



## USER GUIDE | **Disability Transmittal Process**

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## (1) PERAC Required Documents



### In This Section

#### Required Documents:

- ✓ 1.1 Ordinary Disability
- ✓ 1.2 Accidental Disability
- ✓ 1.3 Accidental Disability (Presumption)
- ✓ 1.4 Involuntary Disability
- ✓ 1.5 Accidental Death (Section 9)
- ✓ 1.6 Termination Retirement

The PERAC required documents to complete a member's **Disability Transmittal Application** are listed based on each Disability Benefit Type.

### 1.1 Ordinary Disability

#### PERAC Required Documents:

- ☐ Medical Panel Certificate & Narrative
- ☐ Treating Physician's Statement
- ☐ Description of Duties
- ☐ Employer's Statement
- ☐ Disability Retirement Application
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Documentation of a Crime *(if selected)*
- ☐ Administrative Court Decisions *(if applicable)*
- ☐ Medical Records

## 1.2 Accidental Disability

### **PERAC Required Documents:**

- ☐ Medical Panel Certificate & Narrative
- ☐ Treating Physician's Statement
- ☐ Injury/Incident Report
- ☐ Description of Duties
- ☐ Employer's Statement
- ☐ Retirement Application
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Documentation of a Crime *(if selected)*
- ☐ Administrative Court Decisions *(if applicable)*
- ☐ Medical Records

## 1.3 Accidental Disability (Presumptive)

### **PERAC Required Documents:**

- ☐ Medical Panel Certificate & Narrative
- ☐ Treating Physician's Statement
- ☐ Description of Duties
- ☐ Employer's Statement
- ☐ Retirement Application
- ☐ Pre-employment Physical
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Documentation of a Crime *(if selected)*
- ☐ Administrative Court Decisions *(if applicable)*
- ☐ Medical Records

## 1.4 Involuntary Disability

### **PERAC Required Documents:**

- ☐ Statement of Facts
- ☐ Medical Panel Certificate & Narrative
- ☐ Injury/Incident Reports *(if applicable)*
- ☐ Description of Duties
- ☐ Employer's Statement
- ☐ Retirement Application
- ☐ Fair Statement of the Facts (Employer)
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Documentation of a Crime *(if selected)*
- ☐ Medical Records

## 1.5 Accidental Death (Section 9)

### **PERAC Required Documents:**

- ☐ Statement of Facts
- ☐ Medical Panel Certificate & Narrative *(if retired)*
- ☐ Injury Report *(if applicable)*
- ☐ Description of Duties *(if applicable)*
- ☐ Pre-employment Physical *(if applicable)*
- ☐ Death Certificate
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Documentation of a Crime *(if selected)*

## 1.6 Termination Retirement

### ***PERAC Required Documents:***

- ☐ Employer's Statement
- ☐ Letter From Employer Terminating Position
- ☐ Separation Agreement *(if applicable)*
- ☐ Documentation of a Crime *(if selected)*
- ☐ Proof of Veteran Status *(if selected)*
- ☐ Administrative Court Decisions *(if applicable)*

## (2) How to Start & Submit a Disability Transmittal

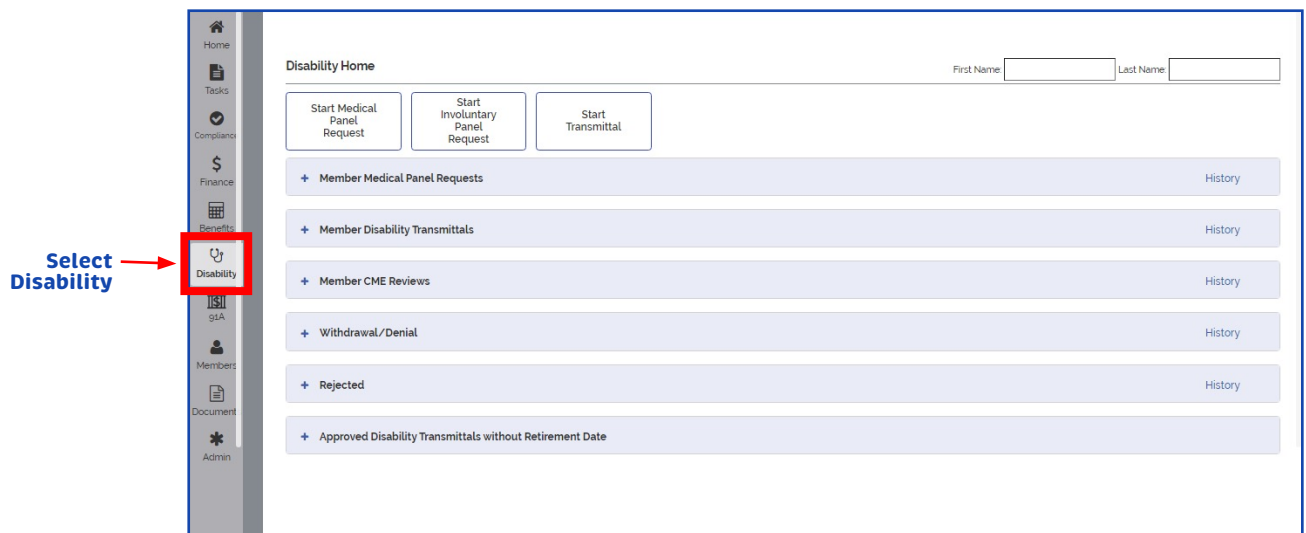


### In This Section

- ✓ 2.1 Submitting a Disability Transmittal
- ✓ 2.2 Member Information Page
- ✓ 2.3 Required Documents
- ✓ 2.4 Board Signatures

### 2.1 Submitting a Disability Transmittal

*Figure 2.1.1: Accessing the Disability Home Page*



- Select **Disability** from left side bar to access the **Disability Home** page.

