



Disability Benefits
Handbook

IMPORTANT

DO NOT THROW AWAY

Contents

INTRODUCTION.....	3
General Overview	3
Disability Benefits in Brief	4
How to Apply for a Disability Benefit	4
GENERAL PROVISIONS	5
Eligibility Requirements	5
General Administrative Rules	5
Miscellaneous Documentation	5
ORDINARY DISABILITY	6
Amount	6
Benefit	6
Calculating Your Start Date	6
Maximum Eligibility.....	6
Maternity Leave	6
Application Timing	6
Special Service Limitations.....	6
EXAMPLE OF ORDINARY DISABILITY BENEFIT	7
EXAMPLE OF ORDINARY DISABILITY BENEFIT	8
DUTY DISABILITY	9
Amount	9
Maximum Benefit Time Period	9
Workers’ Compensation	9
Application Timing	9
Child Benefit.....	9
EXAMPLE OF DUTY DISABILITY BENEFIT	10
ILLINOIS WORKERS’ COMPENSATION COMMISSION	11
Impact to an existing approved disability benefit	11
CONTINUATION OF BENEFIT	12
General Rules	12
Timing	12
Miscellaneous Documentation	12
BOARD DECISION	13
TERMINATION OF BENEFIT	14
Termination of Benefit.....	14
Special Consideration.....	14
IMPORTANT NOTICES	15
Contact Information	15

INTRODUCTION

General Overview

The County Employees' and Officers' Annuity and Benefit Fund of Cook County, Illinois, and the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, Illinois, (collectively, the "**Fund**") administers the disability benefits provided in Article 9 [40 ILCS 5/9-101 et. seq.] of the Illinois Pension Code [40 ILCS 5/1-101 et. seq.] (the "**Pension Code**") to active and eligible employees of Cook County and the Forest Preserve District of Cook County (collectively, the "**County**").

The summary of benefits, which follows, is intended only as a general description of the current disability benefits available to employees of the County in accordance with the Pension Code. Please note that the benefits discussed in this Disability Benefits Handbook (the "**Handbook**") are provided by statute and could be modified or changed by the legislature at any time. To the extent there is a conflict between the statutory provisions set forth in the Pension Code and the provisions of the Handbook, the statutory provisions will control.

The goal of this Handbook is to present and explain available disability benefits and the related application and eligibility requirements in language that is easy for you, as a member, to understand. In developing this Handbook, however, the Fund is limited by certain statutory terms that are specific to disability benefits and must be used when discussing such benefits. Some of these terms are listed alphabetically and defined in the **Glossary** located on page 15.

As of the effective date hereof, this Handbook and the procedural rules set forth herein, shall supersede all prior rules and regulations in effect at the Fund regarding the filing and processing of disability benefit applications. Changes in the procedural rules relating to the filing and processing of applications may be made by the Board at any time in the future, with or without prior notice. A copy of this Handbook will be posted on the Fund's website and updated when changes to the procedural rules or applicable statutory provisions are enacted. You are encouraged to view the website for the most current version of the Handbook if you are contemplating filing an application for disability benefits with the Fund.

Please read the information in this Handbook carefully so you will have an understanding of your disability benefits and the process you must follow to obtain those benefits. If you want more information or have any questions about your disability benefits, please contact the Fund (see **Contact Information** on page 14).

Disability Benefits in Brief

The disability benefit is designed to provide compensation, in replacement of salary, for those injured or suffering from an illness that prevents them from working. As an employee of the County, you are entitled to apply for and, if eligible, receive these benefits.

There are two types of disability benefits – (1) Duty Disability Benefits and (2) Ordinary Disability Benefits.

1. Duty Disability Benefits are available ONLY to employees who are disabled as the result of an injury “incurred in the performance of an act or acts of duty.”
2. Ordinary Disability Benefits [non-duty] are available to those employees who are disabled “as the result of any cause other than injury incurred in the performance of an act of duty.”

