need to be changed to reflect the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality) and its respective address. You have editorial authority to modify the document prior to giving it to the plan member. The file "Employee's Temporary Disability Claim Form Physicians Report" document is to be provided to the plan member to provide to the physician to complete. Instructions are provided at the bottom of the form on where to send the completed report. The letter you will customize also provides instructions for this "report."

In order for the MPOB staff to start working on the request from the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality) the Pension Secretary must provide a letter to the MPOB containing the following information.

1. Name of the police officer/firefighter
2. Address of police officer/firefighter
3. Phone number where the police officer/firefighter can be contacted during the day
4. Email address of police officer/firefighter
5. Date of birth of police officer/firefighter
6. Starting date of employment
7. Date of injury
8. Dates the police officer/firefighter has been off work
9. Whether the injury was sustained on-duty or in a non-duty situation
10. Name, address and contact information of the primary care doctor
11. Name, address and contact information of the specialist physician
12. Overview of the specifics of this individual police officer's/firefighter's situation
13. The job description of the police officer/firefighter position the plan member currently holds
14. Any other information you deem relevant to the request

Please provide the requested information to the MPOB staff by fax at 304-558-1016, by U.S. Mail (return receipt requested) or by hand delivering the document to the MPOB Office. The Executive Director will contact one of the MPOB's independent medical exam companies (IMEC) to start the independent medical exam process. The IMEC will schedule an appointment on behalf of your police officer/firefighter and subsequently manage the review of the doctor's diagnosis and provide summary results to the Municipal Pensions Oversight Board and a full report to the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality).

Blair Taylor
Executive Director
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, WV 25314
Phone: 304-356-2422
Facsimile: 304-558-1016

Do not send this information via an unsecured, unencrypted email. If email must be used, the Pension Secretary must transmit the document using secure encrypted email technology with appropriate passwords.

Exhibit V-B.1

Memorandum

To: Municipal Pensions Oversight Board

From: Pension Secretary
Board of Trustees of the Policemen's Pension and Relief Fund of Anytown

Date: March 10, 2012

Re: Disability request of Police Officer John Doe

1. John Doe

2. John Doe
   123 State Street
   Anytown, WV 22222

3. 304-123-4567

4. John.doe@email.com

5. 01/01/1970

6. 01/01/2000

7. 03/01/2012

8. 03/01/2012 through present

9. Duty related injury

10. Dr. John Lastname, MD
    456 City Road
    Anytown, WV 22222

11. Dr. David Specialist, MD
    4 Hospital Drive
    Anytown, WV 22220

12. Officer Doe broke his left femur while snow skiing at Winterplace, WV. His doctor indicates he will be off work 3-6 months while recovering from surgery and with PT.

13. See attached job description

14. None.

Exhibit V-C

Employee Physician Cover Letter for Temporary Disability

Member Name: _____

The purpose of this exam is to determine if the "police officer/firefighter" is totally and temporarily disabled from the (name of municipality) Police/Fire Department. It is **imperative** that you follow the guidelines listed below to ensure that the objectives of the examination are met.

EXAMINATION GUIDELINES

This examination is being conducted to determine whether the member has a medical condition which may be corrected if the member follows a reasonable medical treatment plan or reasonable medical advice provided by a physician. **A total and temporary disability is presumed to be temporary if it is expected to become resolved with the police officer/firefighter returning to unrestricted work within 104 weeks**.

The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year. The latest edition of the NFFPA 1001 Standard for Fire Fighter Professional Qualifications 2008 Edition is copyrighted by the NFPA. Copies of the standard are available at http://catalog.nfpa.org.

1. The member is required to provide your office with any medical records you do not already have pertaining to his/her disability prior to the date of the examination

2. ***Perform a comprehensive examination of the body part/parts for which the disability is being claimed. Please address your summary report to the*** **West Virginia Municipal Pensions Oversight Board.** Your report must contain the "member's" name, date of the examination, determination of total and temporary disability and your opinion of when the police officer/firefighter may become fit for duty in the future.

3. ***Perform a comprehensive examination of the body part/parts for which the disability is being claimed. Please address your in-depth final report to the*** **Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality), attention Pension Secretary.** Your report must contain the "member's" name, date of the examination, along with history of condition, chief complaints, objective physical findings, list of his/her current medications, determination of total and temporary disability and your opinion of when the police officer/firefighter may become fit for duty in the future.

4. **For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and temporary disability**, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that 1.) the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically, or mentally, incapacitated for employment as a police officer or firefighter; and 2.) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice, then the member is to be granted a twenty-six (26) week total and temporary disability.