Figure 2.1.2: Start Transmittal Screen

- Select **Start Transmittal**.
- After Selecting **Start Transmittal**, you will be at the **Member Information Page**.

## 2.2 Member Information Page

Figure 2.2.1: Member & Disability Information Screen

- You must enter all required fields before you are able to go to the next step.



**Figure 2.2.2: Benefit According to Chapter 32 Drop-Down Menu**

The screenshot shows the 'Disability Transmittal Request' form. The 'Retirement Board Decision' section is highlighted with a red box. Within this section, the 'Benefit according to Chapter 32, section' drop-down menu is open, showing a list of options. A red arrow points to the menu with the text 'Select appropriate section of the law from this drop down menu'.

**Benefit according to Chapter 32, section:**

- 6 Ordinary
- 6 (16) Involuntary Ordinary
- 7 Accidental
- 7 (16) Accidental Involuntary
- 7 (94) Accidental with Heart Presumption
- 7 (94A) Accidental with Lung Presumption
- 7 (94B) Accidental with Cancer Presumption
- 7 (16)(94) Involuntary with Heart Presumption
- 7 (16)(94A) Involuntary with Lung Presumption
- 7 (16)(94B) Involuntary with Cancer Presumption
- 9 Accidental Death
- 9 (94) Accidental Death with Heart Presumption
- 9 (94A) Accidental Death with Lung Presumption
- 9 (94B) Accidental Death with Cancer Presumption
- 10 Termination
- 100 Death in Line of Duty
- 26A State Trooper Accidental
- 26A (94) State Trooper Accidental with Heart Presumption
- 26A (94A) State Trooper Accidental with Lung Presumption
- 26A (94B) State Trooper Accidental with Cancer Presumption

- You must select the appropriate section of the law that applies from the drop-down menu under **Benefit according to Chapter 32 section** before you can proceed.
- The selection you make will determine the forms you will be required to upload.

**Figure 2.2.3: Remaining Member Information Pages (Part 1)**

The screenshot shows the 'Disability Transmittal Request' form. The 'Retirement Board Decision' section is highlighted with a red box. Within this section, the 'Benefit according to Chapter 32, section' is set to '7 (Accidental)' and 'Benefit applies to' is set to 'Example User'. The 'Appropriate Provisions' section is also highlighted with a red box. It contains a list of checkboxes for various provisions, with 'Not Applicable' selected.

**Retirement Board Decision**

**Benefit according to Chapter 32, section:** 7 (Accidental)

**Benefit applies to:** Example User ☒ Use member info

**Is this request to an Appeal or Court Decision:** No

**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?
- ☒ Not Applicable

- Complete all remaining fields on member information screen (Shown above: **Retirement Board Decision** and **Appropriate Provisions**).

Figure 2.2.4: Remaining Member Information Pages (Part 2)

- Complete all remaining fields on member information page (shown above: **Contact Info.** and **Worker Compensation/111F**).

Figure 2.2.5: Remaining Member Information Pages (Part 3)

- Complete all remaining fields on member information page (shown above: **Worker Compensation/111F**, **Crimes** and **Signature Method**)
- Select **Next** once you have completed all required fields.
- Any missing information will be highlighted and must be completed before you are able to proceed to the next step.

**Figure 2.2.6: Completed Member Information Page**

The screenshot displays the 'Disability Transmittal Request' form. The 'Member Information' section is highlighted with a red border and contains the following data:

Member Name	Testing 123
Member Age	77
Social Security #	***-**-456789
Name of Unit	Police
Job Title/Group	Captain
Job Category	Police
Transmittal Type	7 Accidental
Benefit Applies to	Testing 123
Veteran Status	No
Crimers	No
Member Status	Member in Service
Length of Service	5 Years, 9 Months

The 'Status Information' section on the right shows a timeline: Request Submitted, Under Review, Approved, Remand, and Withdrawn. Below this, there are expandable sections for 'Appropriate Provisions' and 'Worker Compensation/133F'. At the bottom, the 'Disability Transmittal Documents' table shows the status of various forms.

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	Disability Admin	Yes	
Medical Panel Certificate & Narrative	Disability Admin	Yes	

➤ Member's data will pre-populate as shown above.

## 2.3 Required Documents

The **Benefit Type** selected for the application will determine the required documents that need to be uploaded before submission to PERAC.

Make sure the proper documents are uploaded to avoid delays in the application process.

For a listing of required documents, please refer to the section entitled **(1) PERAC Required Documents**.