How to Apply for a Disability Benefit

Any employee may apply for a disability benefit. All requests for an application for disability benefits should be submitted to the Cook County Pension Fund.

Disability Counselors are available to assist with questions regarding the process for applications, eligibility requirements, and the required documentation associated with applications for disability benefits.

IMPORTANT: If you are injured while on duty, you must file a claim through the Cook County Department of Risk Management in addition to applying for a disability benefit with the Fund. See **Contact Information** provided on Page 14.

GENERAL PROVISIONS

This section contains benefit eligibility rules and provisions as applicable to disability benefits.

The disability benefits provided in the Pension Code are *employee* benefits. If disability benefits are granted, the County credits both employee and employer contributions and service credit for annuity purposes for the period approved.

Eligibility Requirements

Regardless of disability type (Ordinary or Duty), you must meet these initial requirements:

- Be employed by the County at the time of injury/illness;
- Be disabled (1) at the time of application (*unless there is reasonable cause of delay as determined by the Board*) and (2) during the entire requested/granted benefit period;
- Be examined by a licensed and practicing physician appointed by the Board*;
- Not receive all or any portion of salary during any period for which disability benefit is paid (i.e., be in a “no pay” status);
- Not be employed and in receipt of salary by any public body (other than the County) supported in whole or in part by taxation.

**Except in the limited cases where a Certification of Disability Status (Form DIS-0005) is provided.*

General Administrative Rules

Any employee is entitled to request an application.

Applications must be made while the employee is employed by the County AND is disabled.

If an injury or illness occurred while in the performance of an act of duty, the employee must apply for Workers’ Compensation with both the Cook County Department of Risk Management and submit an application for duty disability benefits with the Fund.

All duty disability-related applications will be processed by the Fund and held pending a final decision by the Cook County Workers’ Compensation Committee.

The employee is required to maintain an active and complete application with the Fund while awaiting a decision on their Workers’ Compensation claim. Failure to maintain an active application will result in a recommendation to the Board for a denial of benefit.

Miscellaneous Documentation

Any submitted documentation without an actual application on file with the Fund will be held by the Fund for 90 days. If an application is not submitted during this time, no action will be taken on the matter. The Fund will return a copy of the miscellaneous documentation to the member.

ORDINARY DISABILITY

This section contains benefit information as applicable to the **ordinary** disability benefit.

Amount

Ordinary disability provides a benefit payment equal to 50% of salary at the date of actual disability.

Benefit

Calculating Your Start Date

The benefit payment for an approved application commences after the first 30 days of disability, provided you are then in a “no pay” status with your employer. If you remain in a “pay” status beyond the first 30 days, the disability benefit will commence as of the first date following the last date paid.

Generally, in accordance with County policy, you are required to use all accrued paid leave (sick, personal and vacation) before any disability benefit payment can be made.

Maximum Eligibility

Eligible employees are entitled to receive disability benefits for a period equal to one quarter ($\frac{1}{4}$) of the length of their service credit, not to exceed a period of 5 years.

Maternity Leave

In accordance with County policy, those planning to take ordinary disability for maternity leave have the option to waive the County requirement that all accrued paid leave (sick, personal and vacation) must be exhausted before receiving an ordinary disability benefit.

Application Timing

An application must be made while the disability exists, unless the Board finds reasonable cause for delay in filing.

Generally, the benefit payment can begin no sooner than 30 days prior to the date of application, unless the Board finds reasonable cause for delay in filing.

Once you submit your application, you are allowed 90 days to submit all supporting documentation for your application. If documentation is not received within the requested 90 days, an additional 30 day extension may be granted. Failure to complete an application in a timely fashion will result in a recommendation to the Board for a denial of benefit.

