



Disability Retirement Questionnaire

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408

Fax | 909.884.1904

Online | returningretirees@sbcera.org

Name of Your Agency:
Name of the SBCERA Retiree:

You indicated on the Returning Retiree Certification Form in Section 5 that _____ retired with a Disability Retirement Benefit. As noted on the form, SBCERA requires additional information before we can proceed with the review of the certification. Please answer each of the below questions and provide the requested supporting documents to assist is in our review.

1. What position will the returning retiree fill for the employer?
2. Please provide a thorough description of the usual duties of the position the returning retiree will fill. Please include a description of the physical requirements of the position.
3. The returning retiree was granted a disability retirement from the SBCERA Board of Retirement on _____.
4. Please describe the employer's understanding of the returning retiree's disability.
5. Is the employer aware of any permanent restrictions the returning retiree has? If so, please provide the employer's understanding of the work restrictions.
6. Will the returning retiree perform any duties that are in conflict with the work restrictions imposed on the returning retiree?
7. Has the returning retiree been cleared by the retiree's physician to perform duties the retiree will be performing for the employer? Please provide documentation supporting your answer.
8. Please provide the department and Human Resource contact names and email addresses who will be coordinating the returning retiree's reemployment and tracking total hours worked.

9. Will the retiree perform any duties that they performed prior to retirement? If yes, please explain and list the duties that will be performed.

10. Prior to retirement, was the retiree involved in active law enforcement or active fire suppression? If yes, will they perform any of the usual duties of an employee assigned to active law enforcement or active fire suppression? Please explain.

Provide any additional comments or information below.

Submit all documentation, including the already requested information that supports the agency's responses to the above questions.

Prepared By:

Title:

Name of Agency:

Date: