

**CERTIFICATION BY PHYSICIAN
OF THE CONTINUANCE OF TOTAL DISABILITY
(4022 RETIREMENT PLAN)**

The 4022 Retirement Plan of the City of Marietta requires that disability retirees certify their status at least every two years or when requested by the Pension Board. Please complete this form and fax it to the City of Marietta, Attention: Benefits Division, Fax Number: 770-794-5565 or mail as soon as possible to the City of Marietta, Human Resources Department, Attention: Benefits Division, 205 Lawrence Street NE, Marietta, GA 30060.

TO BE COMPLETED BY THE RETIREE:

Full Name: _____ Phone # _____

Date of Birth: _____ Last 4 digits of Social Security Number: xxx-xx-_____

Street Address _____ City _____ State _____ ZIP Code _____

Are you currently employed? () Yes () No If so, who is your employer? _____
Employer contact telephone _____

I have read and understand the definition of disability and termination of disability benefit on page 2.

Retiree's Signature _____ Date _____

TO BE COMPLETED BY THE PHYSICIAN (MUST BE COMPLETED IN FULL):

1. In your medical opinion, does the retiree meet the definition of disability on page 2? () Yes () No

2. Current condition(s): _____

3. Limitation(s): _____

4. Expected duration of condition(s) and limitation(s): _____

Physician's Name/Signature _____ Date _____

Street Address _____ Telephone Number _____

Street Address Line 2 _____ Medical License Number & State _____

City _____ State _____ ZIP Code _____ Type of Practice _____

4022 RETIREMENT PLAN DISABILITY PROVISIONS

DEFINITION OF DISABILITY:

An employee will be considered disabled if unable, solely because of disease or accidental bodily injury, to work at his or her own occupation provided, however, that such disability shall not have been (a) self-inflicted; (b) incurred in military service; (c) incurred in the commission of a felonious enterprise; or (d) the result of the use of narcotics or drugs or habitual drunkenness. Notwithstanding the fact that an employee may initially be determined disabled, disability benefits shall terminate upon the occurrence of any events set forth in section 5.

TERMINATION OF DISABILITY BENEFIT:

A period of total disability ceases on the earliest to occur of the following:

- A. The date the employee ceases to be totally disabled.
- B. The date the employee commences work at a reasonable occupation means any gainful activity for which the employee is engaged, or may reasonably become engaged, fitted by education, training or experience.
- C. The date the employee fails to furnish proof of the continuance of total disability or refuses to be examined when required.
- D. The date the employee ceases to be under the care of a physician.
- E. The date of the employee's death.

Thank you for your assistance. If you have any questions, please contact the Benefits Division at 770-794-5564 or 770-794-5569.