

# Chapter 60. Disability Retirement

## Table of Contents

Subchapter 60A. CSRS.....	1
Part 60A1. General Information .....	1
Subpart 60A1.1. Overview.....	1
Section 60A1.1-1. Introduction and Organization .....	1
A. Introduction.....	1
B. Topics Covered.....	1
C. Organization of Subchapter.....	2
D. Statement of Authority .....	3
Section 60A1.1-2. Definitions.....	4
A. Useful and Efficient Service.....	4
B. Service Deficiency .....	4
C. Commuting Area .....	4
D. Tenure .....	4
E. Vacant Position .....	4
F. Same Grade or Pay Level.....	5
G. Qualified for Reassignment .....	5
H. Disabled/ Disability.....	5
I. Physician .....	5
J. Medical Documentation.....	6
K. Examination/ Reexamination .....	8
L. Income from Wage and/or Self-Employment.....	8
M. Income/Wages Not Included for Earning Capacity .....	9
N. Rate Last Payable.....	10
Section 60A1.1-3 General Eligibility Requirements.....	11
A. General .....	11
B. Employee in a Position Covered by CSRS.....	11
C. Minimum Civilian Service .....	11
Part 60A2 Disability Criteria.....	12
Subpart 60A2.1. Overview.....	12
Section 60A2.1-1. Introduction .....	12
A. General .....	12
B. Disability Criteria .....	12

---

Section 60A2.1-2 Documentation of Service Deficiency .....	14
A. General .....	14
B. Restricted Activity .....	14
C. Absence .....	14
D. Unacceptable Conduct .....	15
E. Documentation Required for Employees Covered by 5 CFR Part 430 ..	15
F. Employees Not Covered by 5 CFR Part 430.....	15
Section 60A2.1-3 Documentation of Medical Condition .....	16
A. General .....	16
B. Employee Must Provide Medical Evidence .....	16
C. Review of Medical Evidence by Physician .....	16
D. Medical Documentation: Comments .....	17
E. Effect of Progressive Disease .....	17
F. Communicable Disease.....	18
G. Risk of Injury.....	18
H. Employee Refusal of Medical Treatment.....	18
I. Recovery Expected Within 1 Year .....	18
J. Stable Medical Condition Predating Service Deficiency.....	19
K. Agency Obligation When Medical Documentation Insufficient.....	20
L. Detailed Medical History Required .....	20
Section 60A2.1-4 Accommodation.....	21
A. Policy.....	21
B. Reasonable Accommodation .....	21
C. Examples of Reasonable Accommodation .....	21
D. Job Analysis .....	21
E. Notice to OPM of Successful Accommodation.....	22
Section 60A2.1-5 Reassignment .....	23
A. Policy.....	23
B. When Employee Deemed Qualified for Reassignment.....	23
C. Time Limit on Search for Vacant Position .....	23
D. When Agency Identifies Vacant Position .....	24
E. Employee Refusal to Accept Vacant Position .....	24
F. Agency Decision Not to Place Employee in Vacant Position.....	24
G. Competing Applicants for Vacant Position .....	25

---

H.	Placement in Lower Grade or Pay Level .....	25
I.	Acceptance of Position at Lower Grade or Pay Level .....	26
J.	Positions in Other Federal Agencies.....	26
K.	Notice to OPM of Successful Reassignment .....	26
Part 60A3	Filing the Application.....	27
Subpart 60A3.1.	Overview.....	27
Section 60A3.1-1	Application Filed by Employee or Employee Representative ..	27
A.	General Rule .....	27
B.	Immediate Family Members .....	27
C.	Next-of-Kin .....	28
D.	Agency Efforts to Locate Family .....	28
E.	Inability to Locate Family Member .....	28
F.	Court-Appointed Guardian .....	28
G.	Attorney.....	28
H.	Effect of Applying for Retirement on Other Agency Actions .....	29
Section 60A3.1-2	Application Filed by Agency.....	30
A.	General Rule .....	30
B.	Decision to Remove Must Be in Writing .....	31
C.	Employee Must Be Separated .....	31
D.	Separation Canceled .....	31
Section 60A3.1-3	Time Limit on Filing the Application .....	32
A.	General Rule .....	32
B.	Exception: Employee Incompetent .....	32
C.	When Agency Files the Application.....	32
D.	Transferring Records to NPRC.....	32
Section 60A3.1-4	Multiple Retirement Applications Prohibited.....	34
A.	General Rule .....	34
B.	Separated Employees.....	34
Part 60A4	Submitting the Application to OPM .....	35
Subpart 60A4.1.	Overview.....	35
Section 60A4.1-1	Submitting the Application to OPM--General.....	35
A.	Application Forms .....	35
B.	When Application is Filed Through the Agency .....	35
C.	Disposition of SF 2806 .....	36

- D. Direct Filing After Separation of at Least 31 Days..... 37
- Section 60A4.1-2 Submitting the Application to OPM--Supporting Documents .. 38
  - A. General..... 38
  - B. Forms ..... 38
  - C. Position Description/ Performance Standards/ Performance Appraisals  
38
  - D. Checklist ..... 39
- Part 60A5 Withdrawing the Application ..... 40
  - Subpart 60A5.1. Overview..... 40
    - Section 60A5.1-1 Guidance ..... 40
      - A. General Rules ..... 40
      - B. Continued Employment After the Application is Withdrawn ..... 40
      - C. Request to Withdraw After Allowance ..... 40
      - D. Acceptance of Position at Lower Grade or Pay Level ..... 41
      - E. Non-Disability Retirement Application Filed Subsequent to Application  
41
- Part 60A6 OPM Review ..... 43
  - Subpart 60A6.1. Overview..... 43
    - Section 60A6.1-1 Criteria for Disability Retirement Determination..... 43
      - A. General..... 43
    - Section 60A6.1-2 Initial Decision..... 44
      - A. General..... 44
      - B. Use of Annual Leave ..... 44
      - C. Use of Sick Leave ..... 45
      - D. Leave Without Pay (LWOP) ..... 46
    - Section 60A6.1-3 Reconsideration and Appeal ..... 46
      - A. Reconsideration ..... 47
      - B. Appeal ..... 47
- Part 60A7 Continuation of Disability Annuity ..... 48
  - Subpart 60A7.1. Overview..... 48
    - Section 60A7.1-1 Periodic Medical Reviews to Determine Recovery from  
Disabling Condition..... 48
      - A. General Rule ..... 48
      - B. Failure to Respond to Request for Medical Information ..... 48

---

C.	When Employee Recovers from Disabling Condition .....	48
D.	Priority Referral Upon Recovery.....	48
Section 60A7.1-2	Restoration to Earning Capacity .....	50
A.	General Rule .....	50
B.	Earnings Limitation .....	50
C.	Earnings Defined.....	50
D.	"Annuitant's Report of Income" .....	50
E.	When Restored to Earning Capacity.....	52
F.	National Guard Technicians .....	52
G.	Priority Referral Upon Restoration to Earning Capacity .....	52
Part 60A8	Election Between Disability Retirement Annuity and Worker's Compensation Benefits .....	54
Subpart 60A8.1.	Overview.....	54
Section 60A8.1-1	Benefits to the Employee .....	54
A.	Employee Should Apply for Both OWCP Benefits and CSRS Annuity ..	54
B.	Effect of Non- Scheduled Award on the Annuity .....	55
C.	Effect of a Scheduled Award on the Annuity .....	55
D.	Other Exceptions to Bar Against Dual Compensation .....	55
E.	When OWCP Benefits Terminate .....	56
F.	When Employee Does Not Apply for Retirement or Elects OWCP in Lieu of Annuity Payments.....	56
G.	Notify OPM When Benefit Changes.....	58
Section 60A8.1-2	Benefits to the Surviving Spouse.....	59
A.	General Rules Applicable to Deceased Annuitants .....	59
Part 60A9	Advice to Employee.....	60
Subpart 60A9.1.	Overview.....	60
Section 60A9.1-1	Reemployment in Federal Service .....	60
A.	General .....	60
B.	When Reemployment Terminates Disability Annuity.....	60
C.	When Reemployment Does Not Terminate Disability Annuity.....	60
D.	Future Annuity Rights Based on Reemployment .....	61
Section 60A9.1-2	Reinstatement of Disability Annuity .....	63
A.	General .....	63
B.	Reinstatement After Termination Due to Recovery .....	63

