

# PROSPER DISABILITY UPDATES

## *Board Member View*



PERAC Real-time Online Self-service  
Environment for Regulation

DISABILITY

WINTER 2019

# Board Home Page Tabs

**BERKSHIRE COUNTY RETIREMENT BOARD** Massachusetts Public Employee Retirement Administration Commission Hello, Board Admin1 Sign Out

Home

Tasks

Compliance

Placement Agent Statement has been assigned to you.

Vendor Disclosure has been assigned to you.

### Home - Berkshire County Retirement Board

PERAC Memos    ▾

<b>Memo #1/2017</b> 2017 Updated Public Re...	<b>Memo #12/2017</b> 2017 2017 Interest Rate...	<b>Memo #9/2017</b> 2017 Buyback And Make...	<b>Memo #10/2017</b> 2017 Domestic Relation...	<b>Memo #8/2017</b> 2017 Continuing Membe...	<b>Memo #7/2017</b> 2017 Actuarial Data
<b>Memo #6/2017</b> 2017 Mandatory Retirem...	<b>Memo #5/2017</b> 2017 Cola Notice	<b>Memo #4/2017</b> 2017 2017 Limits Under...	<b>Memo #3/2017</b> 2017 2017 Limits Under...	<b>Memo #2/2017</b> 2017 The Binding Effect...	<b>Memo #11/2017</b> 2017 2017 Annuity Savin...
<b>Memo #30/2016</b> 2016 840 Cmr 10:10(3) &...	<b>Memo #29/2016</b> 2016 The Buyback Of Ca...	<b>Memo #28/2016</b> 2016 2016 Disability Data	<b>Memo #27/2016</b> 2016 Tobacco Company...	<b>Memo #26/2016</b> 2016 Appropriation Data...	<b>Memo #20/2016</b> 2016 Reinstatement To...
<b>Memo #25/2016</b> 2016 Other Post-employ...	<b>Memo #24/2016</b> 2016 Mandatory Retirem...	<b>Memo #23/2016</b> 2016 Tobacco Company...	<b>Memo #22/2016</b> 2016 Forfeiture Of Retir...	<b>Memo #21/2016</b> 2016 Updating Perac's...	<b>Memo #19/2016</b> 2016 Cost Of Living Incr...

All Boards should now see both Disability and 91A Icons

# Board Home Page Tasks

**BERKSHIRE COUNTY RETIREMENT BOARD** Massachusetts Public Employee Retirement Administration Commission Hello Board Admin1 Sign Out

Home

Compliance

**Tasks**

- Board Evaluation has been assigned to you.
- Placement Agent Statement has been assigned to you.
- Vendor Disclosure has been assigned to you.

**Notifications**

- Board Member Certification has been assigned to Board Chair1.
- Board Member Certification has been assigned to Berkshire B User3, Jr.
- Board Member Certification has been assigned to Berkshire User2, Sr.
- Board Member Certification has been assigned to Berkshire A User1.
- Board Member Certification has been assigned to Board User1.

Home - Berkshire County Retirement Board

PERAC Memos

2013 2012 2011 2010 2009

2013 Limits Under ... Chapter 268a Com... 840 Cmr 10:10(3) & ... 2010 Limits Under ... Cola Notice

**The Task will remain visible until completed**

**Tasks are items that need some action to be taken.  
Selecting a specific task will bring you to that task.**

# Tasks

Home

Compliance

**Tasks**

- Board Member Certification has been assigned to you.
- Board Procurement Compliance has been assigned to you.
- Board Member Certification has been assigned to you.

**Notifications**

- Board Member Certification has been assigned to Board Chair1.
- Board Procurement Compliance has been assigned to Board Chair1.

[Back](#)

**Retirement Board Member Certification**

---

Massachusetts Law ([Chapter 32, Section 23B](#)) requires **each** retirement board member to complete this form and submit it to the Commission prior to retaining any service provider for the retirement board. In the case of investment managers upon acknowledgement from PERAC that this and other filings have been received, the board may retain the service provider.

With respect to this procurement, **each** retirement board member shall certify in writing as follows:

The undersigned certifies that, to the best of his/her knowledge and belief, this proposal has been made and submitted in good faith and without collusion or fraud with any person. As used in this certification, the word "person" shall mean a natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.

**Retirement Board:** Berkshire County Retirement Board

**Description of Services being proposed:**

**Business Name of Vendor:** 57 Stars, LLC

**Name:** Board User1

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

First Name*	MI	Last Name*	Suffix
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>

The electronic signature must match the name Board User1.

