



**New York State Correctional Officers  
& Police Benevolent Association, Inc.**

102 Hackett Blvd. - Albany, NY 12209  
(518) 427-1551 [www.nyscopba.org](http://www.nyscopba.org) [nyscopba@nyscopba.org](mailto:nyscopba@nyscopba.org)



# **Retirement / Disability/ Retiree Chapter**

**Contact: Gary Dommermuth**

1-518-427-1551 Ext. 257

1-888-484-7279 Ext. 257

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E-Mail: [gdommermuth@nyscopba.org](mailto:gdommermuth@nyscopba.org)



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## **Retirement / Disability/ Retiree Chapter**

- **Disability Retirement Procedures and Contacts**
- **Correction Officer Job Duties and Classification**
- **Correction Sergeant Job Duties and Classification**
- **NYSCOPBA Retirement Benefits**
- **NYSCOPBA Benefits Application**
- **NYSCOPBA Retiree Chapter Membership Application**



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### MEMORANDUM

TO: NYSCOPBA Member

FROM: Gary Dommermuth, Retirement Representative

DATE: August 17, 2011

RE: Disability Retirement

A variety of disability retirement plans are available for employees who are permanently incapacitated for the performance of their position and meet the other eligibility requirements for the particular benefit sought. All of the plans require permanent disability, which is a permanent inability to perform the tasks for which you are employed. The Retirement System is not generous in awarding these benefits and will likely contest the issue of permanent disability. Before applying, you should discuss your medical condition with your treating physician. If your physician does not believe your medical condition substantiates your inability to perform your job/duties, your application will be rejected.

A multitude of factors impact your right to benefits, including your date of entry into service and the manner in which your medical condition arose. For specific information on eligibility requirements and benefits, you should refer to the appropriate Summary Plan Description Booklet for your Tier. For additional information, you can also call the Retirement System at (518) 474-7736 or 1-866-805-0990.

For your convenience, NYSCOPBA is providing you with applications for disability retirement, as well as other general information about retirement benefits. It is your responsibility to complete the appropriate application(s) and file it (them) by certified mail, return receipt requested with the New York State & Local Retirement System (Attn: Disability Unit). The Retirement System's address is on the retirement application. When filing for disability retirement, the Retirement System recommends that you complete an application for each disability program available for your Tier (for example: you could possibly qualify for an ordinary disability, but may not meet the eligibility requirements for a three-quarter (3/4) disability retirement).

You should also complete a retirement option selection at the time of application. You will be given an opportunity to change your option selection if and when your application is approved and you receive an estimate of your retirement benefit.

The Retirement System is not bound by a determination of the Workers' Compensation Board. However, if you are applying for disability retirement, it is recommended that you apply for Workers' Compensation Benefits for job related injuries (including Chapter 653 Heart Disability). You should also file for Social Security benefits, as certain disability retirements require a favorable Social Security determination for eligibility. If you fail to apply for these benefits, your retirement allowance may, depending on which disability retirement you are eligible for, be reduced by the full amount of your Workers' Compensation benefits received or those that you would have been entitled to. If you have any questions regarding Workers' Compensation benefits, you should contact the New York State Workers' Compensation Board at (877)632-4996, and for questions regarding your Social Security Benefits; call the Social Security Administration at (800) 772-1213.

If you intend to file a disability retirement, it is recommended that you file your application(s) **while you are still on the payroll** (some benefits must be applied for within ninety (90) days of the date you were last on the payroll). A timely filing may minimize the financial hardship you may encounter during the time it takes you to process your application(s). If the System contests your eligibility for disability retirement, the process may take more than a year. Be advised that pursuant to the Civil Service Law, an employee who has been on leave of absence resulting from an injury may be terminated after one year (multiple leaves of absence due to the **same injury** are combined to reach this one year maximum).

Note: On September 23, 2003 Section 71 of the Civil Service Law was amended to read as follows: Chapter 577 of the Laws of N.Y. 2003 provides that employees separated from Civil Service **due to on the job assault** are entitled to a leave of absence of two years rather than the current one year.