---

C.	Reinstatement After Termination Due to Restoration to Earning Capacity .....	63
D.	Effect of Reinstatement on Other Retirement Benefits .....	64
E.	Effect of Meeting the "One-Out-of-Two" Requirement .....	64
	Section 60A9.1-3 Annuity Rights Upon Termination of Disability Annuity When Not Reemployed.....	66
A.	General .....	66
B.	When a Discontinued Service Annuity is Payable.....	66
C.	When a Voluntary Annuity is Payable .....	66
D.	When a Deferred Annuity is Payable .....	66
E.	Computation of Subsequent Annuity.....	66
	Section 60A9.1-4 Miscellaneous .....	68
A.	Optional Retirement Versus Disability Retirement.....	68
B.	Beginning Date of Annuity .....	69
C.	Last Day of Pay .....	70
D.	Taxation of Disability Benefits .....	71
E.	Filing for Social Security Benefit.....	72
F.	Filing for Medicare .....	72
G.	Notify OPM of Change of Address .....	72
	Subchapter 60B FERS.....	74
	Part 60B1 General Information .....	74
	Subpart 60B1.1. Overview .....	74
	Section 60B1.1-1 Overview .....	74
	A. Introduction.....	74
	B. Organization of Subchapter.....	74
	C. Applicable CSRS Provisions.....	74
	D. Statement of Authority .....	76
	Section 60B1.1-2 General Eligibility Requirements.....	77
	A. General .....	77
	B. Disabled While in a Position Covered by FERS.....	77
	C. Minimum Civilian Service .....	77
	D. Noncreditable Civilian Service.....	78
	Part 60B2 Submitting the Application to OPM .....	79
	Subpart 60B2.1. Overview.....	79

---

Section 60B2.1-1 Submitting the Application to OPM--General.....	79
A. Employee Responsibility.....	79
B. When Application is Filed Through the Agency .....	79
C. Disposition of SF 3100 .....	80
D. Direct Filing After Separation of at Least 31 Days.....	80
Section 60B2.1-2 Submitting the Application to OPM--Supporting Documents ..	82
A. General.....	82
B. Forms .....	82
C. Position Description/ Performance Standards/ Performance Appraisals	82
D. Checklist .....	83
Part 60B3 Withdrawing the Application .....	84
Subpart 60B3.1. Overview .....	84
Section 60B3.1-1 Withdrawing the Application .....	84
A. Applicable CSRS Provisions.....	84
B. Effect of Withdrawing the Social Security Disability Application.....	84
Part 60B4 OPM Review .....	85
Subpart 60B4.1. Overview .....	85
Section 60B4.1-1 Initial Decision.....	85
A. Applicable CSRS Provisions.....	85
B. Use of Sick Leave .....	85
Part 60B5 Continuation of Disability Annuity .....	86
Subpart 60B5.1. Overview .....	86
Section 60B5.1-1 Restoration to Earning Capacity .....	86
A. Applicable CSRS Provisions.....	86
B. Military Reserve Technicians .....	86
Part 60B6 Advice to Employee .....	87
Subpart 60B6.1. Overview .....	87
Section 60B6.1-1 Reinstatement of Disability Annuity .....	87
A. Applicable CSRS Provisions.....	87
B. "One-Out-of-Two" Requirement Not Applicable .....	87
Section 60B6.1-2 Annuity Rights Upon Termination of Disability Annuity .....	88
A. Applicable CSRS Provisions.....	88
B. When a Regular Voluntary Annuity is Payable.....	88

---

C.	When an MRA + 10 Annuity is Payable .....	88
D.	When a Deferred Annuity is Payable .....	88
Section 60B6.1-3	Miscellaneous .....	89
A.	Applicable CSRS Provisions .....	89
B.	Beginning Date of Annuity .....	89
C.	Last Day of Pay .....	89
D.	Retiree Annuity Supplement .....	90
E.	Post-1956 Military Deposit or Civilian Deposit.....	90
F.	Deposit/Redeposit – Age 62.....	90
G.	Filing for Social Security Benefit.....	91
H.	Withdrawing Social Security Application.....	92
Subchapter 60C	Job Aids .....	94
Part 60C1	General Information .....	94
Subpart 60C1.1.	Job Aids.....	94
Section 60C1.1-1	Overview .....	94
Section 60C1.1-2	Additional Information for Asthma .....	97
Additional Information for Asthma.....		97
Section 60C1.1-3	Additional Information for Occupational Asthma/Reactive Airway Disease .....	98
Additional Information for Occupational Asthma/Reactive Airway Disease .....		98
Section 60C1.1-4	Additional Information for Cardiac Disease .....	100
Additional Information for Cardiac Disease.....		100
Section 60C1.1-5	Additional Information for Carpal Tunnel Syndrome.....	102
Additional Information for Carpal Tunnel Syndrome .....		102
Section 60C1.1-6	Additional Information for Chronic Fatigue Syndrome .....	104
Additional Information for Chronic Fatigue Syndrome .....		104
Section 60C1.1-7	Additional Information for Cumulative Trauma Injury .....	106
Additional Information for Cumulative Trauma Injury.....		106
Section 60C1.1-8	Additional Information for Diabetes .....	108
Additional Information for Diabetes .....		108
Section 60C1.1-9	Additional Information for Eosinophilic Myalgia Syndrome. ....	110
Additional Information for Eosinophilic Myalgia Syndrome .....		110
Section 60C1.1-10	Additional Information for Eye Disorders.....	111
Additional Information for Eye Disorders.....		111



---

Section 60C1.1-11 Additional Information for Fibromyalgia .....	112
Additional Information for Fibromyalgia .....	112
Section 60C1.1-12 Additional Information for Headaches .....	113
Additional Information for Headaches .....	113
Section 60C1.1-13 Additional Information for Hypertension .....	114
Additional Information for Hypertension .....	114
Section 60C1.1-14 Additional Information for Diseases of the Intestines.....	116
Additional Information for Diseases of the Intestines.....	116
Section 60C1.1-15 Additional Information for Irritable Bowel Syndrome.....	117
Additional Information for Irritable Bowel Syndrome .....	117
Section 60C1.1-16 Additional Information for Liver Disorders .....	118
Additional Information for Liver Disorders .....	118
Section 60C1.1-17 Additional Information for Lumbosacral Disorders .....	120
Additional Information for Lumbosacral Disorders .....	120
Section 60C1.1-18 Additional Information for Lyme Disease.....	122
Additional Information for Lyme Disease .....	122
Section 60C1.1-19 Additional Information for Multiple Sclerosis.....	124
Additional Information for Multiple Sclerosis.....	124
Section 60C1.1-20 Additional Information for Musculoskeletal Disorders.....	126
Additional Information for Musculoskeletal Disorders.....	126
Section 60C1.1-21 Additional Information for Neck Disorders .....	128
Additional Information for Neck Disorders .....	128
Section 60C1.1-22 Additional Information for Multiple Chemical Sensitivities	130
Additional Information for Multiple Chemical Sensitives .....	130
Section 60C1.1-23 Additional Information for Occupational Skin Disease .....	132
Additional Information for Occupational Skin Disease .....	132
Section 60C1.1-24 Additional Information for Phlebitis & Venous Insufficiency	
.....	133
Additional Information for Phlebitis & Venous Insufficiency.....	133
Section 60C1.1-25 Additional Information for Psychiatric Disorders .....	134
Additional Information for Psychiatric Disorders .....	134
Section 60C1.1-26 Additional Information for Reflex Sympathetic Dystrophy .	135
Additional Information for Reflex Sympathetic Dystrophy .....	135
Section 60C1.1-27 Additional Information for Reflux Esophagitis.....	136

Additional Information for Reflux Esophagitis..... 136  
    Section 60C1.1-28 Additional Information for Renal Disease..... 137  
Additional Information for Renal Disease..... 137  
    Section 60C1.1-29 Additional Information for Respiratory Disease..... 138  
Additional Information for Respiratory Disease..... 138  
    Section 60C1.1-30 Additional Information for Rheumatoid Arthritis ..... 140  
Additional Information for Rheumatoid Arthritis..... 140  
    Section 60C1.1-31 Additional Information for Seizure Disorders ..... 142  
Additional Information for Seizure Disorders ..... 142  
    Section 60C1.1-32 Additional Information for Systemic Lupus Erythematosus 143  
Additional Information for Systemic Lupus Erythematosus..... 143  
    Section 60C1.1-33 Additional Information for Thoracic Spine Disorders..... 144  
Additional Information for Thoracic Spine Disorders..... 144  
    Section 60C1.1-34 Additional Information for Vertigo ..... 145  
Additional Information for Vertigo ..... 145

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## **Subchapter 60A. CSRS**

### **Part 60A1. General Information**

#### **Subpart 60A1.1. Overview**

##### **Section 60A1.1-1. Introduction and Organization**

###### **A. Introduction**

This Chapter covers disability retirement. A disability retirement annuity is a benefit to protect an employee no longer able to provide useful and efficient service in his or her current grade or pay level because of a medical condition.