**Figure 2.3.1: Incomplete Documents Fail Submission of Transmittal**

The screenshot displays the 'Disability Transmittal Request' form. The 'Disability Transmittal Documents' table is highlighted with a red border and shows the status of various forms. The 'Complete' column contains red minus signs, indicating that the documents are not complete.

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	K-Lone Steele (ghost user)	✖	
Medical Panel Certificate & Narrative	K-Lone Steele (ghost user)	✖	
Injury/Incident Reports	K-Lone Steele (ghost user)	✖	
Description of Essential Duties	K-Lone Steele (ghost user)	✖	
Employer Statement	K-Lone Steele (ghost user)	✖	
Retirement Application	K-Lone Steele (ghost user)	✖	
Treating Physician Narrative	K-Lone Steele (ghost user)	✖	
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Ztest3	✖	
	Chuck Ztest4	✖	
	Chuck Ztest5	✖	
	Chuck Ztest1	✖	

At the bottom of the form, there are 'Cancel' and 'Submit' buttons.

➤ Documents that are not **Complete** are represented by a **Red** button and will fail **Submission of Transmittal**.

**Figure 2.3.2: Properly Uploaded Documents Show Up as Complete**

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	K-Lone Steele (ghost user)	✓	1
Medical Panel Certificate & Narrative	K-Lone Steele (ghost user)	✓	1
Injury/Incident Reports	K-Lone Steele (ghost user)	✓	1
Description of Essential Duties	K-Lone Steele (ghost user)	✓	1
Employer Statement	K-Lone Steele (ghost user)	✓	1
Retirement Application	K-Lone Steele (ghost user)	✓	1
Treating Physician Narrative	K-Lone Steele (ghost user)	✓	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Ztest3	✗	
	Chuck Ztest4	✗	
	Chuck Ztest5	✗	
	Chuck Ztest1	✗	

- Documents properly uploaded into PROSPER will turn **Green** as shown above.



**NOTE:** Board members' signatures must also be completed before submitting to PERAC.

**Figure 2.3.3: Disability Transmittal Cancellation**

Disability Transmittal Request	Board:	Complete	Attachments
Forms	Ztest PERAC		
Statement of Facts (optional)	Member: Test2 Test	✓	1
Medical Panel Certificate & Narrative	Social Security #: 111-11234	✓	1
Injury/Incident Reports	Application Type: Application for Disability Transmittal	✓	1
Description of Essential Duties	Reason* : <input type="button" value="Withdrawn"/> <input type="button" value="Denied"/> <input type="button" value="Data Entry Error"/> <input type="button" value="Yes"/>	✓	1
Employer Statement	K-Lone Steele (ghost user)	✓	1
Retirement Application	K-Lone Steele (ghost user)	✓	1
Treating Physician Narrative	K-Lone Steele (ghost user)	✓	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Ztest3	✗	
	Chuck Ztest4	✗	
	Chuck Ztest5	✗	
	Chuck Ztest1	✗	

- If an error occurs during the application process in PROSPER, you may at this point rescind this application by selecting the **Cancel** button.
- The **Cancellation** pop-up menu will appear. Select the **Reason** for cancelling the transmittal from the drop-down list.



**CAUTION:** If you select **Submit**, you will not have the ability to **Cancel**. If **Submit** was selected in error, you are required to contact PERAC personnel to assist.

## 2.4 Board Signatures

Board Members must sign in order to submit to PERAC. Board Members have the option to select:

- YES
- NO
- DNP (Did Not Participate) OR
- Abstain

Board members should check the signing options **BEFORE** submitting. Once submitted, they cannot rescind. Board Members unable to complete/sign this section, please contact PERAC.

**Figure 2.4.1: Submitting a Disability Transmittal to PERAC**

The screenshot displays the PERAC Disability Transmittal form. On the left is a 'Tasks' sidebar with a list of notifications. The main form area is divided into 'Member Information' and 'Board Member Certification'. The 'Board Member Certification' section is highlighted with a red border and contains the following fields and options:

- Member Information:**
  - Member Name: Testing 123
  - Member Age: 77
  - Social Security #: 111-11-1111
  - Name of Unit: Police
  - Job Title/Group: Captain
  - Job Category: Police
  - Transmittal Type: 7 Accidental
  - Benefit Applies to: Testing 123
  - Veteran Status: No
  - Citizens: No
  - Member Status: Member in Service
  - Length of Service: 5 Years, 0 Months
- 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\* [Text Box] MI [Text Box] Last Name\* [Text Box] Suffix [Text Box]
  - The electronic signature must match the name as is.
  - ☐ I acknowledge that I am electronically signing this form\*
  - Sign Document** [Button]

- Fill out your name and check off the Acknowledgement.
- Hit **Sign Document** to submit. You will receive a confirmation.

