



San Bernardino County Employees' Retirement Association

Returning Retiree: Disability Retirement Questionnaire

P: 909.885.7980 | E: returningretirees@sbcera.org | sbcera.org

Submit this Form:

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

Online | returningretirees@sbcera.org

This form is required when an SBCERA retiree who was granted a Disability Retirement benefit is being considered for re-employment with a SBCERA-covered employer. Under SBCERA Board Benefits Policy No. 032 (Retirees Returning to Work), additional review is required to ensure that the retiree will not perform duties that conflict with the medical restrictions that led to their disability retirement. Employers must complete this form and submit it with the Returning Retiree Certification request form.

Section 1 Retiree Information

SBCERA ID/Employee ID	Full Name	
Date of Retirement with SBCERA	Disability Retirement Date (if different)	Re-Employment Job Title
Re-Employment Start Date		Re-Employment End Date (cannot be greater than 18 months)

Section 2 Employer Information

Employer Name	
Department Name	Employer Representative Name & Title
Representative Phone Number	Representative Email Address
Human Resource Contact Name	Human Resource Contact Phone Number

Section 3 Supplemental Questions

1. Please provide a detailed description of the duties associated with the position the retiree will fill. Include a summary of the regular or essential job functions, as well as a description of the physical requirements of the position (e.g., standing, lifting, driving, use of force, etc.).

Section 3 Supplemental Questions (Continued)

2. Please describe the employer's understanding of the returning retiree's disability.

3. Are you, as the employer, aware of any permanent restrictions the returning retiree has?

- No**
- Yes** – Please describe your understanding of those restrictions and explain how the duties of the position have been reviewed in light of them.

4. Will the returning retiree perform any duties that are in conflict with the work restrictions imposed on the retiree?

- No**
- Yes** – Please explain.

5. Has the retiree been medically cleared by their physician to perform the duties associated with this position? Please attach documentation (e.g., a physician's note or medical clearance letter) supporting your response.

Section 3 Supplemental Questions (Continued)

6. Will the retiree perform any duties that they performed prior to retirement?

- No
- Yes – Please explain.

7. Prior to retirement, was the retiree involved in active law enforcement or active fire suppression?

- No
- Yes – If yes, will they perform any of the usual duties of an employee assigned to active law enforcement or fire suppression? Please explain.

8. Please provide any additional information or context that may assist SBCERA in evaluating this request. This may include relevant background, clarification on job duties, accommodation details, or other factors not addressed in prior responses.

Please submit all supporting documentation, including any previously requested materials, that substantiate the agency's responses to the questions above.

Prepared by: _____ Title: _____
Printed Name

Signature Date: _____