Exhibit V-C

Employee Physician Cover Letter for Temporary Disability

5. Should you conclude that the member is presumed to be totally and temporarily disabled, the following language ***must be included*** in your summary/conclusion in both the summary report to the WV Municipal Pensions Oversight Board and in the final report to the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality):

   "After review of the medical records provided as well as the physical examination of (members name) it is my opinion that the disability is presumed to be totally and temporarily incapacitating and the requirements of the police officer or firefighter position cannot be satisfied."

6. Should you conclude that the member is presumed not to be totally and temporarily disabled, the following language ***must be included*** your summary/conclusion:

   "After review of the medical records provided as well as the physical examination of (member's name), it is my opinion the job requirements can be satisfied and the member is not totally and temporarily disabled."

7. In your narrative report, provided only to the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality), please avoid making any treatment recommendations such as referrals to other physicians, additional treatment, physical therapy, diagnostic testing, medications, etc. whether you have deemed examinee to be disabled or not disabled.

8. Please complete the *Temporary Disability Claim Employee Physician's Report* and return it to the Municipal Pensions Oversight Board.

9. **You may disable the member for ANY condition within your field of specialty**.

10. Mail the Municipal Pensions Oversight Board *Temporary Disability Claim Employee's Physician's Report* to the following address:

    Blair Taylor, Executive Director
    WV Municipal Pensions Oversight Board
    1700 MacCorkle Avenue, SE
    Charleston, WV 25314

11. Mail the narrative report to the following address:

    Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality)
    or
    Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality)
    Address
    City, State, Zip

Exhibit V-D

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016

MUNICIPAL PENSION AND RELIEF FUND
TEMPORARY DISABILITY CLAIM
EMPOLYEE'S PHYSICIAN'S REPORT

☐ Initial Exam ☐ Re-examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
Employers Name		Last Day and Date Worked
Duties at Last Employment:		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness_____
3. Date you examined this patient _____
4. Length of time spent examining patient _____
5. Date(s) of any surgeries _____
6. Did the patient bring medical records for your review? ☐ **Yes** ☐ **No**
   Length of time spent examining records_____

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and temporary disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that 1.) the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically, or mentally, incapacitated for employment as a police officer or firefighter; and 2.) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice, then the member is to be granted a 26 week total and temporary disability. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?
      ☐ **Yes** ☐ **No** **Diagnosis:**_____
      _____
   b. Have you determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?
      ☐ **Yes** ☐ **No**

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
	Physician's Signature		

Upon completion by the Physician, mail the form directly to: Municipal Pensions Oversight Bd, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-D.1

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016
MPOB@wv.gov

MUNICIPAL PENSION AND RELIEF PLAN
TEMPORARY DISABILITY CLAIM
EMPOLYEE'S PHYSICIAN'S REPORT

☐ Initial Exam ☐ Re-examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
John Doe	01/01/1970	1234
Employers Name: Anytown Police Department		Last Day and Date Worked: 03-01-2012
Duties at Last Employment: Patrol Officer, answers criminal complaints, traffic control, range officer		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness 03-01-2012
3. Date you examined this patient 03-20-2012
4. Length of time spent examining patient 20 minutes
5. Date(s) of any surgeries 03-04-2012
6. Did the patient bring medical records for your review? Already had ☐ Yes ☒ No
   Length of time spent examining records 15 minutes

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and temporary disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that 1.) the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically, or mentally, incapacitated for employment as a police officer or firefighter; and 2.) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice, then the member is to be granted a 26 week total and temporary disability. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?
      ☒ Yes ☐ No **Diagnosis:** Compound fracture left femur
   b. Have you determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?
      ☒ Yes ☐ No

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
Dr. David Specialist, MD 41 Hospital Drive Anytown, WV 22220	Orthopedic Surgeon	555-555-5555	03/22/2012
	Physician's Signature		

Upon completion by the Physician, mail or fax the form directly to: Municipal Pensions Oversight Bd, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-E

Pension Secretary Checklist
Permanent Disability Claim

Attached are the two files to give your police officer/firefighter to provide to his/her physician (must be specialist, not a primary care doctor) to complete as part of the **total and permanent** disability claim being filed. The file "Employee Physician Cover Letter for Permanent Disability" will need to be changed to reflect the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality) and its respective address. You have editorial authority to modify the document prior to giving it to the plan member. The file "Employee's Permanent Disability Claim Form Physicians Report" document is to be provided to the plan member to provide to the physician to complete. Instructions are provided at the bottom of the form on where to send the completed report. The letter you will customize also provides instructions for this "report."