We hope that the enclosed information is helpful. If you have any general questions, you can call Gary Dommermuth (888) 484-7279, extension 257. If you have any technical questions, you should contact the Retirement System at (518) 474-7736 or 1-866-805-0990

Tier 1 & 2 Disability Applications:

- Ordinary (Form RS6038)
- Accidental (Form RS6047)

Tier 3 Disability Applications:

- Ordinary 506 (Form RS6411) Available for members who joined the Retirement System before September 1, 1983
- Accidental 507 (Form RS6411) Available for members who joined the Retirement System before September 1, 1983
- Disability 507-a (Form RS6409) Available for all members

All Tiers Performance of Duty:

- 507-b Chapter 653 (Form RS6047-a) Heart Related
- 507-b Chapter 722 (Form RS6047-a) Inmate Related

## Disability Retirement

1. Was your disability/injury inmate related? Is your disability/injury job/work related? Is it related to heart disease? (You will need a written statement from his/her Physician/Cardiologist that the stress of the job or injury was a competent (capable of) producing cause of the ailment).
2. Is your disability/injury permanent?
3. Does your physician/doctor feel you can or cannot return to work and perform your duties?
4. Are you currently working? If not how long have you been out of work? Did you file for Workers' Compensation (if job related) or Social Security Benefits?
5. Do you have medical proof/documentation as evidence?

It is your individual responsibility to file the initial disability application. NYSCOPBA cannot make any decisions or recommendations concerning your status.

- File for Disability Retirement (518) 474-7736 or (1-866-805-0990)
- File for Workers' Compensation (877) 632-4996
- File for Social Security (800) 772-1213

If your denied and you would like guidance I will need the following for our attorneys to review:

- Copies of all Retirement Applications filed;
- Copies of all Medical records from treating physicians and hospitals;
- Copies of all Incident Reports filed where there is a claim of a Performance of Duty or Accidental Disability;
- Copies of all Workers' Compensation Medical records;
- Copies of the Retirement System's Examining Physician's Report; and
- Copies of all Social Security Findings if an Application has been filed for Social Security Disability.

Note: If you retire but delay collecting your State pension, you may continue your NYSHIP coverage under retiree provisions, provided you meet the eligibility requirements listed above. You will make monthly premium payments directly to the Employee Benefits Division. Ask your agency Health Benefits Administrator about "Constructive retirement."

[Top of Page](#) | [Bottom of Page](#)

## Re-enrolling as a retiree

After you retire, you may cancel coverage, then re-enroll. Under most circumstances you will be subject to a waiting period before your coverage again becomes effective. Any sick leave credits will be maintained on your record until you reactivate your enrollment.

## Disability retirement

**Ordinary disability retirement:** For an ordinary (not work-related) disability retirement, the age requirement is waived, but you must meet the minimum service requirement.

**Work-related disability retirement:** For a disability retirement resulting from a work-related illness or injury, the age requirement and the minimum service requirement are waived.

To maintain NYSHIP eligibility, you must continue your health insurance coverage while you wait for the decision on your disability retirement. If you do not continue coverage or if you fail to make the required payments while on leave or in vestee status, coverage for you and your dependents will end. Coverage may end permanently. If your disability retirement is not approved, you will not be eligible to re-enroll in NYSHIP.

**Deadline:** If you have not continued your coverage and a retroactive retirement is granted, call the Employee Benefits Division right away at 518-457-5754 (Albany area) or 1-800-833-4344 to ask about reinstating coverage. Call as soon as you have the decision on your disability retirement. You must apply in writing for reinstatement of your NYSHIP coverage **within one year** of the date on the letter from your retirement system announcing the decision to grant your disability retirement. If coverage is reinstated due to your receipt of a disability retirement, you will be required to pay any missed premiums, based upon the last coverage in effect, from the date your coverage terminated until the date your coverage would have ended if your retirement had been granted on a timely basis.

If you receive an ordinary disability retirement, the effective date of your coverage will follow a three-month late enrollment waiting period based on the date of your application.

If you receive a work-related disability retirement, you may choose your effective date of coverage to be based on your date of retirement or on a current basis.

[Top of Page](#) | [Bottom of Page](#)