Special Service Limitations

Any employee who has voluntarily or involuntarily separated from service for any reason and is, therefore, absent from employment with the County for 60 days or more, who then re-enters service subsequent to such absence is not entitled to ordinary disability until he/she renders at least 6 months of continuous service. Disability must NOT have commenced during any “absence from duty” other than paid leave.

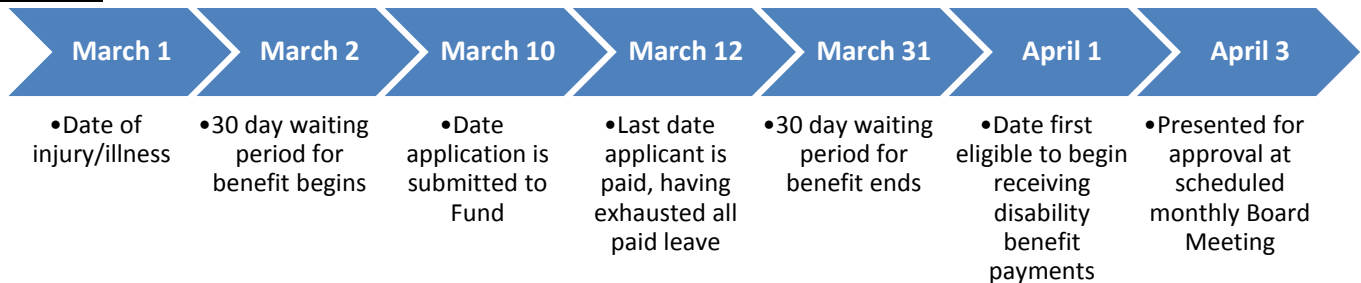
EXAMPLE OF ORDINARY DISABILITY BENEFIT

Scenario A – Applicant with available accrued paid leave (sick, personal and vacation)

Assumptions*

- Date of injury/illness is March 1.
- Last date worked is March 1.
- Member has 12 days of accrued paid leave.
- Last date paid is March 12.
- Application is submitted on March 10.
- Gross biweekly salary at the time of disablement is \$1800.00.

Timeline



Calculation of Benefit

Gross biweekly salary x 26 pay periods ÷ 365 days x 0.50 = Daily Rate

Example: \$1800 x 26 ÷ 365 x 0.50 = \$64.11 Daily Rate

- \$1800 x 26 pay periods = \$46,800 Annual Salary
- \$46,800 ÷ 365 days = \$128.22 Daily Rate
- \$128.22 x 0.50 = \$64.11 Daily Disability Benefit

Result

- In this scenario you would receive a daily disability benefit payment of \$64.11.
- Payment is made for each calendar day (including weekends) of the approved benefit period.

**All scenarios assume Full Time Employee.*

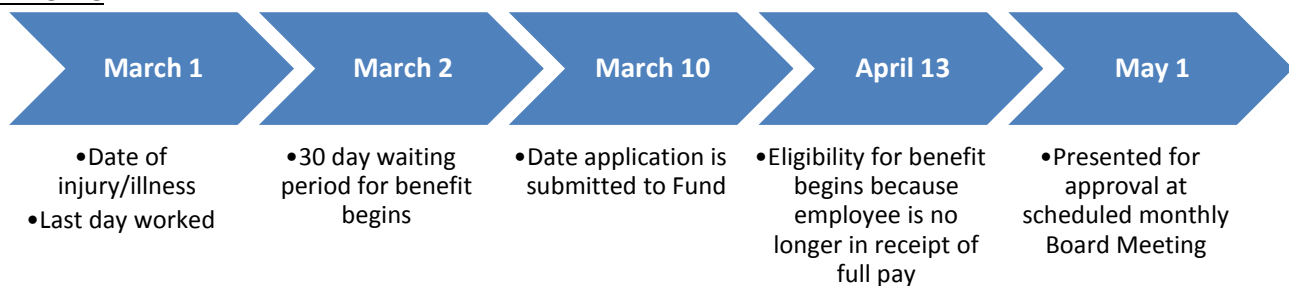
EXAMPLE OF ORDINARY DISABILITY BENEFIT

Scenario B – Applicant in receipt of pay during illness/injury

Assumptions*

- Date of injury/illness is March 1.
- Last date worked is March 1.
- Last date paid is April 12.
- Application is submitted on March 10.
- Return to work May 22.

