

Disability Transmittal Administrators

- Overview
 - Member Information Page
 - Start Disability Transmittal
 - Form checklist
 - Required forms
 - Board member signatures
- Need More Information
- Re-Open Remands
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 - Not submitted to PERAC
 - Submitted to PERAC
- Email & Notifications

Transmittal Home Page

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm Sign Out

Home
Compliance
Disability
Documents

Disability Home

Start Medical Panel Request Start Involuntary Panel Request **Start Disability Transmittal**

+ Member Medical Panel Requests

- Member Disability Transmittals

Member Name ▲	Application Date	
gAD MIS	11/2/2017	
Ardath Muscarella	9/12/2017	
Test Negative	9/21/2017	Request Not Submitted
Suk Nicodemus	9/12/2017	Approved
Donnell Nobles	9/12/2017	Approved
Test Nos	9/28/2017	Approved
Edith Owinas	9/12/2017	Approved

To start a Transmittal You would Select the Start Button

Selecting the "Start Disability Transmittal" button will open the member information page for the member information to be entered.

Overview

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm Sign Out

Home
Compliance
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Documents

Disability Home

Start Medical Panel Request Start Involuntary Panel Request Start Disability Transmittal

+ Member Medical Panel Requests

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Test Nos	9/28/2017	Approved
Edith Owinas	9/12/2017	Approved

Any transmittal within the process will appear on status bar. These are current active cases. Historical Cases will be accessible in the History Link on the right.

Any Disability Transmittal that has been started will show up on the Member Disability Transmittal list. The application date and the Current Status is shown. Selecting the specific member will display the forms checklist and board member signatures.

Enter Member Information

ZZTEST PERAC

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Disability Transmittal Request

Member & Disability Information

Social Security #* Member Last Name* Member First Name* M.I.

Disability Type:*

Name of Unit:*

Job Title/Group:*

Date of Birth:*

Retirement: Member In Service Retired: Retirement Date:

Date of Membership:*

Total Creditable Service:* Years: Months:

Veteran Status:*

Retirement Board Decision

Benefit according to Chapter 32, section:* 

Benefit applies to:* Use member

Is this request to an Appeal or Court Decision: *

Appropriate Provisions*

In case of an accidental disability/accidental death, check appropriate provision:

- Notice to board within 90 days?
- Accident occurred within 2 years preceding date of application?
- Group 4 member. Is the record of the injury on file in the official records of his/her department?

Worker Compensation/111F

Information required in connection with G.L.c. 152 (Workers' Compensation) and G.L.c. 41 § 111F

Has/Is the member receiving workers compensation or 111F benefits?*

Date compensation first received in connection with this accident?*

At what weekly rate?*

What period covered?*

Receiving G.L.c. 41 § 111F benefits?*

Criminal Record

Has the member been convicted of a crime involving moral turpitude?
If yes, please specify:

Benefit:
is the section of the law for this application
example: §§ 7, 94, etc.
Verify before continuing.
Once you have completed this page
and there are errors, you will need
to withdraw.

Once all of the question fields have been completed, you will need to verify the information before continuing.

Member Information Page

-  Home
-  Compliance
-  Disability

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Disability Transmittal

Member Information	
Member Name:	James
Member Age:	60
Social Security #:	***-**-0000
Disability Type:	Ordinary Disability
Name of Unit:	Public Schools
Job Title/Group:	Custodian/1
Transmittal Type:	6 (Ordinary)
Benefit Applies to:	James
Veteran Status:	NO
Crimes:	No
Member Status:	Member In Service
Length of Service:	19 Years, 2 Months

Status Information		Due: 9/28/2017
Request Submitted	8/29/2017	
Under Review	8/31/2017	
Approved	9/26/2017	
Remand		
Withdrawn		

Worker Compensation/111F

Information required in connection with G.L.c. 152 (Workers' Compensation) and G.L.c. 41 § 111F (Injured on Duty):

Has/Is the member receiving workers compensation or 111F benefits?

Disability Transmittal Documents	
Forms	Attachments
Statement of Facts	 1
Medical Panel Certificate & Narrative	 1
Description of Essential Duties	 1
Employer Statement	 1
Retirement Application	 1

Form Checklist

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm [Sign Out](#)

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[Compliance](#)
Disability

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Disability Transmittal Request

Accidental Disability Transmittal Request for:

Social Security #: ***-**-3453 Member: sfdgsfdg fdgsdfg

Once submitted you cannot add additional documents.