In order for the MPOB staff to start working on the request from the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality) the Pension Secretary must provide a letter to the MPOB containing the following information.

1. Name of the police officer/firefighter
2. Address of police officer/firefighter
3. Phone number where the police officer/firefighter can be contacted during the day
4. Email address of police officer/firefighter
5. Date of birth of police officer/firefighter
6. Starting date of employment
7. Date of injury
8. Dates the police officer/firefighter has been off work
9. Whether the injury was sustained on-duty or in a non-duty situation
10. Name, address and contact information of the primary care doctor
11. Name, address and contact information of the specialist physician
12. Overview of the specifics of this individual police officer's/firefighter's situation
13. The job description of the police officer/firefighter position the plan member currently holds
14. Any other information you deem relevant to the request

Please provide the requested information to the MPOB staff by fax at 304-558-1016, by U.S. Mail (return receipt requested) or by hand delivering the document to the MPOB Office. The Executive Director will contact one of the MPOB's independent medical exam companies (IMEC) to start the independent medical exam process. The IMEC will schedule an appointment on behalf of your police officer/firefighter and subsequently manage the review of the doctor's diagnosis and provide summary results to the Municipal Pensions Oversight Board and a full report to the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality).

Blair Taylor
Executive Director
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, WV 25314
Phone: 304-356-2422
Facsimile: 304-558-1016

Do not send this information via an unsecured, unencrypted email. If email must be used, the Pension Secretary must transmit the document using secure encrypted email technology with appropriate passwords.

Exhibit V-E.1

Memorandum

To: Municipal Pensions Oversight Board

From: Pension Secretary
Board of Trustees of the Policemen's Pension and Relief Fund of Anytown

Date: March 25, 2012

Re: Disability request of Police Officer John Doe

1. John Doe

2. John Doe
   123 State Street
   Anytown, WV 22222

3. 304-123-4567

4. John.doe@email.com

5. 01/01/1970

6. 01/01/2000

7. 03/01/2012

8. 03/01/2012 through present

9. Duty related injury

10. Dr. John Lastname, MD
    456 City Road
    Anytown, WV 22222

11. Dr. David Specialist, MD
    4 Hospital Drive
    Anytown, WV 22220

12. While trying to save a man, Officer Doe was hit by a train and had to have his right arm amputated. Officer Doe is requesting permanent disability effective 03/01/2012.

13. See attached job description

14. None.

Exhibit V-F

Employee Physician Cover Letter for Permanent Disability

Member Name: _____

The purpose of this exam is to determine if the "police officer/firefighter" is totally and permanently disabled from the (name of municipality) Police/Fire Department. It is **imperative** that you follow the guidelines listed below to ensure that the objectives of the examination are met.

EXAMINATION GUIDELINES

This examination is being conducted to determine whether the member has a medical condition which may not be corrected if the member follows a reasonable medical treatment plan or reasonable medical advice provided by a physician. **A total and permanent disability is presumed to be permanent if it is expected the police officer/firefighter cannot return to unrestricted work within 104 weeks.**

The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year. The latest edition of the NFFPA 1001 Standard for Fire Fighter Professional Qualifications 2008 Edition is copyrighted by the NFPA. Copies of the standard are available at http://catalog.nfpa.org.

1. The member is required to provide your office with any medical records you do not already have pertaining to his/her disability prior to the date of the examination. .

2. ***Perform a comprehensive examination of the body part/parts for which the disability is being claimed. Please address your summary report to the*** **West Virginia Municipal Pensions Oversight Board.** Your report must contain the "member's" name, date of the examination, determination of total and permanent disability and your opinion whether the member is by reason of the disability unable to perform adequately the job duties required of the police officer/firefighter position.

3. ***Perform a comprehensive examination of the body part/parts for which the disability is being claimed. Please address your in-depth final report to the*** **Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of (name of municipality), attention Pension Secretary.** Your report must contain the "member's" name, date of the examination, along with history of condition, chief complaints, objective physical findings, list of his/her current medications, determination of total and permanent disability and your opinion whether the member is by reason of the disability unable to perform adequately the job duties required of the police officer/firefighter position.

4. **For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and permanent disability**, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her employment as a police officer or firefighter or, if the member has been a member of either of the

Exhibit V-F

Employee Physician Cover Letter for Permanent Disability

departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter, then the member qualifies for a total and permanent disability. The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected in the member follows a reasonable medical treatment plan or reasonable medical advice.