Generally, the interests of both the Government and the individual are served if an employee remains gainfully employed as long as he or she can provide useful and efficient service without endangering himself or herself, others, or Government property. Disability retirement should be a last resort and is appropriate only when reasonable efforts have failed to preserve the person's employment.

If an agency's attempts to keep the employee in a productive capacity are unsuccessful, and the employee decides to apply for disability retirement, the agency must assist the employee in filing an application with OPM. (This does not mean that the agency has an obligation to support allowance of the application; indeed, if the agency believes that the criteria for allowance are not met, it should document the basis for that conclusion in the appropriate portion of the application package it submits to OPM.) Even though an employee separated for more than 31 days is responsible for filing the disability retirement application directly with OPM, the agency must fulfill its responsibility by promptly providing the needed documentation in its possession.

###### **B. Topics Covered**

This subchapter covers.

- The general statutory requirements an employee must meet to be eligible for a disability retirement annuity;

- The criteria that must be documented to establish eligibility for a disability retirement;
- Who may file the application for disability retirement and when the application must be filed;
- The procedures the employee and agency must follow when submitting an application for disability retirement to OPM;
- The rules that apply to the withdrawal of an application for disability retirement;
- The criteria OPM considers to approve or disapprove an application for disability retirement and the reconsideration/appeal procedures an employee may use if OPM disapproves the application; and
- The requirements an individual must meet to continue receiving a disability retirement annuity.

The information in this subchapter applies equally to CSRS and CSRS Offset employees.

### C. Organization of Subchapter

This subchapter has nine parts.

<b>Part</b>	<b>Name of Part</b>	<b>Page</b>
<a href="#">60A1</a>	General Information	1
<a href="#">60A2</a>	Disability Criteria	8
<a href="#">60A3</a>	Filing the Application	18
<a href="#">60A4</a>	Submitting the Application to OPM	24
<a href="#">60A5</a>	Withdrawing the Application	27
<a href="#">60A6</a>	OPM Review	29
<a href="#">60A7</a>	Continuation of Disability Annuity	33
<a href="#">60A8</a>	Election Between Disability Retirement and Workers' Compensation Benefits	36
<a href="#">60A9</a>	Advice to Employee	40

Note: [Subchapter 60B](#) covers disability retirement under FERS. [Subchapter 60C](#) covers job aids for requesting additional medical documentation.

#### **D. Statement of Authority**

This chapter and its contents are based on the laws and regulations cited below.

- United States Code: [5 U.S.C. 8337](#);
  - Code of Federal Regulations: [5 CFR Part 831, subpart L](#).
-

## Section 60A1.1-2. Definitions

### **A. Useful and Efficient Service**

"Useful and efficient service" means (1) either acceptable performance of the critical or essential elements of the position or the ability to perform at that level; and (2) satisfactory conduct and attendance.

### **B. Service Deficiency**

"Service deficiency" or "deficient service" means that the employee's performance, attendance, or conduct is less than fully successful, and, if uncorrected, warrants action to deny a pay increase, reduce the grade or remove the employee from his or her position. (See 5 CFR Parts [432](#), [531-D](#) or [752](#).)

### **C. Commuting Area**

"Commuting area," as it is used in this Chapter, has the same meaning as for discontinued service retirement. It means the geographic area that usually constitutes one area for employment purposes. It includes any population center (or two or more neighboring ones) and the surrounding localities in which people live and reasonably can be expected to travel back and forth daily in their usual employment.

### **D. Tenure**

"Tenure" means the same type of appointment as currently held by the employee. For most employees, this will mean a career appointment in the competitive service, since this is the type of appointment they currently have. For excepted service employees, it means another excepted service position with the same expectation of continued employment they currently have.

### **E. Vacant Position**

"Vacant position" means a position of the same tenure (for example, career or temporary) in the same commuting area, which is not occupied, and which is full time. If the employee's current position is less than full time, the vacant position must have a work schedule of no less time than that of the current position.

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## **F. Same Grade or Pay Level**

"Same grade or pay level" means:

- In regard to a vacant position within the same pay system as the position the employee now holds, the same grade and an equivalent amount of basic pay as defined in [5 U.S.C. 8331\(3\)](#);
- In regard to a vacant position in another pay system, a representative rate (as defined in [5 CFR 532.401](#)) at least equal to the representative rate of the employee's current position.

## **G. Qualified for Reassignment**

"Qualified for reassignment" means able to meet the minimum requirements for the grade and series of the vacant position in question.

For this purpose, under [5 U.S.C. 8337\(a\)](#), an employee of the United States Postal Service does not qualify for a reassignment if the reassignment is to a position in a different craft or is inconsistent with the terms of a collective bargaining agreement covering the employee.

## **H. Disabled/ Disability**

"Disabled" or "disability" means unable or inability to provide useful and efficient service because of disease or injury --

- In the employee's current position; or
- In a vacant position in the same agency at the same grade or pay level for which the individual is qualified for reassignment.

## **I. Physician**

"Physician" means a licensed Doctor of Medicine or Doctor of Osteopathy, or a physician who is serving on active duty in the uniformed services and is designated by the uniformed service to conduct examinations under [Part 339 of title 5, Code of Federal Regulations](#) (Medical Determinations Related To Employability).

## **J. Medical Documentation**

"Medical documentation" or "documentation of a medical condition" means a statement, submitted from a licensed physician (or other State licensed medical practitioner providing service within the scope of his or her license), that provides the following information, or the parts identified by the agency as necessary and relevant. (This information is also contained in [Part 339 of title 5, Code of Federal Regulations](#).)

1. The history of the specific medical condition(s), including references to findings from previous examinations, treatment, and responses to treatment;
2. Clinical findings from the most recent medical evaluation, including any of the following that have been obtained: findings of a physical examination; results of laboratory tests; X-rays; EKG's and other special evaluations or diagnostic procedures; and, in the case of psychiatric disease, the findings of a mental status examination and the results of psychological tests;
3. Diagnosis; including the current clinical status;
4. Prognosis; including plans for future treatment and an estimate of the expected date of full or partial recovery;
5. An explanation of the effect of the medical condition on life activities both on and off the job;
6. Narrative explanation of the medical basis for any conclusion that the medical condition has not become static or well stabilized;
7. Narrative explanation of the medical basis for any conclusion that indicates the likelihood that the individual is, or is not, expected to experience sudden or subtle incapacitation as a result of the medical condition;
8. Narrative explanation of the medical basis for any conclusion that duty restrictions or accommodations are or are not warranted and, if they are, an explanation of their therapeutic or risk avoiding value and the nature of any similar restrictions or accommodations recommended for activities not related to work; and



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9. Narrative explanation of the medical basis for any conclusion that indicates the likelihood that the individual is, or is not, expected to suffer injury or harm by carrying out, with or without accommodation, the tasks or duties of a position for which he or she is assigned or qualified.

### **K. Examination/ Reexamination**

"Examination" and "reexamination" mean an evaluation of evidentiary material related to the question of disability. Unless OPM exercises its choice of physician, the cost of providing medical documentation rests with the employee or disability annuitant, who must provide any information necessary to OPM's evaluation.

### **L. Income from Wage and/or Self-Employment**

"Income from wages and/or self-employment" is defined by regulation, but generally means:

1. Base salary or pay; tips; commissions; professional fees; bonuses and gift certificates of any kind; golden parachute payments; payments for any non-work periods, vacations, holiday, or sick pay; overtime pay; severance pay; termination pay; and back pay;
2. Deferred income, or other employer contributions or payments in an arrangement in which the employee has the opportunity (whether exercised or not) to adjust income by recovering the contributions or payments during the calendar year in which earned, for general discretionary income purposes;
3. Non-cash wages or payments of in-kind benefits, such as shares of stock in the business, real or personal property, stock in trade, inventory items, goods, lodging, food, or clothing. The valuation for all non-cash wages or other in-kind benefits is determined in a manner consistent with the fair value standards that appear in the Social Security Administration's regulations at [20 CFR 404.1041\(d\)](#);
4. Profit from a business/farm (sole proprietorship, partnership, or corporation) wholly or partly owned by the disability annuitant and which the disability annuitant has an active role in managing; and
5. For a disability annuitant reemployed by the Federal Government, any amount offset or deducted under the provisions of [5 U.S.C. 8344](#) or [8468](#).
6. Self-employed annuitants may not deduct the costs of other withdrawals or expenses which are not used solely for business purposes. Examples of items

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that cannot be deducted if used at all for personal use by the self-employed disability annuitant include personal property items, such as automobiles and boats; real property, such as vacation property or residences; and memberships, dues, or fees for professional associations or public or private organizations or clubs.

Note: Income is deemed earned in the calendar year in which it is received, or could have been received, had the receipt thereof not been deferred with the consent of the annuitant.

### **M. Income/Wages Not Included for Earning Capacity**

Types of income/wages not considered in determining earning capacity include, but are not limited to --

1. Remuneration as wages does not include any contribution, payment, benefits furnished, or services provided by the employer. The following are a list of examples: medical or hospitalization health benefit plans, life insurance plans, moving expenses, educational assistance programs, the value of meals and lodgings provided at the convenience of the employer, scholarships and fellowship grants, and qualified group legal services plans;
2. Investment income, such as interest or dividends from savings accounts, stocks, personal loans or home mortgages held, unless the disability annuitant receives the return from capital investment in the course of the annuitant's trade or business;
3. Rents or royalties, unless received in the course of the annuitant's trade or business;
4. Income earned before the commencing date of civil service retirement annuity payments;
5. Proceeds from life insurance, inheritances, estates, trusts, endowments, gifts, prizes, awards, gambling or lottery winnings, and amounts received in court actions whether by verdict or settlement, unless received in the course of the annuitant's trade or business;

6. Unemployment compensation under State or Federal law, supplemental unemployment benefits, or worker's compensation;
7. Alimony, child support, or separate maintenance payments received;
8. Pay for jury duty; and
9. Entitlement payments from other Federal agencies, such as benefits from Social Security Administration or the Veterans Administration, Railroad Retirement System retirement pay, or military retirement pay.

**N. Rate Last Payable**

"Rate last payable" means the rate of annuity to which the annuitant was entitled on the date his or her disability annuity was most recently discontinued.

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## Section 60A1.1-3 General Eligibility Requirements

### **A. General**

An employee must meet the following general statutory requirements to be eligible for a disability retirement annuity:

1. The employee must be in a position covered by CSRS; and
2. The employee must meet the minimum civilian service requirement.

### **B. Employee in a Position Covered by CSRS**

The employee must have become disabled because of a medical condition while serving in a position covered by CSRS.

### **C. Minimum Civilian Service**

An employee must have at least 5 years of creditable civilian service to be eligible for a disability retirement.

1. Creditable civilian service for retirement includes:
2. Service for which the employee paid full CSRS deductions (even if CSRS deductions were refunded and not redeposited);
3. Service for which the employee paid full Social Security taxes and reduced CSRS deductions (even if CSRS deductions were refunded and not redeposited); and
4. Nondeduction service (for example, temporary or intermittent service), whether or not a deposit for such service is made.

Note: See [Chapter 20](#), Creditable Civilian Service, for a full description of creditable service.

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## Part 60A2 Disability Criteria

### Subpart 60A2.1. Overview

#### Section 60A2.1-1. Introduction

##### A. General

Once the agency determines that the employee meets the general statutory requirements for disability retirement (see [section 60A1.1-3](#)), the agency and employee must document that the employee satisfies the disability criteria required by regulation. The criteria are listed in [section 60A2.1-1B](#) and discussed in greater detail in the sections that follow.

##### B. Disability Criteria

The following criteria must be documented before an employee is eligible for disability retirement benefits:

- A deficiency in service with respect to performance, attendance or conduct, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position (see [section 60A2.1-2](#));
- A medical condition that is defined as a health impairment resulting from disease or injury, including psychiatric disease (see [section 60A2.1-3](#));
- A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency (see [section 60A2.1-3](#));
- The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue for at least 1 year from the date the application for disability retirement is filed (see [section 60A2.1-3](#));
- The inability of the employing agency to reasonably accommodate the employee's medical condition (see [section 60A2.1-4](#)); and

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- The agency's consideration of the employee for reassignment to any vacant position within the employing agency and commuting area, at the same grade or pay level, for which the employee is qualified (see [section 60A2.1-5](#)).
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## Section 60A2.1-2 Documentation of Service Deficiency

### **A. General**

An agency's decision to support or not support an application for disability retirement is in part dependent on the agency's assessment of the basis for the employee's service deficiency.

1. An employee may have a service deficiency because medical restrictions prevent him or her from performing critical or essential elements of the job:
2. An employee may have a service deficiency because he or she is not at work or is not performing all essential duties of the position
3. An employee may have a service deficiency because of documented instances of poor performance or conduct.

### **B. Restricted Activity**

An employee may be restricted from performing certain tasks because of the risk of sudden or subtle incapacitation or further health impairment that would be caused by the employee's continued performance of the tasks. For example, an employee may be restricted from climbing stairs or carrying even very light loads because of a heart condition. However, the medical basis for the imposition of medical restrictions must be clearly stated and be such that they are consistent with generally accepted medical practice and that other physicians given the same medical finding would be likely to impose the same or similar restrictions.

When an application for disability retirement is based on the employee's warranted restriction from performing critical or essential job tasks, or from being at work, there is often no record of a decline in actual performance. In such cases, it is unnecessary to keep the employee in a full-time duty status until a record of unacceptable performance is established. The employee's service is less than fully successful because of his or her inability to fulfill the requirements of his or her position.

### **C. Absence**

An application for disability retirement may be based on an employee's absence(s). However, a history of repeated or extensive absence(s) alone is not a sufficient basis



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for the approval of an application for disability retirement. The agency needs to state how the employee's absence(s) affect the employee's ability to perform useful and efficient service, and how the employee's absences disrupt the agency's ability to accomplish its mission.

#### **D. Unacceptable Conduct**

If the basis of the application for disability retirement is unacceptable conduct, the agency must describe specific instances of it. Any information concerning disciplinary actions based on conduct must be provided, including warnings, reprimands, and adverse personnel actions.

#### **E. Documentation Required for Employees Covered by 5 CFR Part 430**

For employees who are covered by [5 CFR Part 430](#) (Performance Appraisal), the agency must --

- Provide a copy of the employee's position description;
- Provide a copy of the employee's performance standards and latest performance appraisal of record;
- Identify critical elements for which performance is deficient; and
- Describe specific instances of deficient performance.

If the performance appraisal of record reflected fully successful performance, the agency must document specific instances of less than successful performance since the date of the performance appraisal.

#### **F. Employees Not Covered by 5 CFR Part 430**

For employees not covered by [5 CFR Part 430](#), the agency must provide a statement describing specific instances of less than fully successful performance. OPM will not approve the disability claim without this documentation.

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## Section 60A2.1-3 Documentation of Medical Condition

### **A. General**

For employees not covered by [5 CFR Part 430](#), the agency must provide a statement describing specific instances of less than fully successful performance. OPM will not approve the disability claim without this documentation.

When an agency identifies and documents a service deficiency, it must determine whether the service deficiency is due to a medical condition. A disability retirement is appropriate only when an employee's service is less than fully successful because of a medical condition.

A medical condition is defined as either a disease or injury, including psychiatric disease. It makes no difference whether the medical condition results from on-the-job or off-the-job causes. However, the law requires that the employee be disabled for useful and efficient service, that is, be unable to meet the demands of the job or to meet the conditions of employment, because of the medical condition.

Thus, when an agency supports an employee's application for disability retirement, it must have sufficient medical documentation to support its conclusions that the employee has a medical condition that precludes useful and efficient service, that the condition is likely to continue for at least 1 year, and that the employee cannot be retained through reasonable accommodation and/or reassignment to a vacant position.

### **B. Employee Must Provide Medical Evidence**

The employee is responsible for furnishing sufficient medical evidence to support his or her application for disability retirement. The employee's medical documentation will normally be information from his or her personal physician. If an agency-provided examination is conducted, the result of the examination must be furnished with the application.

### **C. Review of Medical Evidence by Physician**

Whenever possible, the agency should have the medical documentation assessed by, or in coordination with, a physician to ensure that --

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- The diagnostic or clinical impressions are justified in accordance with established diagnostic criteria; and
  - The conclusions and recommendations are consistent with generally accepted medical principles and practice.

If this assessment results in a conclusion that the employee is suffering from a medical condition that has caused a service deficiency, the agency needs to identify possible alternatives to keep the employee in a productive capacity. (See [section 60A2.1-4](#) and [section 60A2.1-5](#).)

#### **D. Medical Documentation: Comments**

In reference to the definition of "Medical Documentation" in [section 60A1.1-2, paragraph J](#) --

1. Items 1 through 4 are all points of clinical information in a physician's records and customarily included in a physician's report to another physician.
2. Items 5 through 10 relate the medical condition to both the employee's off-the-job activities of daily living and to the demands of the employee's position, and to information needed to make personnel decisions.

Information on activities not related to work is included because any restrictions placed on an employee's work activities are questionable if the same restrictions are not also placed on the employee's off-duty activities. This medical information can normally be provided from the physician's records without necessity for a new medical evaluation.

#### **E. Effect of Progressive Disease**

An application for disability retirement may be based on the progression of a disease that causes continued employment to be incompatible with the employee's condition. This is also true if the employee had the disease at the time of entry into the position from which retirement is sought, provided the employee was able to perform successfully at that time, and has subsequently become disabled because of progression of the disease.