Disability Transmittal Documents

Forms	Assigned	Complete	Attachments
Statement of Facts	Board Disability Admin	-	
Medical Panel Certificate & Narrative (optional)	Board Disability Admin	-	
Injury/Incident Reports	Board Disability Admin	-	
Description of Essential Duties	Board Disability Admin	-	
Death Certificate	Board Disability Admin	-	
Other Attachments			
Board Member Signatures			
	Chuck Zztest1	- DNP	
	Chuck Zztestzchair	- DNP	
	Chuck Zztest3	- DNP	
	Chuck Zztest4	- DNP	
	Chuck Zztest5	- DNP	

[Withdraw](#) [Deny](#) [Submit](#)

Forms can only be deleted Prior to submission to PEARC. On the checklist page, click on the History link and hover the mouse on the right side of the form to show the delete option.

The screenshot displays the MIDDLESEX COUNTY web portal interface. The top navigation bar includes the county name, the Massachusetts Public Employee Retirement Administration Commission, and the user's name (Hello, Lisa Maloney) with a Sign Out option. A left sidebar contains navigation icons for Home, Tasks, Compliance, Disability, 91A, and Members. The main content area shows a 'Disability Transmittal Request' checklist with a 'Back' button and a 'History' link highlighted in a red box. The checklist items include 'Statement of Facts', 'Medical Panel Certificate & Narrative', 'Injury/Incident Reports', 'Description of Essential Du...', 'Employer Statement', 'Retirement Application', 'Treating Physician Narrative', 'Fair Summary of the Facts', 'Other Attachments', and 'Board Member Signatures'. A red arrow points from the 'History' link to an inset window showing the 'Attachment History' table. The table has columns for Form, Name, Description, and Date, with a 'Delete' button highlighted in a red box next to the first row.

Form	Name	Description	Date	
Description of Essential Duties	Job Description.pdf		8/15/2018	Delete
Employer Statement	Employer Statement.pdf		8/15/2018	
Injury/Incident Reports	Injury Report.pdf		8/15/2018	
Injury/Incident Reports	Final Occupation Codes.pdf		10/19/2018	
Medical Panel Certificate & Narrative	Medical Panel Certificate.pdf		8/15/2018	
Other Documents	Final Occupation Codes.pdf		10/19/2018	
Retirement Application	Involuntary Accidental Applicatio...		8/15/2018	

Medical Records

- By Facility/physician Date Range
- File size for Prosper is <15MB (approx. 200 pages)
- Pdf format
- Name of file
- Facility(physician) 2015-2017 part 1
- Facility(physician) 2015-2017 part 2
- Example
 - Mass General Hosp 2012-2017 part 1
 - Mass General Hosp 2012-2017 part 2
 - Dr. Doctor 2003-2017
 - Get Well Physical Therapy Jan-June 2012

IMPORTANT!

Make sure to include date ranges.

Last 5 years of medical records.

Form Accuracy

- Form lists are based on the Disability type, general law/chapter, injury and answers to other application questions.
 - Make sure the questions are answered correctly
 - All documents should be complete before submitting to PERAC
 - Make sure all documents are attached to the correct form name
 - Updates to documents can be done through the 'Need More Information' request by PERAC
- Once submitted to PERAC, no changes can be made
 - Any changes after submission may result in withdraw of initial request and creating a new request with correct information

Form Attachments

- Attachments should be form specific.
 - Description of Essential Duties should not have attachments that include injury report or proof of veteran status documentation.
- Medical Panel Certificate and Narratives should have the Dr. name in the file name.
 - Example- JDoe cert.narrative Dr. Jone.pdf
JDoe cert.narrative Jones.Smith.Young.pdf

Required Forms as of 6/1/2018

	6 (Ordinary)	7 (Accidental)	9 (Accidental Death - Mbr in Service)	9 (Accidental Death - Retiree)	10 (Termination)	10 (Termination)	26A (State Trooper Accidental)	26A (State Trooper Accidental) 7:94 heart presumption	26A (State Trooper) 9 Accidental Death
	Member in Service			Retiree	Without Separation Agreement	With Separation Agreement			
Documents									
Statement of Facts	O	O	R	R	O	O	R	R	R
Medical Panel Certificate & Narrative	R	R	O	R					
Treating Physician Statement	R	R							
Injury / Incident Reports		R	R				R		
Description of Essential Duties	R	R	R		R	R	R	R	
Employer Statement	R	R			R	R			
Retirement Application	R	R			R	R	R	R	
Proof of Physical Exam upon Entry								R	R
Death Certificate			R	R					R
Rating Board Reports							R	R	R
Proof of Veteran Status (if selected)	R								
Independent Medical Review							O	O	O
Fair Summary of the Facts (Employer)									
Letter from Employer Terminating Position					R	R			
Suivors Application			O						R
Separation Agreement						R			
Documentation of Crime (if selected)	R	R	R	R	R	R	R	R	R