**Figure 2.4.2: Disability Transmittal Request Ready to Submit**

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	K-Lone Steele (ghost user)	✓	1
Medical Panel Certificate & Narrative	K-Lone Steele (ghost user)	✓	1
Injury/Incident Reports	K-Lone Steele (ghost user)	✓	1
Description of Essential Duties	K-Lone Steele (ghost user)	✓	1
Employer Statement	K-Lone Steele (ghost user)	✓	1
Retirement Application	K-Lone Steele (ghost user)	✓	1
Treating Physician Narrative	K-Lone Steele (ghost user)	✓	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures:			
	Chuck Zttest3	✗	
	Chuck Zttest4	✗	
	Chuck Zttest5	✗	
	Chuck Zttest1	✗	

Cancel

**Hit Submit once Board Member certification is complete to send to PERAC** → **Submit**

- After board members' certification is completed, select **Submit**.
- The application has now been sent to PERAC Personnel.



**NOTE:** You cannot successfully submit an application to PERAC without board members' signatures.

- A confirmation screen should appear if submission is successful.

🎉 **CONGRATULATIONS: You have successfully submitted a Disability Transmittal via PROSPER!**

## (3) How to Start & Submit a Termination Allowance

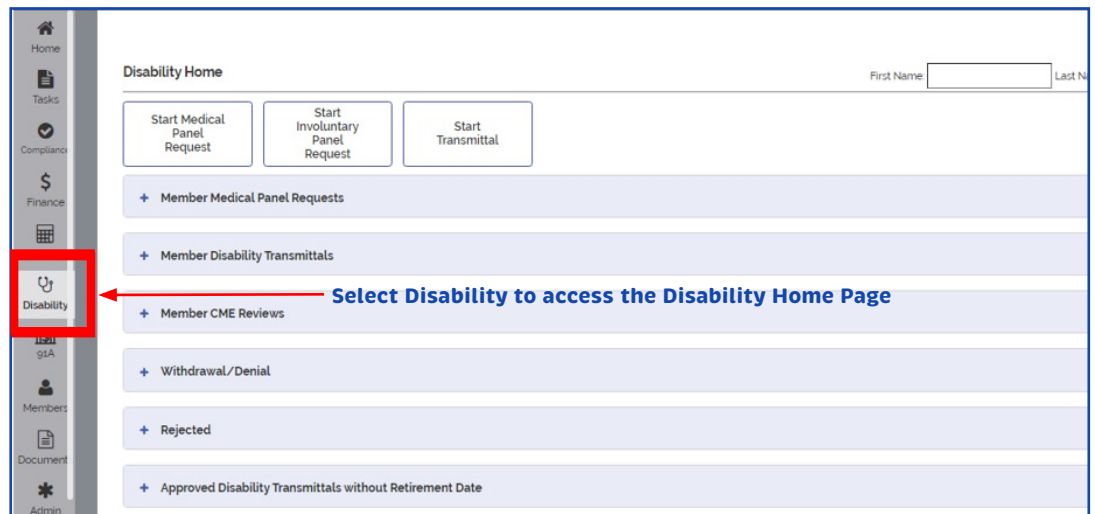


### In This Section

- ✓ 3.1 Submitting a Termination Allowance (Ch. 32 Sec. 10)
- ✓ 3.2 Member Information Page
- ✓ 3.3 Required Termination Retirement Documents

### 3.1 Submitting a Termination Allowance (Ch. 32 Sec. 10)

*Figure 3.1.1: Accessing the Disability Home Page*



- Select **Disability** from left side bar to access the **Disability Home** page.

Figure 3.1.2: Start Transmittal

Disability Home

First Name  Last Name

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

← Hit Start Transmittal to begin

- + Member Medical Panel Requests History
- + Member Disability Transmittals History
- + Member CME Reviews History
- + Withdrawal/Denial History
- + Rejected History
- + Approved Disability Transmittals without Retirement Date

- Select **Start Transmittal** as shown above.
- After Selecting **Start Transmittal**, you will be at the **Member Information Page**.

## 3.2 Member Information Page

Figure 3.2.1: Member & Disability Information

Disability Transmittal Request

Member & Disability Information

Social Security #\*  Verify Social Security #\*

Member Last Name\*  Member First Name\*  MI

Is this a correction to an existing transmittal that was cancelled?\*  No

Name of Unit\*  Police

Job Title/Group\*  Captain

Job Category\*  Police

Date of Birth\*  05/05/1947

Retirement: ☒ Member in Service ☐ Retired Retirement Date:

Date of Membership\*  05/05/1987

Total Creditable Service\* Years:  5 Months:

Veteran Status\*  No

Retirement Board Decision

- You must enter all required fields before proceeding to the next step.



**Figure 3.2.2: Benefit According to Chapter 32 Drop-Down Menu**

Retirement: ☒ Member In Service

Date of Membership:\* 01/01/1987

Total Creditable Service:\* Years: 5

Veteran Status:\*

Retirement Board Decision

Benefit according to Chapter 32, section.\* **10 Termination**

Benefit applies to:\*  ☐ Use member info

Is this request to an Appeal or Court Decision?\*

Is there a Separation Agreement?\*

Contact Info\*

- As you continue entering member's application, you will select **#10 Termination** from the drop-down menu.

**Figure 3.2.3: Remaining Member Information Screens (Part 1)**

Disability Transmittal Request

**Contact Info\***

Sex\* Male

Street Address\* 1 main st

Street Address 2

City\* Boston State\* Massachusetts Zip\* 11111

Phone Type\* Work Phone #\* (555) 555-5555

Email

**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? No

- Complete all remaining fields on member information screen (Shown above: **Contact Info** and **Workers Compensation/111F**).