I acknowledge that I am electronically signing this form\*

[Sign Document](#)

Tasks will contain detailed information on form and the action that needs to be taken.

# Task Completion

**Home** Tasks

Board Member Certification has been assigned to you.

Board Procurement Compliance has been assigned to you.

Board Member Certification has been assigned to you.

---

**Notifications**

Board Member Certification has been assigned to Board Chair1.

Board Procurement Compliance has been assigned to Board Chair1.

[Back](#)

**Retirement Board Member Certification**

---

In conjunction with the selection of an investment vendor Massachusetts Law (Chapter 32, Section 23, (2), (c)) requires each retirement board to complete this form and submit it to the Commission. Upon acknowledgement from PERAC that this and other filings have been received, the board may retain the service provider.

On behalf of the retirement board noted below, the undersigned certifies that, to the best of his or her knowledge and belief, in making the selection of the vendor identified below, the retirement board has complied with the process set forth in Chapter 32, Section 23B.

**Retirement Board:** Berkshire County Retirement Board

**Description of Services being proposed:**

**Business Name of Vendor:** Unhappy Camping

**Name:** Board Chair1

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

First Name *	MI	Last Name *	Suffix
Board		Chair1	

The electronic signature must match the name displayed on this document above.

I acknowledge that I am electronically signing this form \*

✔ COMPLETE:
This form was signed and submitted on 9/7/2016 at 10:53 AM by Board Chair1

A Complete banner will appear once the form has been successfully signed and submitted.

# Tasks Updated

The screenshot displays a web application interface. On the left is a sidebar with a 'Tasks' section containing two items: 'Board Procurement Compliance has been assigned to you.' and 'Board Member Certification has been assigned to you.' Below this is a 'Notifications' section with two items: 'Board Member Certification has been assigned to Board Chair1.' and 'Board Procurement Compliance has been assigned to Board Chair1.' The main content area is titled 'Home - Berkshire County Retirement Board' and features a search bar and a dropdown menu set to 'All Years'. Below this is a section titled 'PERAC Memos' containing five memo cards:

Memo #01	Memo #01	Memo #01	Memo #01	Memo #01
2013	2012	2011	2010	2009
2013 Limits Under ...	Chapter 268a Com...	840 Cmr 10:10(3) & ...	2010 Limits Under ...	Cola Notice

Task disappear from the list once completed.  
This list changes from 3 to 2 remaining tasks.

# Notifications

**BERKSHIRE COUNTY RETIREMENT BOARD** Massachusetts Public Employee Retirement Administration Commission Hello Board Chair1 Sign Out

Home Tasks

Compliance

Board Procurement Compliance has been assigned to you.

Board Member Certification has been assigned to you.

**Notifications**

Board Member Certification has been assigned to Board Chair1.

Board Procurement Compliance has been assigned to Board Chair1.

Home - Berkshire County Retirement Board

PERAC Memos

2013 2010 2011 2009

2013 Limits Under ... Chapter 268a Com... 840 Cmr 10:10(3) & ... 2010 Limits Under ... 2009 Cola Notice

**Disability Notifications will show here**

Notifications are items that are primarily informational. Notifications show for 30 days only. Selecting a notification will display the full notification.

# Notifications (Continued)

**BERKSHIRE COUNTY RETIREMENT BOARD** Massachusetts Public Employee Retirement Administration Commission Hello, Board Chair1 Sign Out

**Tasks**

- Board Member Certification has been assigned to you.
- Prohibited Investment has been assigned to you.
- Board Procurement Compliance has been assigned to you.
- Your Term Pledge Signature due by 11/18/2016.
- Your Term Pledge Signature due by 11/17/2016.

**Notifications**

- Board Member Certification has been assigned to Board Chair1.
- Prohibited Investment has been assigned to Board Chair1.
- Board Procurement Compliance has been assigned to Board Chair1.
- 268A Term Pledge for Board Chair1 is due by 11/18/2016.
- 268A Term Pledge for Board Chair1 is due by 11/17/2016.

<https://prosp-web01-qa.perac.state.com/Account/SignOut>

**Back**

Dear Board Chair1, the Vendor Procurement Money Manager has started on 10/19/2016 by Board Admin1. Board Member Certification has been assigned to you.

Follow this link to complete this task: <https://prosp-web01-qa.perac.state.com/BoardPortal/Form/9588>

Selecting a notification will display the full notification.