Diagnosis alone of a progressive, potentially incapacitating, or perhaps fatal, disease is not sufficient. However, when it can be demonstrated that the employee is currently precluded from providing useful and efficient service and that the employee is unable to do so within a reasonable time, an application for disability retirement is appropriate.

#### **F. Communicable Disease**

An application for disability retirement may be appropriate, in very unusual situations, when an employee is restricted from performing certain activities or from being at work at all to avoid transmission of a communicable disease.

#### **G. Risk of Injury**

If the basis for the application is risk of injury or further health impairment, the documentation must identify and explain the specific risk that arises from the existence of the medical condition and further explain why the risk is unacceptable.

#### **H. Employee Refusal of Medical Treatment**

OPM will not approve a disability retirement when persistence of the medical condition that caused the employee's service deficiency results from his or her failure or refusal to accept available non-invasive treatment that he or she would ordinarily be expected to accept in support of activities of daily life unless acceptance of treatment conflicts with the employee's religious beliefs.

#### **I. Recovery Expected Within 1 Year**

Normally, OPM will not approve an application for disability retirement where there is reasonable expectation that recovery will occur within 1 year after application for disability retirement is filed. A disability annuity is appropriate only when all the criteria are met.

When the medical condition is of recent or acute onset, it is essential to determine whether or not the condition has stabilized and whether or not conclusions about prognosis and expected recovery are warranted. When the condition is expected to stabilize within 1 year, and there is a clinical reason to believe that a significant degree of recovery is likely, there is no basis for a disability retirement.

**J. Stable Medical Condition Predating Service Deficiency**

A longstanding, stable, medical condition that predates a recently acquired service deficiency, standing alone, probably will not meet the criteria for disability retirement.

**K. Agency Obligation When Medical Documentation Insufficient**

The agency has no further obligation under the disability retirement program to support an employee's disability retirement application or to attempt to keep an employee if the agency's review of the medical documentation does not support a conclusion that --

- The service deficiency is caused by the medical condition; or
- The medical condition warrants restriction from critical tasks or duties of the position.

Note: Since the definition of "medical condition" in the disability retirement program is narrower than the definition of "handicapped employee" for purposes of selective placement, the agency may still have an obligation to make reasonable efforts to accommodate a handicapped employee. (See [section 60A2.1-4.](#))

**L. Detailed Medical History Required**

OPM assumes that the individual's health was good at some previous time and his or her service was fully successful. Therefore, the medical history must be detailed enough to provide an understanding of health changes that have occurred and the specific effect that these changes may have had on the individual's service.

Unless the medical condition or the employee's duties have changed since the service was last reported as fully successful, the medical condition, in most instances, cannot be solely responsible for a present service deficiency. Likewise, if service was deficient prior to the onset of the medical condition, the medical condition alone probably would not be the cause of the service deficiency.

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## Section 60A2.1-4 Accommodation

### **A. Policy**

Federal policy regarding the employment of handicapped persons advocates that Federal agencies attempt to keep disabled employees by accommodating their disability. Therefore, the agency must exhaust all reasonable efforts to alleviate any service deficiencies through accommodation before it counsels an employee to seek disability retirement or supports an employee's request for disability retirement.

### **B. Reasonable Accommodation**

"Reasonable accommodation" is any action that the agency is obligated to take under the Rehabilitation Act of 1973 ([29 U.S.C. § 701](#), *et seq.*) An accommodation is an adjustment made to a job and/or work environment that enables a qualified handicapped person to perform the duties of that position. Reasonable accommodation obligations apply both to the employee's current position and to any vacant position to which the employee could be reassigned. (See [section 60A2.1-5](#) for a discussion of reassignment.)

### **C. Examples of Reasonable Accommodation**

- Reasonable accommodations may include, but are not limited to --
- Modifying the work site;
- Adjusting the work schedule;
- Restructuring the job;
- Acquiring or modifying equipment or devices;
- Providing interpreters, readers, or personal assistance services; and
- Reassigning or retraining the employee.

### **D. Job Analysis**

The agency should submit to OPM any job analysis it prepared for accommodation purposes, together with the application and other supporting documents.

**E. Notice to OPM of Successful Accommodation**

The agency must immediately notify OPM of any successful employee accommodation after the submission of a disability application.

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## Section 60A2.1-5 Reassignment

### **A. Policy**

In addition to accommodation ([section 60A2.1-4](#)), Federal policy regarding the employment of handicapped persons dictates that agencies make every effort to keep the services of these employees through reassignment to other available positions.

Thus, when an employee initiates an application for disability retirement, the employing agency must review all vacant positions under its jurisdiction, at the same grade or pay level and tenure in the commuting area, to determine if the employee meets the minimum qualification standards for any vacant position.

Note: An agency is not obligated to create a position for a disabled employee.

### **B. When Employee Deemed Qualified for Reassignment**

For disability retirement purposes, an employee is deemed "qualified for reassignment" when he or she meets the minimum requirements for the grade and series of the vacant position in question. (See [section 60A1.1-2, paragraph G.](#))

The agency may consider whether the employee's medical condition prevents him or her from meeting requirements for mobility or travel when considering qualifications for another position.

### **C. Time Limit on Search for Vacant Position**

OPM prescribes no minimum time for which an employee must be given special consideration for placement in a vacant position since a reasonable attempt to place an employee depends on the facts in each individual case.

Nevertheless, consideration for placement should continue at least until the agency receives OPM's notification that the disability claim has been allowed. Furthermore, placement is limited only by agency authority and can even occur after OPM's allowance of the application.

**D. When Agency Identifies Vacant Position**

1. If the agency identifies an available vacant position for which the employee is minimally qualified, but has questions concerning his or her knowledge, skill, or ability to perform successfully, the agency should first detail the employee to the position.
2. In the event the agency is successful in reassigning the employee (with or without first detailing him or her), the application for disability retirement and supporting documents should be returned to the employee since there is no eligibility for disability retirement when there is a qualifying vacancy available.
3. If, despite the agency's decision that it has successfully accommodated the employee's disability, the employee insists that the application be sent to OPM for a determination, the agency should submit the application and all supporting documents to OPM, together with its opposition to the application stating the accommodation efforts provided, or the reasons the agency believes that no accommodation or reassignment efforts are needed.

**E. Employee Refusal to Accept Vacant Position**

If the agency locates one or more vacant positions at the same grade or pay level and in the same commuting area for which the employee is qualified for reassignment, but the employee refuses reassignment, the employee's refusal stops the agency's obligation to identify any other vacant position as an alternative to disability retirement.

The agency should notify OPM of the employee's refusal, provide any evidence the employee submitted in support of his or her refusal, and then proceed with whatever personnel action is appropriate, since OPM will not approve an application for benefits when any employee has refused a reassignment for which he or she is qualified.

**F. Agency Decision Not to Place Employee in Vacant Position**

Under very limited circumstances, the agency may decide not to offer a vacant position to an employee who meets the qualification standards. Appropriate situations include but are not limited to--

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- Selection of another employee with a higher priority placement right;
  - Nonselection because the medical condition precludes performance in the available vacant position;
  - Nonselection because one or more critical elements of the new position are the same as those the employee performs unsuccessfully in the present position;
  - Nonselection because the agency has begun a disciplinary removal action; or
  - An agency decision not to recruit internally or externally to fill the position.

If an agency chooses not to reassign the employee, the agency must identify the positions for which the employee is qualified and give the reasons why reassignment was not effected.

### **G. Competing Applicants for Vacant Position**

In the case of competing priorities among employees and disability applicants for the same position (for example, another employee has a high priority placement right), the agency should follow its own internal procedures in making a selection. However, an agency may not decline to place an employee in a vacancy solely because better-qualified candidates are available.

### **H. Placement in Lower Grade or Pay Level**

Agencies are encouraged to attempt to place an employee in a position at a lower grade or pay level to keep the employee in a productive capacity. Pay retention may be offered at agency discretion when doing so would be of mutual benefit to the agency and employee.

Appropriate circumstances may exist when the employee can be placed in a new career ladder, when the employee can be provided training that would result in re-promotion, or when the employee is expected to recover from a disabling condition. (The usual merit competitive procedures described in [5 CFR Part 335](#), or equivalent procedures for an employee not covered by these procedures, apply.)

An employee may decline an offer of a position at a lower grade or pay level, a position of lesser tenure, or a position in another agency or commuting area, without affecting his or her eligibility for disability retirement.

### **I. Acceptance of Position at Lower Grade or Pay Level**

The employee must be counseled that voluntary acceptance of a position at a lower grade or pay level stops consideration for disability retirement. Likewise, placement in a position at a lower grade or pay level under adverse action or equivalent procedures prior to the submission of an application to OPM precludes consideration of the retirement application.