## How you pay

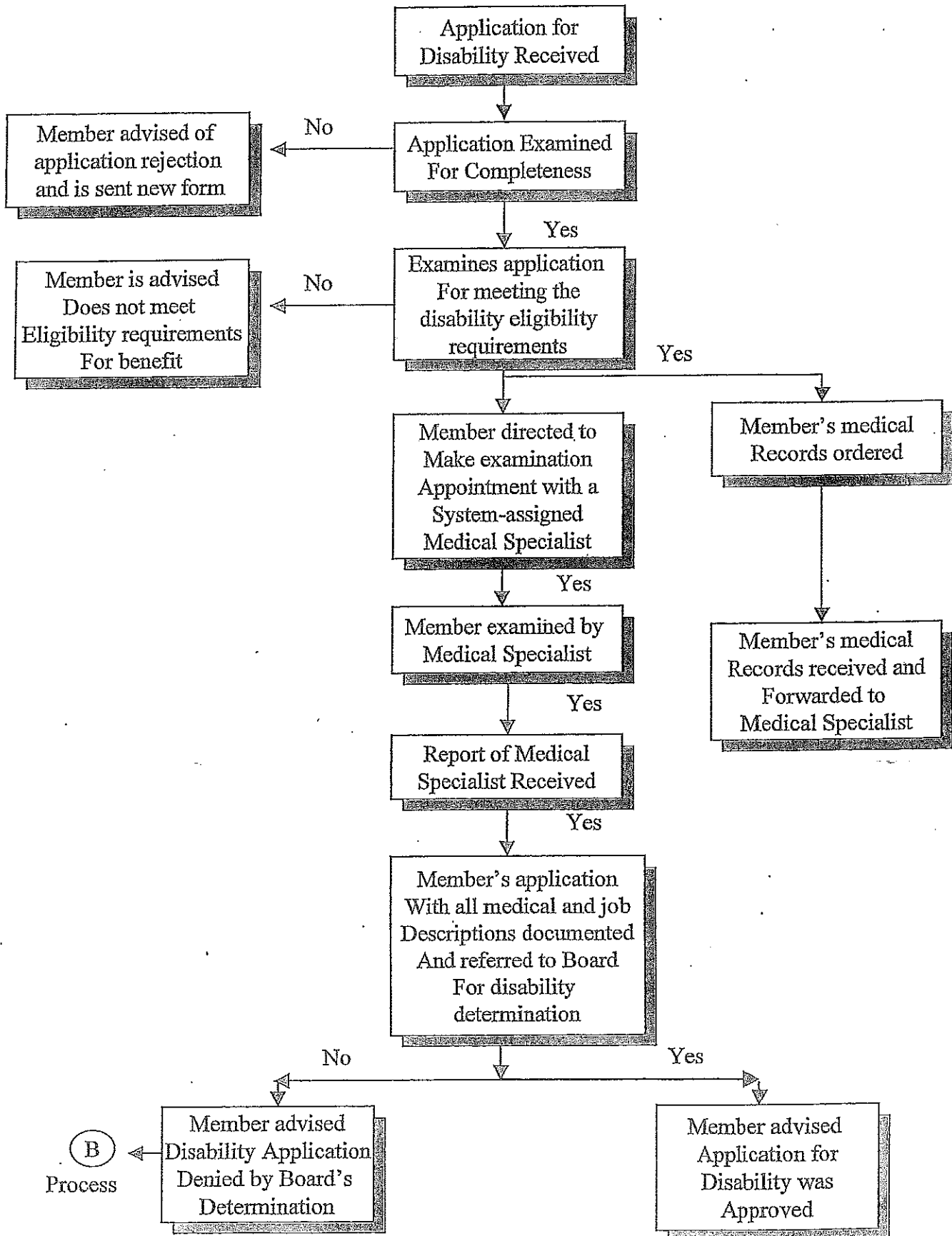
When you retire, you will pay your share of the health insurance premium through deductions from your monthly State pension check or by making monthly payments directly to the Employee Benefits Division. It may take several months for the Employee Benefits Division to receive the Retirement Number assigned to you by the Retirement System, and begin taking monthly health insurance deductions from your pension. Meanwhile, you will be billed directly each month for your share of the premium. Be prepared to make these payments each month until pension deductions begin.