**Figure 3.2.4: Remaining Member Information Screens (Part 2)**

Disability Transmittal Request

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?<sup>a</sup> No ▾

Crimes\*

Has the Retirement Board been made aware that this employee has been officially investigated for or charged with misappropriation of funds from his/her employer or convicted of any crime related to his/her office or position? No ▾

If yes, provide documentation in the document list.

Signature Method\*

Choose the Signature Method for this Disability Transmittal: Electronic Signature ▾

Next

- Complete all remaining fields on member information page (shown above: **Worker Compensation/111F**, **Crimes** and **Signature Method**).
- Select **Next** once you have completed all required fields.
- Any missing information will be highlighted and must be completed before you are able to proceed to the next step.

## 3.3 Required Termination Retirement Documents

Make sure the proper documents are uploaded to avoid delays in the application process. For a listing of required documents, please refer to the section entitled **(1) PERAC Required Documents**.

**Figure 3.3.1: Required Documents Based on Benefit Type #10 Termination**

Back

**Disability Transmittal**

Job Title/Group:	technology specialist/1
Transmittal Type:	10 (Termination)
Benefit Applies to:	David Hagan
Separation Agreement:	No
Veteran Status:	No
Crimes:	No
Member Status:	Retired
Length of Service:	22 Years, 10 Months

PERAC Approval History

Status History

+ Worker Compensation/111F

**Disability Transmittal Documents**

Forms	Attachments
Description of Essential Duties (optional)	
Employer Statement	1
Letter from Employer Terminating Position	1
Other Attachments	2
PERAC Approval	1

- A list of **Required Documents** will pre-populate in PROSPER once you select the **Benefit Type #10 Termination**.

**Figure 3.3.2: Properly Uploaded Documents Show Up as Complete**

**Disability Transmittal Request**

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	K-Lone Steele (ghost user)	✓	1
Medical Panel Certificate & Narrative	K-Lone Steele (ghost user)	✓	1
Injury/Incident Reports	K-Lone Steele (ghost user)	✓	1
Description of Essential Duties	K-Lone Steele (ghost user)	✓	1
Employer Statement	K-Lone Steele (ghost user)	✓	1
Retirement Application	K-Lone Steele (ghost user)	✓	1
Treating Physician Narrative	K-Lone Steele (ghost user)	✓	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Ztest3	✗	
	Chuck Ztest4	✗	
	Chuck Ztest5	✗	
	Chuck Ztest1	✗	

- Documents properly uploaded into PROSPER will turn **Green** as shown above.



**NOTE:** Board members' signatures are NOT required for a **10 Termination Allowance**.

Figure 3.3.3: Disability Transmittal Cancellation

The screenshot shows the 'Disability Transmittal Request' form. A red box highlights a 'Disability Transmittal Cancellation' pop-up menu. The pop-up contains the following information:

- Board: Ztest PERAC
- Member: Test2 Test
- Social Security #: "1234"-1234
- Application Type: Application for Disability Transmittal
- Reason\*: A dropdown menu with options: Withdrawn, Denied, Data Entry Error. The 'Withdrawn' option is selected.
- A 'Yes' button is next to the dropdown.

The background form shows a list of attachments with columns for 'Complete' (green checkmarks) and 'Attachments' (document icons). At the bottom left of the form, a 'Cancel' button is highlighted with a red box.

- If an error occurs during the application process in PROSPER, you may at this point rescind this application by selecting the **Cancel** button.
- The **Cancellation** pop-up menu will appear. Select the **Reason** for cancelling the transmittal from the drop-down list.



**CAUTION:** If you select **Submit**, you will not have the ability to **Cancel**. If **Submit** was selected in error, you are required to contact PERAC personnel to assist.

© **CONGRATULATIONS: You have successfully submitted a #10 Termination Allowance via PROSPER!**

## (4) How to Delete Uploaded Documents



### In This Section

#### ✓ 4.1 Delete Uploaded Documents

**Figure 4.1.1: Using the History Button to See Documents**

Disability Transmittal Request

Worker Compensation/111F

Disability Transmittal Documents

Select History to provide a list of all attachments → History

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)	Example Admin	✓	1
Medical Panel Certificate & Narrative	Example Admin	✓	1
Injury/Incident Reports	Example Admin	✓	1
Description of Essential Duties	Example Admin	✓	1
Employer Statement	Example Admin	✓	1
Retirement Application	Example Admin	✓	1
Treating Physician Narrative	Example Admin	✓	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			

Chuck Ztest3 ✓ YES

- All forms that have been uploaded prior to submission will be indicated on this page. To remove a document, select **History** on the top right as shown above. This will provide a list of all attachments uploaded for this particular application.

**Figure 4.1.2: Hover Mouse Over Document to Get Delete Button**

Attachment History

Form	Name	Description	Date	Delete
Description of Essential Duties	test.pdf		4/9/2021	Delete
Employer Statement	test.pdf		4/9/2021	
Injury/Incident Reports	test.pdf		4/9/2021	
Medical Panel Certificate & Narrative	test.pdf	123	4/9/2021	
Retirement Application	test.pdf		4/9/2021	
Statement of Facts	test.pdf		4/9/2021	
Treating Physician Narrative	test.pdf		4/9/2021	

Hover mouse over document and Delete button will appear

- Hover the mouse over document. The **Delete** button will appear. Select **Delete**.