Timeline



Result

- In this scenario, although the 30 day waiting period ended on March 31, the employee was still in receipt of full pay through April 12, so the disability benefit began on April 13.
- Payment is made for each calendar day (including weekends) of the approved benefit period.

**All scenarios assume Full Time Employee.*

DUTY DISABILITY

This section contains benefit information as applicable to the **duty** disability benefit.

Amount

Duty disability provides a benefit payment equal to 75% of salary on date of injury OR 50% if the disability resulted from any physical defect or disease which existed at the time the injury was sustained.

Duty disability benefit payments are subject to an offset/reduction by any payment received from the County under the Worker's Compensation Act or the Workers' Occupational Disease Act.

Maximum Benefit Time Period

Provided disability continues, a benefit is payable until the employee attains age 65. If disability commences after age 60, the benefit is payable during the disability for a period not to exceed 5 years.

Workers' Compensation

Before any action can be taken by the Board on an application for duty disability, an employee must file a timely claim for workers' compensation with his/her department's Safety Officer, Supervisor or directly with the Cook County Department of Risk Management and the applicant must receive compensation or payment for the claim or the claim must otherwise be finally adjudicated.

The employee is required to maintain an active and complete application with the Fund while awaiting a decision on his/her workers' compensation claim.

Application Timing

An application must be made while the disability exists.

Once you submit your application, you are afforded 90 days to submit all supporting documentation for your application. If documentation is not received within the requested 90 days, an additional 30 days extension will be granted. Failure to complete an application in a timely fashion will result in a recommendation to the Board for a denial of benefit.

Child Benefit

An employee that is in receipt of a duty disability benefit is also entitled to receive an amount of \$10 per month on account of each unmarried child less than the age of 18, provided that the child's disability benefit does not exceed 15% of such employee's salary at the date of injury.

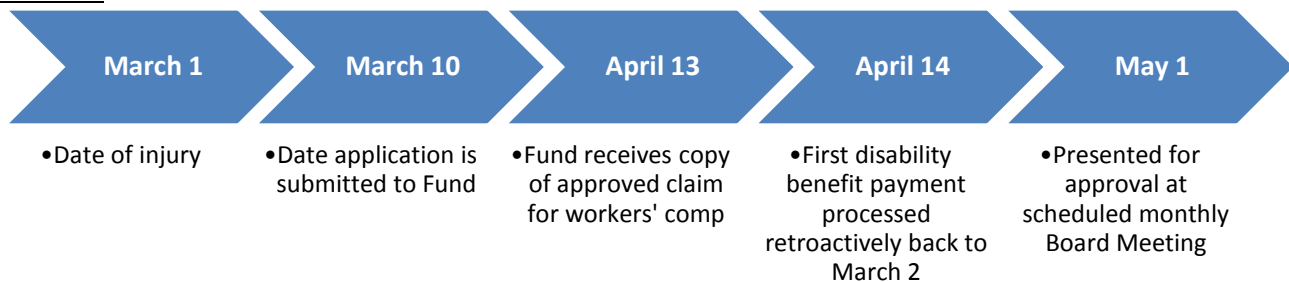
EXAMPLE OF DUTY DISABILITY BENEFIT

Scenario A – Applicant submits application while disabled

Assumptions*

- Date of injury is March 1, 2010.
- Last date worked is March 1, 2010.
- Application is submitted on March 10, 2010.
- Workers' Comp effective March 1, 2010.
- Pay at time of injury is \$1800.00 gross biweekly.