## Sick leave credits

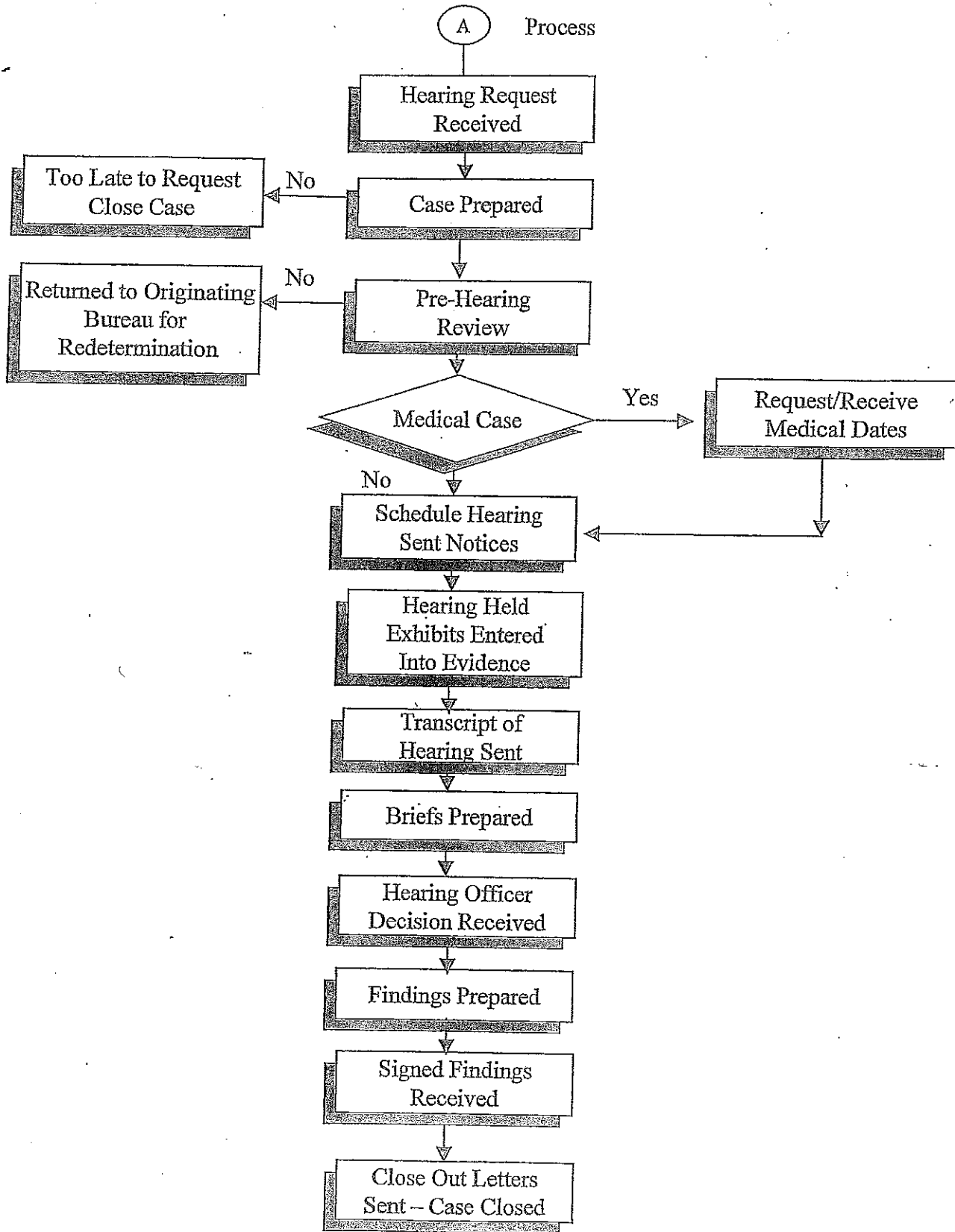
You may be entitled to use the value of your accumulated unused sick leave to offset all or part of the cost of your health insurance during retirement whether you are in The Empire Plan or an HMO. This will not affect the value of your sick leave for pension purposes.

## Lifetime monthly credit

**Disability Processing, Hearing Administration and  
The Counsel to the Retirement Systems  
Work Flow A**



Disability Processing, Hearing Administration and  
the Counsel to the Retirement Systems  
Work Flow B





# New York State Correctional Officers & Police Benevolent Association, Inc.

*NYSCOPBA represents over 23,000 New York State employees in the Security Services Unit. Our Union was formed in 1998 and since that time has provided superior representation to the membership under the independent and democratic model. Our Mission continued...*

[INDEX](#) [UPDATES](#) [DISCOUNTS](#) [STORE](#) [CONTACT](#) [LINKS](#) [SUPPORT](#) [NEWS & WEATHER](#)

- HOME
- EXECUTIVE BOARD
- DEPARTMENTS
- DOCUMENTS
- HELPING HAND
- MEMBER BENEFITS
- NYS PROGRAMS
- PUBLIC RELATIONS
- SPOTLIGHT



« August 2011 »

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- Constitution & Bylaws Committee Meeting - 08/22/2011
- 1st Annual Moriah Shock Golf Tournament - 08/27/2011
- 2011 Statewide Charity Golf Tournament - 08/29/2011
- Attica Memorial - 09/13/2011
- Executive Assembly - 09/14/2011
- Making Strides Against Breast Cancer Walk - 10/16/2011

[more](#)

## What NYSCOPBA benefits are available to me when I retire?

NYSCOPBA is dedicated to providing our retired members with continued benefits. We therefore established a Retirement Chapter and offer the following benefits:

**1) Free 1 year membership in the Retiree Chapter-** Upon retirement, all NYSCOPBA members will receive a 1 year membership in the Retiree Chapter at no charge. At the end of that year, members are billed \$25 per year for continued membership.