## (5) Need More Information and Tasks Notifications



### In This Section

#### ✓ 5.1 More Information Requested

Once a **Disability Transmittal** is in the PERAC review process, PERAC personnel may require further information from the retirement board to properly make a determination. An email is generated to the retirement board with an explanation of the requested information.

**Figure 5.1.1: Member Disability Transmittal Page Current Status**

Disability Home

First Name

Last Name

Start Medical Panel Request

Start Involuntary Panel Request

Start Transmittal

+ Member Medical Panel Requests

History

- Member Disability Transmittals

History

Member Name	Application Date	Current Status
Example Name	4/9/2021	Needs More Information
Example User	4/6/2021	Request Not submitted

+ Member CME Reviews

History

+ Withdrawal/Denial

History

+ Rejected

History

+ Approved Disability Transmittals without Retirement Date

- You may also find this request from the **Member Disability Transmittal Page** under **Current Status**.

Figure 5.1.2: Alert – More Information Needed

Back

Disability Transmittal Request

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

A Disability Transmittal for needs more information.

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

**Alert is displayed if information is needed**

**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

- An ALERT will be displayed when opening the member's page. The member file will detail the required information needed.

Figure 5.1.3: PROSPER Resets Forms Page to Incomplete

Disability Transmittal Request

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)		-	1
Medical Panel Certificate & Narrative	Example Admin	-	1
Injury/Incident Reports	Example Admin	-	1
Description of Essential Duties	Example Admin	-	1
Employer Statement	Example Admin	-	1
Retirement Application	Example Admin	-	1
Treating Physician Narrative	Example Admin	-	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Zttest3	✓ YES	
	Chuck Zttest4	✓ YES	
	Chuck Zttest5	✓ DNP	
	Chuck Zttest1	✓ YES	

Save Submit

- PROSPER resets the **Forms** page to **Red** (incomplete) so that board personnel can upload the additional information PERAC is requesting.



**NOTE:** Any previously submitted attachments are accessible under the column **Attachments** and do not require reloading.

**Figure 5.1.4: Status Changes to Complete Once Documents Uploaded**

Disability Transmittal Request

Forms	Assigned	Complete	Attachments
Statement of Facts (optional)		—	1
Medical Panel Certificate & Narrative	Example Admin	—	1
Injury/Incident Reports	Example Admin	✓	2
Description of Essential Duties	Example Admin	—	1
Employer Statement	Example Admin	—	1
Retirement Application	Example Admin	—	1
Treating Physician Narrative	Example Admin	—	1
Additional Medical Records (optional)			
Other Attachments			
Board Member Signatures			
	Chuck Ztest3	✓ YES	
	Chuck Ztest4	✓ YES	
	Chuck Ztest5	✓ DNP	
	Chuck Ztest6	✓ YES	

Save Submit

- Once required documents have been uploaded due to this request, the button will change to **Green** status. Once you have completed the request, select **Submit**.

**Figure 5.1.5: Successful Transmittal to PERAC**

Disability Transmittal Request

✓ COMPLETE: This form was resubmitted on 4/9/2021 at 11:53 AM by Example Admin

Member Information	Status Information
Member Name: Example Name	Request Submitted: 4/9/2021 4/9/2021
Member Age: 74	Under Review
Social Security #: ***-**-1235	Approved
Name of Unit: Police	Remand
Job Title/Group: Captain	Withdrawn
Transmittal Type: 7 (Accidental)	
Benefit Applies to: Example Name	
Veteran Status: No	
Crimes: No	
Member Status: Member in Service	
Length of Service: 34 Years, 0 Months	

+ Appropriate Provisions

+ Worker Compensation/111F

🎉 **CONGRATULATIONS: You have successfully submitted the transmittal back to PERAC for review.**



## (6) How to Access Approved Transmittals



### In This Section

- ✓ 6.1 Accessing Approved Transmittals
- ✓ 6.2 Sample PERAC Disability Approval Letter

### 6.1 Accessing Approved Transmittals

Open the **Disability** dialog box and select **Member Disability Transmittals**.

*Figure 6.1.1: Member Disability Transmittals*

Disability Home First Name:  Last Name:

Start Medical  
Panel  
Request

Start  
Involuntary  
Panel  
Request

Start  
Transmittal

+ Member Medical Panel Requests	History
+ Member Disability Transmittals	History
+ Member CME Reviews	History
+ Withdrawal/Denial	History
+ Rejected	History
+ Approved Disability Transmittals without Retirement Date	

- Once selected, a list of members with an **Active** status will be available for action.

**Figure 6.1.2: PERAC Approval Letter Under Forms**

Back

Disability Transmittal

+ Appropriate Provisions

+ Worker Compensation/111F

Disability Transmittal Documents

Forms	Attachments
Statement of Facts (optional)	1
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	1
PERAC Approval	1

- Members with a **Current Status** indicating **Approved** will remain listed for 30 days. After selecting a particular member, you may find PERAC's approval letter under **Forms**.
- Searching for **Approval letters** after 30 days, you must select **History** from the **Member Disability Transmittals** section.