Consequently, the agency should obtain a written statement from the employee to show that he or she was aware of the effect the voluntary acceptance of a position at a lower grade or pay level would have on his or her application for disability retirement.

Note: After an application is filed with OPM, an employee's involuntary placement in a position at a lower grade or pay level under Parts [351](#), [432](#), or [752](#) of OPM's regulations (or equivalent procedures for an employee not covered by these procedures) does not affect consideration of the application.

### **J. Positions in Other Federal Agencies**

Agencies are strongly encouraged to provide assistance to employees in locating positions for which they are qualified in other Federal facilities in the commuting area.

### **K. Notice to OPM of Successful Reassignment**

An agency should promptly notify OPM of any successful employee placement if the disability application has been submitted to OPM.

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## Part 60A3 Filing the Application

### **Subpart 60A3.1. Overview**

#### Section 60A3.1-1 Application Filed by Employee or Employee Representative

##### **A. General Rule**

It is always preferable that the employee seeking benefits personally, with the agency's assistance, complete the application for retirement.

On occasion, however, the employee may, due to circumstances beyond his or her control, be unable to complete and file the disability retirement claim form. In such circumstances, some other legally responsible person may complete and submit the claim form on behalf of the employee. This person may be a court-appointed guardian, a spouse, or other member of the immediate family who has assumed responsibility for the employee.

##### **B. Immediate Family Members**

Immediate family members, for filing purposes, are spouses, parents, sisters and brothers, or adult children who are responsible for the care and maintenance of the employee.

Note 1: If the agency knows how to contact the spouse, it should do so. It is preferable that this contact be made with the consent of the employee. But, because of the nature of the employee's disease or injury, he or she may not be able to consent. Nonetheless, the agency should proceed with its efforts to locate a family member to file the disability application on the employee's behalf.

Note 2: A legal spouse, though absent from the employee's residence, should not be excluded from consideration as a family member who can file the application on behalf of the employee.

**C. Next-of-Kin**

Under limited circumstances, other next-of-kin of the employee also may apply for disability retirement on behalf of the employee as long as they are willing to accept responsibility for the care and maintenance of the employee.

The agency should assess the situation and decide whether the employee's interests are served by allowing a relative who is not an immediate family member, as defined above, to file the disability application on behalf of the employee.

**D. Agency Efforts to Locate Family**

The agency must make a reasonable effort to locate a family member. The employee's immediate supervisor, former supervisors, and present and past co-workers may be contacted. They may know family members who may be willing to file the application for disability retirement on behalf of the employee.

**E. Inability to Locate Family Member**

If the agency's efforts to locate a family member to file the disability retirement application on behalf of the employee are unsuccessful and the agency has to initiate the application, the agency must include a written summary of its efforts in the agency-filed disability package that it submits to OPM (see [section 60A3.1-2](#)).

The summary should, at a minimum, include the name, mailing address, telephone number, and kinship of each person contacted. OPM may need to initiate some further correspondence.

**F. Court-Appointed Guardian**

A court-appointed guardian or personal representative may apply for disability retirement on behalf of an employee who is unable to file, regardless of kinship.

**G. Attorney**

An attorney may not file a disability retirement application on behalf of an employee unless doing so in some other capacity, such as a court-appointed guardian.

An employee who is capable of making a decision to seek private, legal representation is capable of other decisions. The employee's affirmative selection of a legal representative demonstrates the employee's ability to act in his or her own interest, and will be accepted by OPM as a demonstration of the employee's ability to file an application for disability retirement.

#### **H. Effect of Applying for Retirement on Other Agency Actions**

The actual filing or the possibility of filing an application for disability retirement should not be viewed as requiring the agency to delay taking an action under Part [351](#), [432](#), or [752](#) of OPM's regulations (or equivalent procedures for an employee not covered by these procedures) or as cause to otherwise frustrate the efficient management of the agency's personnel resources.

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## Section 60A3.1-2 Application Filed by Agency

### A. General Rule

There are instances where the employing agency has an obligation to file an application for disability retirement on behalf of an employee. The agency must file a disability application when **ALL** of the following conditions exist:

- The agency has medical documentation that shows that a disease or injury prevents the employee from performing successfully in his or her current position, or in any other available vacant position in the agency, at the same grade or pay level and tenure in the commuting area for which the employee is qualified for reassignment.
- The agency has issued a decision under 5 CFR Part [432](#) or [752](#) (or equivalent procedures for an employee not covered by these procedures) to remove the employee because of deficient performance, conduct, or attendance.

Note: The agency must file the retirement application with OPM before the employee is separated from service. See [section 60A3.1-3, paragraph C](#).

- The employee is institutionalized or, based on a review of medical documentation and other documentation, the agency concludes that the employee is unable to file the application for disability retirement.
- The employee has no personal representative or guardian.
- The employee has no immediate family member willing to file the disability retirement application on his or her behalf.

Note: If the agency has no medical evidence as to the employee's condition and the employee will not voluntarily provide medical documentation or cooperate in its collection (including a medical examination directed or offered under [5 CFR Part 339](#)), the agency will not have a medically documented basis to file a disability application.

The agency should place a statement in the OPF that describes the agency's attempt to perfect an application and its reasons for believing that such an application appeared to be appropriate.



**B. Decision to Remove Must Be in Writing**

1. The decision to remove the employee must be in writing and must follow the guidelines prescribed by whichever regulation, or other authority, the agency uses to separate the employee.
2. The removal decision letter, the agency-filed application for disability retirement, and the other supporting documentation must be sent to:

**Office of Personnel Management  
Retirement Operations Center  
Boyers, PA 16017**

**C. Employee Must Be Separated**

While the individual must be employed when the agency files the application, OPM will not process and issue an initial decision on the agency-filed disability application until the employee is actually separated. Accordingly, the agency must send a copy of the personnel action showing the separation (such as, an SF 50, *Notification of Personnel Action*, or an equivalent personnel form) to OPM at the address noted in paragraph B.

OPM will also accept the final SF 2806 (Individual Retirement Record) as proof of separation.

**D. Separation Canceled**

If a third party (such as the MSPB or a court) overturns the separation, the retirement is canceled.

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## Section 60A3.1-3 Time Limit on Filing the Application

### **A. General Rule**

1. An employee may file a claim for disability retirement with OPM before he or she is separated.
2. A separated employee must apply within 1 year after separation. Either OPM or the former employing agency must receive the application within the 1-year time limit.

Note 1: This time limit applies to all who apply for benefits under the disability provisions of CSRS, including separated employees receiving workers' compensation under the Federal Employees Compensation Act (FECA) for work-related injuries. (See [part 60A8.](#))

Note 2: An application for disability retirement that is incomplete or on a form not prescribed by OPM, is considered timely filed as long as it is received by OPM or the former employing agency within 1 year of the employee's separation. However, OPM will not adjudicate the application until the correct OPM form is completed.

### **B. Exception: Employee Incompetent**

OPM can waive the time limit for filing an application for retirement only when it finds that an employee was mentally incompetent when he or she left Federal service or became incompetent within 1 year thereafter.

In such a situation, OPM will accept the application if the former employee files within 1 year from the date he or she is restored to competency or a guardian is appointed, whichever is earlier.

### **C. When Agency Files the Application**

If the agency files an application for the disability retirement of an employee, it must file the application with OPM before it separates the employee.

### **D. Transferring Records to NPRC**

Agencies typically send or electronically transfer separated employees' official personal folders (OPFs), performance records and the employees' medical folder

(EMF) to the National Personnel Records Center (NPRC) within 90 to 120 days after employees separate from Federal Service. In situations when a separated employee applies for retirement under the Disability provisions within 1 year after separation and OPM subsequently requests the individual's OPF and any necessary information from the former agency, the former agency has already transferred that individual's OPF to the NPRC.

Agencies should retain complete personnel folders for at least 1 year after the effective date of an employee's separation when the agency expects the former employee to apply for disability retirement benefits within 1 year after separation. Being able to obtain a separated employee's complete OPF directly from the agency, or the eOPF, will help OPM adjudicate the applicant's disability retirement application in a timely manner.

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## Section 60A3.1-4 Multiple Retirement Applications Prohibited

### **A. General Rule**

OPM will accept only one disability retirement application from an employee based upon the same circumstances. Thus, once there has been a final denial of a disability retirement application, another new application may not be filed absent a material change in the employee's situation (such as a substantial deterioration of the medical condition).

### **B. Separated Employees**

A separated employee may file only one disability application.

