



DISABILITY PENSION APPLICATION

To Whom It May Concern:

Subject: **Disability Pension Application**

The definition of **“Total and Permanent disability”** in the Amalgamated Pension Disability Plan (Plan) in Article 1, Section 1.45; **“Total and Permanent Disability”** means a physical or mental condition of a Participant resulting from bodily injury, disease, or mental disorder which renders him incapable of continuing any gainful occupation. The disability of a Participant shall be determined by a licensed physician chosen by the Administrator. The Administrator may require that the continuing disability of a Participant be determined by a licensed physician chosen by the Administrator every six months after the initial determination of disability. Total and Permanent Disability does not include any disability which in the opinion of the Administrator is a result of:

- a) Excessive and habitual use by the Participant of drugs, intoxicants or narcotics;
- b) Injury or disease sustained by the Participant while willfully and illegally participating in fights, riots, civil insurrections or while committing a felony;
- c) Injury or disease sustained by the Participant while in the service in any armed forces;
- d) Injury or disease sustained by the Participant diagnosed or discovered subsequent to the date his employment has terminated;
- e) Injury or disease sustained by the Participant while employed by anyone other than the Employer and arising out of such employment;
- f) Injury or disease sustained by the Participant as a result of an act of war, whether or not such act arises from a formally declared state of war; or
- g) Injury, or disease resulting therefrom, which is intentionally self-inflicted.

The determination under this Section shall be applied uniformly to all Participants.

For the Pension Committee to consider a disability benefit under the Plan, you will have to provide a letter from your physician or the Social Security Administration attesting to your disability status and the inability of you to perform any gainful occupation **six months prior to your termination date** from Jacksonville Transportation Authority.

The Disability Retirement Benefit provisions in Article 5, Section 3(a) states that if a participant becomes Totally and Permanently Disabled pursuant to Section 1.45 prior to retirement or separation from service, and such condition continues for a period of six consecutive months and by reason thereof such participant’s employment status ceases, then said disabled participant shall be entitled to receive a disability retirement benefit.



Faxing the physician's letter to our office will expedite the processing of a disability application. Please fax the letter and any supporting documentation to (669) 900-8338, and indicate on the cover sheet to direct the records to the Pension Administrator. **Once we receive the necessary information, the employee may be required to be examined by a physician the Pension Committee selects. The Pension Committee doctor will examine the employee and review any documentation submitted on the employee's behalf to provide the Pension Committee with a second medical opinion.** After considering both medical opinions, the Pension Board will vote on the disability pension application.

Please mail the original letter and any supporting documentation to:

Capital Benefit Consultants – Pension Office
3355 Lenox Road NE
Suite 750
Atlanta, GA 30326

You may contact the Pension Administration department at (888) 620-9825 with any questions.