# Disability Activity

Opening + Items will bring present current cases with their status

Member Name	Request Date	Employer	Current Status
[REDACTED]	8/30/2018	[REDACTED]	Request Not Submitted
[REDACTED]	9/14/2018	[REDACTED]	Appointment Scheduled
[REDACTED]	2/11/2019	[REDACTED]	Certificate Submitted
[REDACTED]	4/5/2018	[REDACTED]	Request Submitted

Cases that have completed activity available in History

# Disability Case Medical Panel Information

**Application Information**

**Status**

**Submitted Application Documents**

Forms	Complete	Attachments
Disability Application	✓	1
Employer's Statement	✓	1
Treating Physician's Statement	✓	1
Physician List	✓	
Medical Records	✓	4
Official Job Description	✓	1
Veteran Status	✓	1

# View of Completed Certificate

**BELMONT** Massachusetts Public Employee Retirement Administration Commission Sign Out

Home Compliance Disability

### Notes

Comments	Date	Updated By	Document
Not found			

[Add New](#)

### Medical Panel Request

#### Request Information

Member Name: ██████████  
 Social Security #: ██████████  
 Application Date: ██████████  
 Panel Type: Single  
 Disability Type: Voluntary  
 Appointment Type: Standard Appointment  
 Board: ██████████  
 Medical Condition: ██████████

#### Status Information

Request Submitted: 10/31/2017  
 Request Under Review: ██████████  
 Pending Scheduling: 11/9/2017  
 Scheduling Hold: ██████████  
 Appointment Scheduled: 11/8/2017  
 Appointment Confirmed: ██████████  
 Appointment Complete: 11/30/2017  
 Results Distributed: 12/6/2017

### Firms

	Complete	Attachments	History
Disability Application	✓	1	
Employer's Statement	✓	1	
Treating Physician's Statement	✓	1	
Physician List	✓		
Medical Records	✓	3	
Injury Report	✓	1	
Official Job Description	✓	1	

### Appointments & Certificates

Date	Time	Vendor	Location	Certificate
11/29/2017	2:00 PM	Scope Medical, LLC	Belmont, MA	<a href="#">View</a>
11/28/2017	2:30 PM	Scope Medical, LLC	Belmont, MA	<a href="#">View</a>
11/29/2017	10:30 AM	QME	Belmont, MA	<a href="#">View</a>

### Notifications

**Certificate and Narrative**

# Certificate & Narrative Detail

**BELMONT** Massachusetts Public Employee Retirement Administration Commission Hello, Thomas P. Gibson Esq. Sign Out

**Notes**

Comments

---

**Medical Panel Request**

---

**Forms**

Disability Application

Employer's Statement

Treating Physician's Statement

Physician List

Medical Records

Injury Report

Official Job Description

**Appointments & Certificates**

Date	Time	Vendor
11/16/2017	2:00 PM	Scope Medical, LLC
11/18/2017	2:30 PM	Scope Medical, LLC
11/20/2017	10:30 AM	QME

**Notifications**

**Letter**

Appointment Confirmed

Appointment Details - MPR - Employer

Appointment Details - MPR

Appointment Details - MPR

Appointment Details - MPR - Employer

Appointment Details - MPR - Employer

Appointment Details - MPR

**Certificate**

**Medical Panel Result**

COMPLETE This medical panel result was approved on 11/19/2017 at 1:40 PM by Kate Hogan

**Member Information** [Member Profile](#)

Social Security #	Member Last Name	Member First Name	MI
[REDACTED]	[REDACTED]	[REDACTED]	F

Did the medical panel review the member's job description?  
 Yes  No

Did the medical panel receive and review medical records identified on the transmittal of background information to a regional medical panel form prior to rendering a medical opinion in this case?  
 Yes  No

Please list any records not listed on the transmittal of background information to a regional medical panel form, which the panel reviewed.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?  
 Yes  No

Is said incapacity likely to be permanent?  
 Yes  No

Is said incapacity such as might be the natural and proximate result of the personal injury sustained or hazard undergone on account of which retirement is claimed? Presumption information  
 Yes  No

**Regional Medical Panel Certificate & Narrative** [History](#)

Certificate 1

Narrative 1

Additional Information (optional)