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## Part 60A4 Submitting the Application to OPM

### Subpart 60A4.1. Overview

#### Section 60A4.1-1 Submitting the Application to OPM--General

##### A. Application Forms

1. The applicant must complete SF 2801, *Application for Immediate Retirement*, when applying for disability retirement benefits. Any form other than SF 2801 is not appropriate.
2. The applicant must also complete SF 3112A, *Applicant's Statement of Disability*.
3. CSRS Offset applicants (in addition to the above) must apply for Social Security disability benefits. The employee must include a receipt or notice of approval or disapproval of disability benefits from the Social Security Administration with the application for retirement or as soon as possible thereafter.

##### B. When Application is Filed Through the Agency

1. The employee or some other legally responsible person should submit a completed SF 2801 to the employing agency. See [section 60A4.1-1D](#) for procedure for employees separated more than 31 days.
2. The agency reviews the application for completeness, makes the appropriate certifications in the space(s) provided, and then sends it, along with supporting documents (see [section 60A4.1-2](#)), to:

**Office of Personnel Management**  
**Retirement Operations Center**  
**Boyers, PA 16017**

3. If the employee is experiencing financial hardship or has a terminal illness, the agency should email the retirement application and supporting

documentation to [Boyers\\_Disability@opm.gov](mailto:Boyers_Disability@opm.gov) to alert OPM of the nature of the application.

### **C. Disposition of SF 2806**

1. An individual who files an application for disability retirement is usually still a federal employee. Sometimes, however, the employee has left Federal employment before filing for disability retirement, but his or her Individual Retirement Record (SF 2806) is still with the agency.
2. Whether the employee files for disability retirement before or after separation, the agency must complete the Individual Retirement Record (SF 2806 or preliminary SF 2806) (see instructions in [Chapter 81](#), Individual Retirement Records and Registers of Transfers) and send it to OPM along with the application for retirement.
3. The agency should enter the date and number of the Register of Separations and Transfers (SF 2807) under which the SF 2806 was transmitted to OPM in Appendix D (Agency Checklist of Immediate Retirement Procedures) of SF 2801 if it sent the Individual Retirement Record to OPM before the employee submitted an application for retirement.

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**D. Direct Filing After Separation of at Least 31 Days**

1. An employee who initiates an application for retirement after leaving Federal service for a period of 31 days or more must send his or her application and all supporting documentation directly to OPM at the address noted in paragraph B. OPM must receive the application within 1 year after separation, unless the employee is incompetent. (See [section 60A3.1-3](#)).
  2. The same documentation requirements apply to a former employee applying for disability retirement after he or she leaves Federal service. In other words, the agency must document whether or not the employee's service was deficient and whether or not accommodation and or reassignment were possible at the time of separation. When a former employee files an application directly with OPM, OPM will request any missing information from the agency.
  3. Agencies should retain complete personnel folders for at least 1 year after the effective date of an employee's separation when the agency expects the former employee to apply for disability retirement benefits within 1 year after separation. Being able to obtain a separated employee's complete OPF directly from the agency, or the eOPF, will help OPM adjudicate the applicant's disability retirement application in a timely manner.
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## Section 60A4.1-2 Submitting the Application to OPM--Supporting Documents

### **A. General**

Agencies are encouraged to review potential applications of current employees carefully to assure that they are fully documented before the application is submitted to OPM.

Physicians, occupational health resources, and coordinators for handicapped programs need to be fully involved to assure that all reasonable steps are taken to keep the employee and that sufficient documentation of these attempts is included.

### **B. Forms**

The agency should submit the following documents to OPM for all disability retirement applications:

- SF 3112A (Applicant's Statement of Disability)
- SF 3112B (Supervisor's Statement)
- SF 3112C (Physician's Statement)
- SF 3112D (Agency Certification of Reassignment and Accommodation Efforts)
- SF 3112E (Disability Retirement Application Checklist)

These forms certify to OPM that the agency took all reasonable steps to keep the employee in the Federal service.

### **C. Position Description/ Performance Standards/ Performance Appraisals**

The agency must submit the employee's position description, performance standards, critical elements, and latest performance appraisal with the retirement application for OPM to make a determination as to the employee's capability to meet the demands of his or her current job or any available vacant job and the potential risks associated with his or her continued employment.



**D. Checklist**

SF 3112E, Disability Retirement Application Checklist, must be used to send the Application for Immediate Retirement (SF 2801) and all supporting documentation to OPM.

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## Part 60A5 Withdrawing the Application

### Subpart 60A5.1. Overview

#### Section 60A5.1-1 Guidance

##### A. General Rules

1. OPM will honor, without question, the employee's request to withdraw his or her application prior to the date of separation, or if the employee has already separated from service, the withdrawal request is received before approval by OPM. Likewise, OPM will grant an agency's request to withdraw an agency-filed disability application if the request is received before the employee is separated from service. On receipt of a withdrawal request, OPM will stop processing the disability claim involved.
2. OPM will not give the application any further consideration unless the employee reapplies in a timely manner and provides the documentation that is required to support a claim for disability retirement.

##### B. Continued Employment After the Application is Withdrawn

Whether the employee will be permitted to continue working in his or her current position, once the disability retirement application is withdrawn, is an agency matter.

Agencies are reminded that they have already certified, in support of the disability application, that the employee is unable to perform critical or essential tasks of the job occupied, that job accommodation is not possible, and that there are no other available vacant positions in the agency to which the employee is qualified for reassignment. It would be inconsistent to keep the employee without some change to the conditions of his or her employment, or an improvement in the employee's condition.

##### C. Request to Withdraw After Allowance

Once OPM has allowed the disability retirement claim and the employee is separated, he or she may not withdraw the application. However, a disability annuitant may decline all or part of payment of their annuity under the waiver provisions of [5 U.S.C. § 8345\(d\)](#) or request to be found medically recovered.

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Note 1: When OPM finds an annuitant medically recovered, “entitlement” to the annuitant’s disability retirement annuity terminates. Unlike a waiver of “payment”, the annuitant would have to reestablish entitlement under the disability annuity eligibility provisions after the annuitant is found medically recovered in order to be paid disability annuity benefits again.

Note 2: Payment of the annuity waived may be revoked in writing at any time, and disability annuity payments will resume after such a revocation, but annuity payments may not be made for the period during which the waiver is in effect.

#### **D. Acceptance of Position at Lower Grade or Pay Level**

1. Voluntary acceptance of a position at a lower grade or pay level is deemed to be a withdrawal of an application. (See [section 60A2.1-5, paragraph I.](#))
2. When an employee voluntarily accepts a permanent position with civil service retirement coverage at a lower grade or pay level after the application for disability is sent to OPM, the employing agency must immediately notify OPM. On receipt of the voluntary placement notice, OPM will stop processing the application.
3. To receive any consideration for disability retirement from the accepted, new position after reassignment, the employee must submit another retirement application together with supporting documentation showing that he or she meets the disability retirement criteria in the new position.

#### **E. Non-Disability Retirement Application Filed Subsequent to Application**

Filing a non-disability retirement application after the disability application will result in a delay of the disability application process because only one application may be processed at a time. The non-disability retirement application will be processed followed by the disability retirement application. If the applicant is approved for a disability, the retiree must be given the right to choose the annuity that is more advantageous.

Since the retired provisions provide different benefits, the annuitant must be given the right to choose the annuity that is more advantageous. However, each retiree is unique and there may be a good reason for the individual to choose a disability retirement

over the immediate optional retirement (e.g., state benefits or taxes). The agency must inform employees in this situation at retirement of their dual eligibility and provide them with estimates outlining both types of retirement. OPM will notify the retiree of his/her retirement options before final adjudication by sending an election letter.

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## Part 60A6 OPM Review

### **Subpart 60A6.1. Overview**

#### Section 60A6.1-1 Criteria for Disability Retirement Determination

##### **A. General**

OPM only approves a disability application when the information submitted along with the application for disability retirement indicates that there is a service deficiency, caused by disease or injury, of sufficient degree to preclude the employee from useful and efficient service.

OPM will allow a disability retirement claim only if the submitted documentation clearly and specifically meets the criteria outlined in [section 60A2.1-1, paragraph B](#).

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## Section 60A6.1-2 Initial Decision

### **A. General**

OPM's Retirement Services will evaluate all documentation and issue a decision either approving or denying the disability application.

1. Approval of an application means that the application and supporting documents meet the criteria for disability retirement.
2. Denial of an application means that the application and supporting documentation do not meet the criteria for approval. Denial of an application does not mean that the employee is not disabled or that the agency does not have a problem situation to resolve. It simply means that documentation does not show that the employee meets the criteria for disability retirement.

OPM will send a notice of either an approval or a denial decision to both the employee and the agency. The agency must file a notice of approval in the Official Personnel Folder according to instructions in *The Guide to Personnel Recordkeeping*. Once the agency receives the notice of approval, it must not delay in establishing a separation date, in consultation with the employee.