## 6.2 Sample PERAC Disability Approval Letter

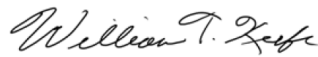
*Figure 6.2.1: Example of a PERAC Disability Approval Letter*

**Commission Approval of the Disability Transmittal**

**Member's Name:** Employee Name

**Social Security Number:** \*\*\*.\*-1111

Pursuant to the authority granted to the Commission by G.L. c.32, § 21(1)(d), the Commission has reviewed your decision to grant the 7 Accidental benefit to James M Girotti. The retirement board's decision is hereby approved.  
6/20/2024



Executive Director  
Public Employee Retirement Administration Commission

Upon receipt of this approval, the retirement board shall complete and submit this approval and 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.

---

Send To:

Public Employee Retirement Administration Commission  
Actuarial Unit  
5 Middlesex Avenue, Third Floor  
Somerville, MA 02145

## (7) How to Start Retirement Board Actions or Cancel Transmittals



### In This Section

- ✓ 7.1 Retirement Board Actions
- ✓ 7.2 Withdrawal or Denial as Cancellation Reason

### 7.1 Retirement Board Actions

This section will show you how to do the following:

- Withdraw a Member's Application
- Deny a Member's Application
- Cancel a **Data Entry Issue** from a Member's Application

All member transmittals who are still **Pending Board Actions** can be found on the screen below.

*Figure 7.1.1: How to Access Member Disability Transmittals*

Disability Home

First Name:
Last Name:

Start Medical Panel Request

Start Involuntary Panel Request

Start Transmittal

+ Member Medical Panel Requests

+ Member Disability Transmittals

+ Member CME Reviews

+ Withdrawal/Denial

+ Rejected

+ Approved Disability Transmittals without Retirement Date

History

History

History

History

History

➤ Select **Member Disability Transmittals**.

**Figure 7.1.2: Opening Member Disability Transmittals**

The screenshot shows the 'Disability Home' interface. At the top, there are three buttons: 'Start Medical Panel Request', 'Start Involuntary Panel Request', and 'Start Transmittal'. Below these are several expandable sections: 'Member Medical Panel Requests', 'Member Disability Transmittals' (highlighted with a red box), 'Member CME Reviews', 'Withdrawal/Denial', 'Rejected', and 'Approved Disability Transmittals without Retirement Date'. The 'Member Disability Transmittals' section contains a table with columns for Member Name, Application Date, and Current Status. Two rows are visible: 'Example Name' with application date '4/9/2021' and status 'Remand', and 'Example User' with application date '4/6/2021' and status 'Request Not submitted'. A 'Re-Open' button is next to the first row.

- Select **Member's Name**. **Member Disability Transmittals** will open.

**Figure 7.1.3: Accessing Disability Transmittal Cancellation Window**

The screenshot shows the 'Disability Transmittal Request' form. A 'Disability Transmittal Cancellation' window is open, displaying a dropdown menu for 'Reason' with options: 'Withdrawn', 'Denied', and 'Data Entry Error'. The 'Cancel' button at the bottom left of the main form is highlighted with a red box. A red arrow points from the 'Cancel' button to the 'Reason' dropdown. A text box at the bottom of the screenshot reads: 'Status Cancel to Open the Disability Transmittal Cancellation window and select appropriate Reason.' The background form shows various sections like 'Forms', 'Medical Panel Certificate & Narrative', 'Injury/Incident Reports', etc., and a table of 'Attachments'.

- Select the **Cancel** button which will open a new window.
- Select the appropriate **Reason** from the drop-down menu.

**Figure 7.1.4: Reason for Disability Transmittal Cancellation**

Disability Transmittal Cancellation

Board: Ztest PERAC  
 Member: Example Name  
 Social Security #: 123456789012345  
 Application Type: Application for Disability Transmittal  
 Reason\*: Data Entry Error

Comment\*:  
 test comment

Cancel Yes

Example Admin

Complete	Attachments
✓	1
✓	1
✓	1
✓	1
✓	1
✓	1
✓	1

Chuck Ztest3 ✓ YES  
 Chuck Ztest4 ✓ YES  
 Chuck Ztest5 ✓ DNP  
 Chuck Ztest1 ✓ YES

Cancel Submit

➤ Explain reason, then select **YES**

**Figure 7.1.5: Attach PDF Letter to Disability Transmittal Cancellation**

Disability Transmittal Cancellation

Board: Ztest PERAC  
 Member: Example Name  
 Social Security #: 123456789012345  
 Application Type: Application for Disability Transmittal  
 Reason\*: Withdrawn

Attachment: No file selected Browse...