**Close**

**Attachments**

1

1

1

3

1

1

**History**

Date Sent	Location	Certificate
11/20/2017	Storham, MA	<a href="#">View</a>
11/17/2017	Storham, MA	<a href="#">View</a>
11/17/2017	Storham, MA	<a href="#">View</a>
11/13/2017	Revere, MA	<a href="#">View</a>
11/13/2017		<a href="#">View</a>
11/13/2017		<a href="#">View</a>
11/13/2017		<a href="#">View</a>
11/13/2017		<a href="#">View</a>

# Board Member Transmittal View

MIDDLESEX COUNTY Massachusetts Public Employee Retirement Administration Commission son Esq Sign Out

Home  
Compliance  
Disability  
gIA

### Disability Transmittal Request

**Request Information**

Accidental Disability Transmittal Request for:  
Social Security #: [REDACTED] Member: [REDACTED]

**Disability Transmittal Documents** History

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	Disability Admin	✖	
Medical Panel Certificate & Narrative	Disability Admin	✔	📄 6
Injury/Incident Reports	Disability Admin	✔	📄 1
Description of Essential Duties	Disability Admin	✔	📄 1
Employer Statement	Disability Admin	✔	📄 1
Retirement Application	Disability Admin	✔	📄 1
Treating Physician Narrative	Disability Admin	✔	📄 1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures	[REDACTED]	✖	
	[REDACTED]	✖	
	[REDACTED]	✖	
	[REDACTED]	✖	
	[REDACTED]	✖	

# Transmittal Task

STATE Massachusetts Public Employee Retirement Administration Commission [Redacted] Sign Out

Home **Tasks**

- Certification for Member Disability Transmittal for [Redacted]
- Certification for Member Disability Transmittal for [Redacted]
- Certification for Member Disability Transmittal for [Redacted]
- Certification for Member Disability Transmittal for [Redacted]
- Certification for Member Disability Transmittal for [Redacted]
- Certification for Member Disability Transmittal for [Redacted]

Compliance

Disability

ISI 91A

Notifications

2/5/2019  
Education Registration

Back

Board: [Redacted]  
Member: [Redacted]  
Social Security Number: [Redacted]  
Application ID: [Redacted]

**Choose the task  
Answer question  
Sign and Submit**

Board Member Certification

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

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

First Name\* MI Last Name\* Suffix

The electronic signature must match the name Frank Valeri.

I acknowledge that I am electronically signing this form\*

**Sign Document**

# Board Member Signatures

Other Attachments

Board Member Signatures

FName516 LName516	⊖ DNP
FName517 LName517	⊖ DNP
FName518 LName518	⊖ DNP
FName519 LName519	⊖ DNP
FName520 LName520	⊖ 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 provided herein 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.**

# Transmittal for Approval

MIDDLESEX COUNTY Massachusetts Public Employee Retirement Administration Commission

Home Compliance Disability

Disability Home First Name Last Name

Member Medical Panel Requests History

Member Name	Request Date	Employer	Current Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	4/20/2018	[REDACTED]	Request Submitted

Current Transmittals Previous Transmittals

+ Member Disability Transmittals History

+ Member CME Reviews History

+ Withdrawal/Denial History

+ Rejected History

+ Approved Disability Transmittals without Retirement Date



# Transmittal Page

**MIDDLESEX COUNTY** Massachusetts Public Employee Retirement Administration Commission Hello, Thomas F Gibson Esq Sign Out

Back

**Disability Transmittal**

**Application Information**

Member Information

Member Name: ██████████

Member Age: ██████████

Social Security #: ██████████

Disability Type: ██████████

Name of Unit: ██████████

Job Title/Group: ██████████

Transmittal Type: ██████████

Benefit Applies to: ██████████

Veteran Status: No

Crimes: No

Member Status: Retired

Length of Service: ██████████

+ Appropriate Provisions  
 + Worker Compensation/111F

Disability Transmittal Documents History

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

**Status**

**Submitted documents**

**Status Information** Due: 2/16/2019

Request Submitted	1/17/2019
Under Review	1/18/2019
Approved	
Remand	
Withdrawn	

# Disability Home

MIDDLESEX COUNTY Massachusetts Public Employee Retirement Administration Commission [Redacted] Esq Sign Out

Disability Home First Name  Last Name

Home  
Compliance  
Disability  
g1A

- Member Medical Panel Requests History

Member Name	Request Date	Employer	Current Status
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

+ Member Disability Transmittals History

+ Member CME Reviews History

+ Withdrawal/Denial History

+ Rejected History

+ Approved Disability Transmittals without Retirement Date

**Board members may view documents and the status of Disability Activity in Prosper**