Timeline



Calculation of Benefit

Gross biweekly salary x 26 pay periods ÷ 365 days x 0.75 = Daily Rate

Example: \$1800 x 26 ÷ 365 x .75= \$96.16 Daily Rate
 \$96.16 - \$85.48 Workers' Comp. rate = \$10.68 Pension Fund Daily Disability Benefit

- \$1800 x 26 pay periods = \$46,800 Annual Salary
- \$46,800 ÷ 365 days = \$128.22 Daily Rate
- \$128.22 x 0.75 = \$96.16 Daily Disability Benefit
- \$96.16 - \$85.48 Workers' Comp. rate = \$10.68 Pension Fund Daily Disability Benefit

Result

- In this scenario the employee would receive a disability benefit effective March 1.
- Payment is made for each calendar day (including weekends) of the approved benefit period.

If you file a claim with the Illinois Workers' Compensation Commission (IWCC) after you are in receipt of an approved disability benefit, the benefit will be suspended, pending a decision on your claim with the IWCC. You will be required to maintain an active application with the Fund during this time.

**All scenarios assume Full Time Employee.*

ILLINOIS WORKERS' COMPENSATION COMMISSION

This section contains benefit eligibility information, as applicable to the duty disability benefit and its coordination with the Illinois Workers' Compensation Commission (IWCC).

If a member chooses to file a claim with the IWCC, he/she does so without the participation of the Fund. The Fund is notified of a filing by the State's Attorney's Office (SAO).

All documentation associated with the claim, including disability applications filed with the Fund, is submitted to the SAO.

Once a determination is made by the Commission, the SAO notifies the Fund.

Impact to an existing approved disability benefit

If you file a claim with the Illinois Workers' Compensation Commission after you are in receipt of an approved disability benefit, the benefit will be suspended, pending a decision on your claim with the IWCC. You will be required to maintain an active application with the Fund during this time.

If you submit an application to the Fund but are not in receipt of an approved disability benefit payment, and the Fund is notified of an applicable filing with the IWCC, your application with the Fund will be placed on hold pending the outcome of your claim with the IWCC. You will be required to maintain an active application with the Fund during this time.

Any disability benefit shall be reduced by any amount received or recoverable with respect to such disability under the Workers' Compensation Act or Workers' Occupational Diseases Act.

CONTINUATION OF BENEFIT

If you remain disabled at the end of the granted disability period and also remain eligible for continued benefits (i.e., maximum benefit period has not expired, no termination of employment or member status, etc.), you are required to request and submit an application for a continuation of your disability benefit.

General Provisions outlined on Page 5 apply to those requesting a continuation of an approved disability benefit.

General Rules

Any employee currently in receipt of a disability benefit is entitled to request an application to continue the benefit.

Applications must be made while the employee is still employed by the County AND is still disabled.

All applicable and requested documentation must be submitted before a request for continuation of the benefit can be considered.

Timing

An application must be made while the disability exists.

If your disability period is expected, per your physician statement, to continue beyond the initial approved period, an application packet to continue the benefit must be requested from the Fund.

Once you submit your application, you are afforded 90 days to submit all supporting documentation for your application. If documentation is not received within the requested 90 days, an additional 30 day extension will be granted. Failure to maintain an active application will result in a recommendation to the Board for a denial of benefit.

Miscellaneous Documentation

Any submitted documentation without an actual application on file with the Fund will be held by the Fund for 90 days. If an application is not submitted during this time, no action will be taken on the matter. The Fund will return a copy of the miscellaneous documentation to the member.

BOARD DECISION

Your application will be presented to the Board for consideration at a regularly scheduled monthly meeting. Notice of the Board's initial determination with respect to your application for a disability benefit will communicate an approval, the request for additional information or a denial.

In the event of a denial, the Fund will provide information regarding the manner and timeframe for requesting an administrative hearing to appeal such decision.