Required Forms cont. as of 6/1/2018

	Section 7: 94 (Heart Presumption)	Section 7:94A (Lung Presumption)	Section 7:94B (Cancer Presumption)	Section 9- Member in Service: 94 (Heart Presumption)	Section 9 - Member in Service:94A (Lung Presumption)	Section 9 - Member in Service: 94B (Cancer Presumption)	Section 9 - Retiree: 94 (Heart Presumption)	Section 9 - Retiree:94A (Lung Presumption)	Section 9 - Retiree:94B (Cancer Presumption)	100 (Line of Duty Death)	Section 6; Involuntary	Section 7; Involuntary
				Member in Service	Member in Service	Member in Service	Retiree	Retiree	Retiree			
Documents												
Statement of Facts	O	O	O	R	R	R	R	R	R	O	R	R
Medical Panel Certificate & Narrative	R	R	R				R	R	R		R	R
Treating Physician Statement	R	R	R								O	O
Injury / Incident Reports										R		R
Description of Essential Duties	R	R	R	R	R	R				R	R	R
Employer Statement	R	R	R								R	R
Retirement Application	R	R	R								R	R
Proof of Physical Exam upon Entry	R	R	R	R	R	R						
Death Certificate				R	R	R	R	R	R	R		
Rating Board Reports												
Proof of Veteran Status (if selected)												
Independent Medical Review							O	O	O			
Fair Summary of the Facts (Employer)											R	R
Letter from Employer Terminating Position												
Suivors Application												
Separation Agreement												

Board Signatures

- All Board Members must sign in order to submit to PERAC
 - Signing options are Yes, No, DNP (Did Not Participate) and Abstain (as of 10/18/2018).
- There is no way to correct a signing option once submitted
 - All member should check the signing options to make sure they have selected the correct one BEFORE submitting
- If there is a situation where a board member is not physically able to sign, please contact PERAC.

Board Member Signatures

Other Attachments

Board Member Signatures

FName516 LName516	<input type="button" value="DNP"/>
FName517 LName517	<input type="button" value="DNP"/>
FName518 LName518	<input type="button" value="DNP"/>
FName519 LName519	<input type="button" value="DNP"/>
FName520 LName520	<input type="button" value="DNP"/>

Submit

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, FName516 LName516 Sign Out

Tasks

- Home: Your Term Pledge Signature due by 5/18/2017.
- Compliance: Your Eligibility Signature due by 5/18/2017.
- Disability: Board Member Certification has been assigned to you.
- Certification for Member Disability Transmittal has been assigned to you.

Notifications

- Board Member Certification has been assigned to FName516 LName516.
- Board Member Certification has been assigned to FName516 LName516.

Back

Board: Zztest PERAC
Member: James Smith
Social Security #: ***--3452
Application Type: Application for Disability Transmittal

Board Member Certification

Please indicate whether you approve the Application for Disability Transmittal.*
 Yes No Did Not Participate

By entering my name, checking the Electronic Signature box, and clicking on the buttons, I certify under the penalty of perjury that the information I have entered is true and complete to the best of my knowledge.

First Name* **MI** **Last Name*** **Suffix**

The electronic signature must match the name FName516 LName516.

I acknowledge that I am electronically signing this form*

Sign Document

E signature must match what is on file with Prosper.

Need More Information

The screenshot displays a web application interface for 'ZZTEST PERAC', part of the Massachusetts Public Employee Retirement Administration Commission. The top navigation bar includes the user's name 'Hello, Chuck Zztestadm' and a 'Sign Out' link. A left sidebar contains navigation options: Home, Compliance, Disability, and Documents. The main content area shows a notification titled 'Disability Transmittal Needs More Information' with a 'Go To Checklist' button. Below this, a detailed view of a 'Disability Transmittal Request' is shown, featuring an 'ALERT' box with a timestamp and a 'Request Information' section containing details for an 'Accidental Death Transmittal Request'.

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm Sign Out

Home Tasks Back

Dear Chuck Zztestadm,

A Disability Transmittal for needs more information.

Perac has the following comments:
Need more detail on the statement of fact document

Go To Checklist

Compliance Notifications

Disability Transmittal Needs More Information

Consultant Certification has been assigned to FName517 LName517.

PER pro
revi
Ven
sub

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission

Home Back

Disability Transmittal Request

ALERT: • Chuck Zztestadm on 4/10/2017 at 1:59 PM
Dear Chuck Zztestadm,

A Disability Transmittal for needs more information.