Withdrawal Letter (please attach)  
 Please upload the full document  
[Add Attachment](#)

Cancel Yes

Chuck Ztest3 ✓ YES  
 Chuck Ztest4 ✓ YES  
 Chuck Ztest5 ✓ DNP  
 Chuck Ztest1 ✓ YES

Cancel Submit

➤ Then attach the PDF document if needed, then select **YES**

## 7.2 Withdrawal or Denial as Cancellation Reason

If the reason for cancelling transmittal is for **Withdrawal** and/or **Denied**, documentation is required as follows:

- **Withdrawal:** Must provide documentation that the member has withdrawn his/her application.
- **Denied:** Must provide documentation from the board that member's application has been denied.
  - ⦿ To access PERAC's denial form on our website, go to [mass.gov/lists/perac-disability-forms](https://mass.gov/lists/perac-disability-forms) and select **Notice of Retirement Board Action on Disability Application** to download the form.
  - ⦿ Complete the form and save as a PDF on your device.
  - ⦿ You will be prompted to upload this completed form when choosing **Denial**.
  - ⦿ Once the form is uploaded, select **Submit**.
  - ⦿ This will remove member from the active member screen.

Required Forms are listed on PERAC's Required Forms Job Aid.

## (8) Board Member Signatures



### In This Section

#### ✓ 8.1 Board Member Signatures

- All Board Members must sign in order to submit to PERAC
  - ⦿ Signing options are Yes, No, DNP (Did Not Participate), or Abstain (as of 10/18/2018)
- There is no way to correct a signing option once submitted
  - ⦿ All members 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.

**Figure 8.1.1: Board Member Signatures**

The screenshot displays the PERAC system interface. On the left, a sidebar contains a 'Tasks' section with a link to 'Certification for Member Disability Transmittal for Testing 123 (Accidental)' and a 'Notifications (Last 90 Days)' section listing various events. The main content area is titled 'Massachusetts Public Employees Retirement Administration Commission' and shows 'Disability Transmittal Documentation for Testing 123'. It includes a 'Member Information' section with fields for Member Name, Age, Social Security #, Name of Unit, Job Title/Group, Job Category, Transmittal Type, Benefit Applies to, Veteran Status, Citizens, Member Status, and Length of Service. Below this is the 'Board Member Certification' section, which is highlighted with a red box. This section contains a prompt to indicate approval, radio buttons for 'Yes', 'No', 'Did Not Participate', and 'Abstain', a statement of certification, fields for 'First Name', 'MI', 'Last Name', and 'Suffix', a checkbox for electronic signature acknowledgment, and a 'Sign Document' button.

- E-signature must match what is on file with PROSPER



## (9) How to Re-Open and Submit a Remand



### In This Section

- ✓ 9.1 Open a Remand in PROSPER
- ✓ 9.2 Contact Information

When a member is remanded by PERAC, the Board will access such **Remand** as follows:

**Figure 9.1.1: Open the Disability Dialog Box**

**Figure 9.1.2: Select Member Disability Transmittals**

➤ This will provide a list of active processes for your members.

**Figure 9.1.3: Select Member Indicating Remand and Select Re-Open**

Disability Home

First Name:  Last Name:

Start Medical Panel Request Start Involuntary Panel Request Start Transmittal

+ Member Medical Panel Requests History

- Member Disability Transmittals History

Member Name	Application Date	Current Status
Example Name	4/9/2021	Remand
Example User	4/6/2021	Request Not submitted

+ Member CME Reviews History

+ Withdrawal/Denial History

+ Rejected History

+ Approved Disability Transmittals without Retirement Date

The following window will open in the member file, as shown below. You must provide further additional information requested in PERAC's **Remand Letter** to the Retirement Board and attach necessary documentation for re-submission.

**Figure 9.1.4: Add Additional Information**

Disability Home

First Name:  Last Name:

Start Medical Panel Request Start Involuntary Panel Request Start Transmittal

+ Member Medical Panel Requests History

- Member Disability Transmittals History

Member Name	Application Date	Current Status
Example Name	4/9/2021	Remand
Example User	4/6/2021	Request Not submitted

+ Member CME Reviews History

+ Withdrawal/Denial History

+ Rejected History

+ Approved Disability Transmittals without Retirement Date

Add Additional Information

Comment\*

you are only allowed one upload and it needs to be under 200 pages

ReopenAttachment\*

test.pdf Browse...

Submit



**CAUTIONS:**

You may only upload **ONE** PDF document with less than 200 pages or submission will fail. If multiple documents are requested, **all documents must be scanned as ONE PDF Document**. Select **SUBMIT** to upload.

🎉 **CONGRATULATIONS:** You have submitted a follow-up to a member's Remand Request!

## 9.2 Contact Information

### ☉ **Help Desk**

617-591-8983 or 617-666-4446 Ext. 983  
PER-ProsperHelp@mass.gov

### ☉ **Legal/Transmittal Help**

**Ellen Furtado**  
617-591-8957 or 617-666-4446 Ext. 957  
ellen.f.furtado@mass.gov



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## **COMMONWEALTH OF MASSACHUSETTS**

### **Public Employee Retirement Administration Commission**

Five Middlesex Avenue, Suite 304 | Somerville, MA 02145

Phone: 617-666-4446 | Fax: 617-628-4002

TTY: 617-591-8917 | Web: [www.mass.gov/perac](http://www.mass.gov/perac)

### **PROSPER HELP DESK**

Email: [PER-ProsperHelp@mass.gov](mailto:PER-ProsperHelp@mass.gov)

Phone: 617-591-8983