5. Should you conclude that the member is presumed to be totally and permanently disabled, the following language ***must be included*** in your summary/conclusion in both the summary report to the WV Municipal Pensions Oversight Board and in the final report to Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality):

   "***After review of the medical records provided as well as the physical examination of (members name) it is my opinion that the disability is presumed to be totally and permanently incapacitating and the requirements of the police officer or firefighter position cannot be satisfied."***

6. Should you conclude that the member is presumed not to be totally and permanently disabled, the following language ***must be included*** your summary/conclusion:

   "***After review of the medical records provided as well as the physical examination of (member's name), it is my opinion the job requirements can be satisfied and the member is not totally and permanently disabled."***

7. In your narrative report, provided only to the Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality) or the Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality), please avoid making any treatment recommendations such as referrals to other physicians, additional treatment, physical therapy, diagnostic testing, medications, etc. whether you have deemed examinee to be disabled or not disabled.

8. Please complete the *Permanent Disability Claim Employee Physician's Report* and return it to the Municipal Pensions Oversight Board.

9. **You may disable the member for ANY condition within your field of specialty**.

Exhibit V-F

Employee Physician Cover Letter for Permanent Disability

10. Mail the Municipal Pensions Oversight Board *Permanent Disability Claim Employee Physician's Report* to the following address:

Blair Taylor, Executive Director
WV Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, WV 25314

11. Mail the narrative report to the following address:

Board of Trustees of the Policemen's Pension and Relief Fund of (name of municipality)
or
Board of Trustees of the Firemen's Pension and Relief Fund of City of (name of municipality)
Address
City, State, Zip

Exhibit V-G

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016

MUNICIPAL PENSION AND RELIEF PLAN
PERMANENT DISABILITY CLAIM
EMPLOYEE PHYSICIAN'S REPORT

☐ Initial Exam ☐ Re-examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
Employers Name		Last Day and Date Worked
Duties at Last Employment:		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness_____
3. Date you examined this patient _____
4. Length of time spent examining patient _____
5. Date(s) of any surgeries _____
6. Did the patient bring medical records for your review? ☐ **Yes** ☐ **No**
   Length of time spent examining records_____

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and permanent disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her employment as a police officer or firefighter or, if the member has been a member of either of the departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter, then the member qualifies for a total and permanent disability. The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected in the member follows a reasonable medical treatment plan or reasonable medical advice.. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?

      ☐ **Yes** ☐ **No** **Diagnosis:**_____

      _____

   b. Have you determined that the disability may not be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?

      ☐ **Yes** ☐ **No**

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
	Physician's Signature		

Upon completion by the Physician, mail the form directly to: Municipal Pensions Oversight Board, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-G.1

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016
MPOB@wv.gov

MUNICIPAL PENSION AND RELIEF PLAN
PERMANENT DISABILITY CLAIM
EMPLOYEE PHYSICIAN'S REPORT

☒ Initial Exam ☐ Re-examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
John Doe	01/01/1970	7890
Employers Name: Anytown Police Department		Last Day and Date Worked: 03/01/2012
Duties at Last Employment: Patrol Officer, protecting citizens, answering criminal complaints, keeping the peace		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness 03/01/2012
3. Date you examined this patient 04/05/2012
4. Length of time spent examining patient 20 minutes
5. Date(s) of any surgeries 03/02/2012
6. Did the patient bring medical records for your review? ☐ Yes ☒ No Already had records
   Length of time spent examining records 15 minutes

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and permanent disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her employment as a police officer or firefighter or, if the member has been a member of either of the departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter, then the member qualifies for a total and permanent disability. The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected in the member follows a reasonable medical treatment plan or reasonable medical advice.. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?

      ☒ Yes ☐ No **Diagnosis:**_____

      b. Have you determined that the disability may not be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?

      ☒ Yes ☐ No

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
Dr David Specialist 4 Hospital Drive Anytown WV 22220	Orthopedic Surgeon	555-555-5555	04/05/2012
	Physician's Signature: David Specialist		

Upon completion by the Physician, mail or Fax the form directly to: Municipal Pensions Oversight Board, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-H

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016

MUNICIPAL PENSION AND RELIEF PLAN
TEMPORARY DISABILITY CLAIM
BOARD PHYSICIAN'S REPORT

☐ Initial Exam ☐ Re-examination ☐ Tie-breaking Examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
Employers Name		Last Day and Date Worked
Duties at Last Employment:		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness_____
3. Date you examined this patient _____
4. Length of time spent examining patient _____
5. Date(s) of any surgeries _____
6. Did the patient bring medical records for your review? ☐ **Yes** ☐ **No**
   Length of time spent examining records_____