Steps for appealing a decision of the Board

1. Submit, in writing, a request for an administrative hearing within 30 days of receipt of the Board's initial determination.
2. Board appoints a Hearing Officer.
3. Hearing will be conducted on a date mutually agreeable to all parties.
4. Hearing Officer will submit a written recommendation to the Board.
5. The Board will notify employee of its final decision after review of the Hearing Officer's recommendation.
6. Under the Administrative Review Act, 735 ILCS 5/3-101 et seq., an employee has 35 days from the date that a copy of the Board's final decision was served upon the employee to appeal the Board's decision to the Circuit Court.

TERMINATION OF BENEFIT

This section contains general rules associated with termination of a disability benefit.

Termination of Benefit

The disability benefit will cease upon:

1. Date disability ceases
2. Death of recipient
3. Refusal to submit for examination or participate in an IME (independent medical examination) at the request of the Fund
4. Employment by a Public Body supported by taxation and in the receipt of salary
5. Granted disability period ends
6. Statutory Maximum Allowance is met
7. Return to work

Special Consideration

If, during the application process, the member dies as a result of the existing injury or illness, the Board may consider the death certificate as sufficient evidence that disability continued to the date of death.

IMPORTANT NOTICES

- 1. Any person that misrepresents or falsifies information in connection with an application for disability benefits from the Fund may be subject to criminal prosecution.**

Sec. 1-135 of the Pension Code specifically provides: “Any person who knowingly makes any false statement or falsifies or permits to be falsified any record of a retirement system or pension fund created under this Code or the Illinois State Board of Investment in an attempt to defraud the retirement system or pension fund created under this Code or the Illinois State Board of Investment is guilty of a Class 3 felony.”

- 2. The Fund cannot provide legal advice. Should you require legal advice, you are encouraged to consult your own legal counsel.**

The Board may retain amounts required for the repayment of any moneys paid through misrepresentation, fraud or error out of any future annuity, refund or disability benefit payments.

Contact Information

Cook County Pension Fund

Disability Department
33 N. Dearborn Street, Suite 1000, Chicago IL, 60602
312-603-1200

Cook County Department of Risk Management - Worker’s Compensation

118 N. Clark Street, Room 1072, Chicago, IL 60602
312-603-6590

Illinois Workers’ Compensation Commission

100 W. Randolph Street #8-200, Chicago IL 60601
312-814-6611 or 866-352-3033

GLOSSARY

The following definitions apply throughout the Handbook, unless otherwise noted:

Board: The Retirement Board of the County Employees' and Officers' Annuity and Benefit Fund of Cook County and ex officio for the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County.

County Fund: The County Employees' and Officers' Annuity and Benefit Fund of Cook County, Illinois, established under Article 9 of the Illinois Pension Code [40 ILCS 5/9-101 et. seq.].

County: Cook County and/or the Forest Preserve District of Cook County.

Duty Disability: A person who becomes disabled, after their effective date, as a result of an injury incurred in the performance of an act or acts of duty.

Disability: A physical or mental incapacity as the result of which an employee is unable to perform the duties of his or her position.

Forest Preserve District Fund: The Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, Illinois, established under Article 10 of the Illinois Pension Code [40 ILCS 5/10-101 et. seq.].

Fund: The County Fund and the Forest Preserve District Fund, collectively.

Injury: Defined as a "physical hurt resulting from external force or violence."

Ordinary Disability: A person who becomes disabled, after becoming a contributor to the Fund, as the result of any cause other than injury incurred in the performance of an act or acts of duty.

Public Body: All legislative, executive, administrative or advisory bodies of the state, counties, townships, cities, village, incorporated towns, school districts and all other municipal corporations, boards, bureaus, committees or commissions of the state, and any subsidiary bodies of any of the foregoing including but not limited to committees and subcommittees which are supported in whole or in part by taxation, or which expend taxation.

Salary: Basic compensation – exclusive of overtime or any additional "extra" compensation.

Termination: Voluntary or involuntary separation from service.