Perac has the following comments:
Need more detail on the statement of fact document

Request Information

Accidental Death Transmittal Request for:

Social Security #: ***--1345 Member: asdfasdf sdfasdf

Disability Transmittal Documents

Forms	Assigned	Complete	Attachments
Statement of Facts	Board Disability Admin	⊖	📄 1

Transmittal Notification will appear on your home page

Re-Open Remands

- Please notify PERAC of any additional documentation for a transmittal that has already been remanded.
- On receipt of the information PERAC will review and re-open the transmittal if needed.

Withdraw/Deny Request not submitted to PERAC

ZZTEST PERAC
Massachusetts Public Employee Retirement Administration Commission
Hello, Chuck Ztestadm Sign Out

Disability Home

Start Medical Panel Request Start Involuntary Panel Request Start Disability Transmittal

Member Medical Panel Requests

Member Disability Transmittals

Member Name	Application Date	Current Status
Seth Brojeski	9/22/2017	Request Not submitted
Gordon BurmeisterSB	9/12/2017	Approved
Sanora Cartagena	9/12/2017	Approved
Sasha Clark	10/10/2017	Approved
Pesty Cornish	9/12/2017	Approved
Brooke Craver	9/12/2017	Approved

ZZTEST PERAC

Disability Transmittal Request

Request Information

Accidental Disability Transmittal Request for:
Social Security #: ***-**-4585

Disability Transmittal Documents

Forms	Assigned	Complete	Attachments
Description of Essential Duties	Disability Admin	⊖	
Employer Statement	Disability Admin	⊖	
Letter from Employer Terminating Position	Disability Admin	⊖	
Other Attachments			
Board Member Signatures			
	Chuck Ztesta	✔ YES	
	Chuck Ztestachair	⊖	
	Chuck Ztestig	✔ YES	
	Chuck Ztestig	✔ YES	
	Chuck Ztesta	✔ YES	

Withdraw Deny

Submit

Same process as Medical Panel Request Withdrawal/Denial

Disability Transmittals that have NOT been submitted to PERAC can be Withdrawn or Denied at any time.

Withdraw/Deny Request not submitted to PERAC

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm Sign Out

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Disability Transmittal Request

Request Information

Accidental Disability Transmittal Request for

Social Security # ***-**-4386

Disability Transmittal Documents

Forms

Description of Essential Duties

Employer Statement Disability Admin

Letter from Employer Terminating Position Disability Admin

Other Attachments

Board Member Signatures

History link

Disability Transmittal Withdrawal

Board: Zztest PERAC

Member: Seth Brojeski

Social Security #: ***-**-4386

Application Type: Application for Medical Panel

Withdrawal Letter (please attach)

Please upload the full document.

[Add Attachment](#)

Cancel Submit

ZZTEST PERAC Massachusetts Public Employee Retirement Administration Commission Hello, Chuck Zztestadm Sign Out

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Disability Transmittal Request

COMPLETE: This Disability Transmittal was canceled on 11/30/2017 at 8:43 AM by Chuck Zztestadm

Request Information

Accidental Disability Transmittal Request for

Social Security # ***-**-4386 Member Seth Brojeski

Disability Transmittal Documents

Forms

Description of Essential Duties

Employer Statement

Letter from Employer Terminating Position

Other Attachments

A Withdrawal or Denial letter has to be attached. PERAC only receives the letter for review, forms that have been or attached will be discarded. Once the letter has been submitted, a complete banner will appear verifying the submission has been cancelled.

Same as Medical Panel
Process

Withdraw/Deny Request submitted to PERAC

The screenshot shows the 'Disability Home' page of the ZZTEST PERAC system. The page header includes the logo 'ZZTEST PERAC', the full name 'Massachusetts Public Employee Retirement Administration Commission', the user name 'Hello, Chuck Zztestadm', and a 'Sign Out' link. A left-hand navigation menu contains icons for Home, Compliance, Disability, and Documents. The main content area features three buttons: 'Start Medical Panel Request', 'Start Involuntary Panel Request', and 'Start Disability Transmittal'. Below these are two expandable sections: '+ Member Medical Panel Requests' and '- Member Disability Transmittals'. The latter section contains a table with the following data:

Member Name	Application Date	Current Status
Alexa Amazon	9/14/2017	Approved
Stacy Anderson	9/22/2017	Request Submitted
Barry Ashman	9/12/2017	Approved
Katheleen Beaudoin	9/12/2017	Approved
Heather Berdow	10/2/2017	Approved
Deetta Beshears	9/12/2017	Approved
Carole Bunsister-Ed	9/12/2017	Approved