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and temporary disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that 1.) the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically, or mentally, incapacitated for employment as a police officer or firefighter; and 2.) it has not been determined if the disability is permanent or it has been determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice, then the member is to be granted a 26 week total and temporary disability. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?
      ☐ **Yes** ☐ **No** **Diagnosis:**_____
      _____
   b. Have you determined that the disability may be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?
      ☐ **Yes** ☐ **No**

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
	Physician's Signature		

Upon completion by the Physician, mail the form directly to: Municipal Pensions Oversight Board, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-H.1

State of West Virginia
Municipal Pensions Oversight Board
1700 MacCorkle Avenue, SE
Charleston, West Virginia 25314
Telephone: 304-356-2422 Facsimile: 304-558-1016

MUNICIPAL PENSION AND RELIEF PLAN
PERMANENT DISABILITY CLAIM
BOARD PHYSICIAN'S REPORT

☐ Initial Exam ☐ Re-examination ☐ Tie-breaking Examination

Patient's Name	Date of Birth	SSN (Last 4 Digits Only)
Employers Name		Last Day and Date Worked
Duties at Last Employment:		

Information to be completed by the physician:

1. Please attach a typewritten narrative explaining, in lay terms, your diagnostic findings regarding this patient which you believe support your opinions as stated below:
2. Date of injury or first signs of illness_____
3. Date you examined this patient _____
4. Length of time spent examining patient _____
5. Date(s) of any surgeries _____
6. Did the patient bring medical records for your review? ☐ **Yes** ☐ **No**
   Length of time spent examining records_____

For a member of a municipal policemen's or firemen's pension and relief fund to qualify for a total and permanent disability, the member must be found by reason of the disability, unable to perform adequately the job duties required. If you determine that the member has become so totally, physically, or mentally disabled, from any reason, as to render the member totally, physically or mentally, and permanently disabled, as a proximate result of service rendered in the performance of his or her employment as a police officer or firefighter or, if the member has been a member of either of the departments for a period of not less than five consecutive years preceding the disability, the member has become so totally, physically or mentally, and permanently disabled, from any reason other than service rendered in the performance of his or her duties in the department, as to render the member totally, physically or mentally, and permanently incapacitated for employment as a police officer or firefighter, then the member qualifies for a total and permanent disability. The phrase "totally, physically or mentally, and permanently disabled" shall not be construed to include a medical condition which may be corrected in the member follows a reasonable medical treatment plan or reasonable medical advice.. The term "member" is defined as any paid police officer or firefighter who at the time of appointment to a paid police or fire department met the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year.

7. In your opinion:
   a. Does this individual suffer from a medical determined physical or mental disability that prohibits the member from performing adequately the job duties required for employment as a police officer or firefighter as defined by the medical requirements of chapter 2-2 of the National Fire Protection Association Standards Number 1001 – Firefighters Professional Qualifications '74 as updated from year to year?

      ☐ **Yes** ☐ **No** **Diagnosis:**_____

      _____

   b. Have you determined that the disability may not be alleviated if the member follows a reasonable medical treatment plan or reasonable medical advice?

      ☐ **Yes** ☐ **No**

Reporting Physician's Name and Address:	Type of Physician	Telephone Number	Date
	Physician's Signature		

Upon completion by the Physician, mail the form directly to: Municipal Pensions Oversight Board, 1700 MacCorkle Avenue, SE, Charleston, WV 25314

Exhibit V-I

Mr. Joe Pension, Secretary
Board of Trustees of the Firemen's Pension and Relief Fund of Anyplace
Post Office Box 123
Anyplace, WV 00000

Dear Secretary Pension:

The Municipal Pensions Oversight Board has received the Independent Medical Examination (IME) Report from Dr. Smith, M.D., regarding the request for permanent disability benefits for Firefighter Doe.

According to WV Code §8-22-23a(a) "a member applying for total and temporary or total and permanent disability benefits shall be examined by two physicians, one of which shall be chosen and paid by the member, and one of which shall be chosen and paid by the oversight board. If the two physicians disagree, the oversight board shall select and pay for a third examining physician. Disability benefits shall be awarded if in the opinion of two of the examining physicians the member is by reason of the disability unable to perform adequately the job duties required."

The IME diagnosis from Dr. John Smith, M.D. is in agreement with the findings of Dr. David Specialist, M.D. the firefighter's specialist. The IME results and Dr. Specialist's report are both enclosed. It is the practice of the MPOB to return all work papers related to a specific disability claim to the respective Pension Secretary for the local board's permanent records.

If you should have any questions, please contact me. Thank you.

Sincerely,

Blair M. Taylor
Executive Director

C: Municipal Pensions Oversight Board

Enclosures