Membership includes:

- A) A \$15,000 life insurance policy (Regardless of age). Effective May 1st 2011.
- B) Membership mailings, including the NYSCOPBA newsletter (The Independent).
- C) Support for all aspects of the retirement process.
- D) Dependent Scholarship eligibility.
- E) Check issued for \$10 per year of State service
- F) Optional home, auto and personal insurance at group rates.

**2) Retirement Plaque-** A personalized plaque to honor your dedicated years of service.

**3) Scholarship eligibility for children-** Retired members' children are eligible for the NYSCOPBA scholarship awards.

### How do I take advantage of these benefits?

The Retirement Chapter, plaque, bonus and scholarships can be arranged through NYSCOPBA's Retirement Department. Please call any time at 888.484.7279 x 257.

To port or convert any life insurance policy, call NORVEST Financial Services at 888.869.8252.

#### Additional Information

A recent life insurance policy for NYSCOPBA retirees was negotiated with Norvest Financial Services. Effective December 4, 2002, retirees are included in NYSCOPBA's Retiree Chapter free of charge for 1 year. Membership Includes a \$15,000 Basic Group Life Insurance Policy at no charge.

At the end of the free year membership, renewal notices will be mailed to the retiree who then makes a decision whether to remain in the Chapter. Dues are \$25 dollars per year.

Any retiree who does not renew membership will be automatically dropped from the Chapter. Due to insurance restrictions, once a member is dropped from the Chapter, they cannot re-apply.

Please be advised that the \$15,000 insurance benefit is a two-year pilot program which will be re-evaluated in December, 2013. At that time, the program and costs will be re-evaluated based on age/demographic characteristics, life expectancy, and death experience. Dues may need to be increased or benefits lowered to accommodate the experience of the Retiree Chapter.

The qualifications for eligibility of the \$15,000 Basic Group Life Policy for all Associate Members of the Retiree Chapter are as follows:

- " You must be receiving a New York State In-service or disability retirement benefit;
- " Members must retire from state service employed in a title that is represented by NYSCOPBA;
- " Only those active members who were in good standing for one year prior to retirement are eligible; and
- " The effective date of coverage will be the first of the month following receipt of renewal dues.

Should you have any questions regarding this matter, please do not hesitate to contact the Retirement Department at 888.484.7279, ext. 257.

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## RETIREMENT BENEFITS APPLICATION

Full Name of Retiree : (Please Print) \_\_\_\_\_

Last four digits of SSN :

Retiree Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Person  
To Whom Check and Plaque  
Should be Mailed to (if someone  
other than Retiree) (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed Years of Service:  
(YEARS in Security Services  
Unit Applicable ONLY)

\_\_\_\_\_

Military Time  
Purchased

\_\_\_\_\_

Facility/Worksite Retiree Last Worked \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Signature of Chief Sector Steward \_\_\_\_\_

Please return application to:

**NYSCOPBA**  
Attn: Retirement Department  
102 Hackett Blvd.  
Albany, NY 12209

**NYSCOPBA**  
**RETIREE CHAPTER MEMBERSHIP APPLICATION**

\_\_\_\_\_  
NAME (Last Name, First Name, Middle Initial)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

--	--	--	--

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SSN (last 4 digits)

(\_\_\_\_\_) \_\_\_\_\_  
HOME PHONE NUMBER

(\_\_\_\_\_) \_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
LAST FACILITY or WORKSITE

\_\_\_\_\_  
DEPARTMENT or AGENCY

\_\_\_\_\_  
RETIREMENT DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SENIORITY DATE

\_\_\_\_\_  
PRIMARY BENEFICIARY

\_\_\_\_\_  
CONTINGENT BENEFICIARY #1 (Optional)

\_\_\_\_\_  
CONTINGENT BENEFICIARY #2 (Optional)

\_\_\_\_\_  
CONTINGENT BENEFICIARY #3 (Optional)

I understand that this authorization may be revoked at any time by written notice to NYSCOPBA.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

Send Application  
**NYSCOPBA**  
**ATTN: Retirement Department**  
**102 Hackett Blvd.**  
**Albany, New York 12209**