Disability Transmittals that HAVE been submitted to PERAC can be Withdrawn until a decision has been made (remand/approve). The Withdraw letter should be sent to PERAC via email

Withdraw/Deny Request submitted to PERAC

The screenshot shows the ZZTEST PERAC web application interface. The header includes the logo 'ZZTEST PERAC', the full name 'Massachusetts Public Employee Retirement Administration Commission', and the user 'Hello, Chuck Zztestadm' with a 'Sign Out' link. A left sidebar contains navigation icons for Home, Compliance, Disability, and Documents. The main content area has several expandable sections: Member Medical Panel Requests, Member Disability Transmittals, Member CME Reviews, and Member g1A Status: 2016. The 'Withdrawal/Denial' section is expanded, showing a table with the following data:

Member Name	Process	Cancellation Type	Date	Acknowledgement Date
Sharman Shyama	Medical Panel	Withdraw	10/11/2017	10/11/2017
Stacy Anderson	Disability Transmittal	Withdraw	11/30/2017	11/30/2017
Test Ordinary	Disability Transmittal	Withdraw	10/13/2017	10/13/2017
TestDT Deny	Disability Transmittal	Deny	10/11/2017	10/23/2017
TestDT Withdraw	Disability Transmittal	Withdraw	10/11/2017	
Traves Wilfred	Medical Panel	Withdraw	10/20/2017	10/20/2017

Once PERAC receives and processes the Withdraw letter, the member will move from the Disability Transmittal section to the Withdrawal/Denial section.

Approval Notification

- As of right now your approval letter is an e-mail or a screen shot of the approved page.
- Send screen shot or e-mail to Perac with the Calculations information.

The approval letter can be found on the members checklist

The screenshot shows a web browser window with the URL <https://prosp-web01-qa.perac.state.com:8090/BoardPortal/Disability/Transmittal/Home/313572>. The page header includes 'MIDDLESEX COUNTY' and 'Massachusetts Public Employee Retirement Administration Commission'. The user is logged in as 'Hello, Margaref' and can 'Sign Out'. The main content area is titled 'Disability Transmittal' and contains a 'Back' button and two expandable sections: '+ Appropriate Provisions' and '+ Worker Compensation/111F'. Below these is a 'Disability Transmittal Documents' section with a table of documents and attachments.

Forms	Attachments
Statement of Facts (optional)	
Medical Panel Certificate & Narrative	1
Injury/Incident Reports	1
Description of Essential Duties	1
Employer Statement	1
Retirement Application	1
Treating Physician Narrative	1
Other Attachments	2
PERAC Approval	1

A red box highlights the 'PERAC Approval' row in the table. A small notification box at the bottom right of the table says 'Please allow popups for this site to view all attachments.'

Transmittal Approval- Example

Complete letter should be available by the end of October 2018.

Commission Approval of the Disability Transmittal

Member's Name: {Applicant Name}

Social Security Number: ***-**-####

Pursuant to the authority granted to the Commission by G.L. c.32, § 21(I)(d), the Commission has reviewed your decision to grant a disability {Disability Type} disability benefit to {Applicant Name}. The retirement board's decision is hereby approved.

{Date}

{Joe Connarton's Sig}

Executive Director

Public Employee Retirement Administration Commission

Upon receipt of this approval, the retirement board shall complete and submit the following attachments to PERAC for approval: the appropriate PERAC calculation sheet, annuity card, dependent children's birth certificate(s), and proof of physical incapacity of any children.

Email & Notifications

- Need More Information
- Disability
Withdraw/Deny
Acknowledged
- Disability Transmittal
Complete

Board Task-Task Page

BOSTON Massachusetts Public Employee Retirement Administration Commission Hello, Michael Sign Out

Home
Tasks
Compliance
Disability
91A
Members

Task Overview

Disability Transmittal	Board Action Requests 6	
CME	Member Information Requests 0	Suspension Requests 0
	Salary Verifications 2	Termination Requests 71

91A

Disability Transmittal - Board Action Requests

Name	Status Date
Gilbert,	8/22/2018
Lamar	9/26/2018
James	10/5/2018
Christine	10/5/2018
David	10/4/2018
Kenneth	9/28/2018

Enter Date of Retirement

Alternate View
Board will be able to review
Cases based upon the task.

The task tab allows you to manage tasks based on process. When you select a specific task type, Board Action Request for the Disability Transmittal process, a list of the members in that process with that task will be displayed in a list. Selecting a specific member name brings you to the task that needs to be completed. This view is especially helpful when there are a large number of tasks for more than one process.

REMEMBER

- Tasks Stay on Home Page Until Completed.
- Notifications Stay for 30 days only.
- Log-In to Prosper Daily