### **B. Use of Annual Leave**

An employee continuing on terminal annual leave is generally inappropriate (34 Comp. Gen. 61) when it is known that the employee is to be separated. (See also 24 Comp. Gen. 511.) If the employee is on annual leave, he or she should be separated as soon as practical, but usually not later than the end of the pay period in which the agency receives the notice of approval.

Note 1: If the employee is the recipient of donated or transferred annual leave, OPM's leave regulations ([5 CFR 630.910](#)) provide that he or she may not use this leave for any purpose past the end of the pay period during which the notice of allowance is received.

Note 2: If an applicant has periods of donated leave that interrupt periods of LWOP, annuity payments will be retroactive only to the last day of continuous pay. Agencies

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may credit donated leave retroactively, when the employee has been in a leave without pay (LWOP) status under [5 CFR 630.1009\(d\)](#).

### **C. Use of Sick Leave**

1. If the employee has sick leave to his or her credit, the agency should consult with the employee to determine whether he or she wants to use any or all of the sick leave, or whether he or she wants to be separated immediately and have the sick leave used to extend his or her length of service in the annuity computation.
2. The employee should either request that he or she be placed on sick leave immediately or be separated no later than the end of the pay period in which the notice of allowance is received.

Disability applicants who request sick leave must furnish the same evidence of incapacitation as any other employee who requests sick leave.

**D. Leave Without Pay (LWOP)**

If the employee is on leave without pay (LWOP), the agency should consult with the employee to select the date of separation that is most desirable or advantageous. The date selected should be no later than the end of the pay period in which the disability approval notice is received. The separation cannot be retroactive prior to the date OPM issues the approval letter. (See [The Guide to Processing Personnel Actions](#), for guidelines on establishing effective dates.)

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## Section 60A6.1-3 Reconsideration and Appeal

### **A. Reconsideration**

Generally, an employee whose application is denied may request that OPM reconsider its initial decision.

1. A notice of initial decision gives full instructions on how to request reconsideration (RI 38-47)
2. An employee must request reconsideration in writing. OPM must receive the request within 30 calendar days after the date of the initial decision.
3. When an employee requests reconsideration of the initial decision, OPM reviews the employee's retirement file and any additional evidence submitted with the request for reconsideration.
4. OPM will issue a final written decision to the employee and to the agency involved.

### **B. Appeal**

An employee may appeal an OPM decision to the Merit Systems Protection Board (MSPB) in the following circumstances:

1. The appeal must be filed with the MSPB within 30 days of the date of the reconsideration decision. A decision gives full instructions on how to appeal the decision to the appropriate field office of the MSPB.
2. Under unusual circumstances, a decision is initially issued at the highest level of review available within OPM. That decision is not subject to reconsideration, and the employee has an appeal right directly to the MSPB.

Note: An agency may appeal a denial of an agency-filed disability application. An agency whose rights or interests under the Civil Service Retirement System are affected by an OPM Retirement Services final decision, may appeal to the MSPB. It is the burden of the agency to demonstrate to the MSPB that its rights or interests under the CSRS are affected.

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## Part 60A7 Continuation of Disability Annuity

### **Subpart 60A7.1. Overview**

#### Section 60A7.1-1 Periodic Medical Reviews to Determine Recovery from Disabling Condition

##### **A. General Rule**

OPM has the right to request that a disability annuitant provide current medical information and/or undergo reexamination annually until the annuitant reaches age 60. OPM may request such information from the annuitant as it deems necessary to determine whether he or she has recovered from the disabling condition(s) present at retirement.

Note 1: A disability annuitant aged 60 or over may request that he or she be found recovered from the disability.

Note 2: The annuitant is responsible for paying the expenses incurred in complying with OPM's request for medical evidence.

##### **B. Failure to Respond to Request for Medical Information**

If an annuitant does not respond to OPM's request for current medical information, OPM may stop the annuity payments until the annuitant establishes his or her eligibility to continue receiving disability benefits.

##### **C. When Employee Recovers from Disabling Condition**

If, on review of current medical documentation, OPM finds that a disability annuitant has recovered from the disabling condition(s) present when he or she retired, the retiree's annuity will terminate the first day of the month beginning 1 year from the date of the medical examination on which the OPM recovery finding is based, or upon his or her reemployment in the Federal service, whichever occurs first.

##### **D. Priority Referral Upon Recovery**

If OPM finds that a disability annuitant has recovered, he or she may be eligible for priority referral under the Interagency Career Transition Assistance Plan for Displaced

Employees. "Priority referral" does not mean that the former agency must or will offer the individual his or her former position or place them in another position. It simply means that all Federal agencies will consider the individual for placement if there are vacancies for which he or she is qualified.

To exercise this right, the annuitant must apply directly to agencies for specific vacancies. The individual may apply at any time after receiving a notice of recovery from OPM to receive priority referral, but no later than 1 year after the annuity stops.

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## Section 60A7.1-2 Restoration to Earning Capacity

### **A. General Rule**

All disability annuitants under 60 years of age must report to OPM their annual income from wages and/or other self-employment.

If an annuitant does not respond to OPM's request for earning information, OPM will suspend annuity payments until the annuitant establishes his or her entitlement to continued annuity payments.

### **B. Earnings Limitation**

OPM considers earning capacity restored if, in any calendar year, the annuitant's income from wages or self-employment or both equals at least 80 percent of the current rate of pay for the position the annuitant occupied immediately before to retirement.

### **C. Earnings Defined**

"Earnings," for purposes of the 80-percent earnings limitation, include all income from gross wages from one or more employers and net earnings from self-employment, plus deferred income that was earned during the calendar year in question.

"Earnings" do not include gifts, pensions/annuities, Social Security benefits, Veterans Administration benefits, military retired pay, workers' compensation, insurance proceeds, unemployment compensation, rents/royalties not involving or resulting from personal services, interest/dividends not resulting from the annuitant's own trade or business, money earned before retirement, inheritances, capital gains, prizes/awards, alimony, child support, fellowships/scholarships, and net business losses.

Note: Income earned from one source is not offset by losses from another source. A net loss from self-employment does not reduce earned wages.

### **D. "Annuitant's Report of Income"**

Each year OPM sends a questionnaire to disability annuitants under age 60 to determine their earnings for the previous calendar year. This survey form is called the

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"Annuitant's Report of Income." All disability annuitants under age 60 must complete and return the survey form. Failure to do so will result in the suspension of the disability annuity.

Note 1: OPM's usual practice is to mail the income survey forms to disability annuitants in February each year.

Note 2: Retirement Services, Retirement Surveys and Students (RSS), officially began its 2020 Disability Earnings Survey in Services Online as of February 15, 2021. All disability annuitants under age 60 (excluding appointed Representative Payees, Guardians, Conservators, and Organizational Payees) had notifications sent to them via mail or email.

Note 3: Beginning April 15, 2021, Disability Annuitants under age 60 who do not have access to Services Online will have a paper survey form "Annuitant's Report of Earned Income for 2020" (RI 30-2) mailed to them. The paper survey will be mailed to the address shown on the annuity record. We are asking all annuitants to complete the survey regardless of whether they had earned income.

### **E. When Restored to Earning Capacity**

If, on review of the disability annuitant's annual earnings, OPM finds that the annuitant is "restored to earning capacity," it will stop the annuity payments 1) upon the annuitant's reemployment in the Federal service, or 2) at the expiration of 6 months from the end of the calendar year in which earning capacity is restored, whichever occurs first.

Note: Department of Defense reemployed disability annuitants are not terminated upon reemployment but are subject to earnings review each year.

Example: If an individual's income in 2022 exceeded the 80-percent earnings limitation, the disability annuity will stop on June 30, 2023.

### **F. National Guard Technicians**

In addition to the provisions of paragraphs A and B, the annuity of a National Guard technician who retired under the special disability retirement provisions under [5 U.S.C. 8337\(h\)](#) (because the National Guard technician is medically disqualified for continued membership in the National Guard, which is a condition of employment) terminates on the date he or she is appointed to any position in any agency of the government, or declines an offer of appointment to a vacant position in any agency of the government that is within the commuting area of his or her former position and is at the same or equivalent grade level.

Note: 5 U.S.C. [9902\(g\)](#) states that "if an annuitant receiving an annuity from the Civil Service Retirement and Disability Fund becomes employed in a position with the Department of Defense, the annuity shall continue. An annuitant so reemployed shall not be considered an employee for purposes of subchapter II of chapter 83 or chapter 84."

### **G. Priority Referral Upon Restoration to Earning Capacity**

If OPM finds that a disability annuitant is restored to earning capacity, he or she may be eligible for priority referral under the Interagency Career Transition Assistance Plan (ICTAP). "Priority referral" does not mean that the former agency must or will offer the individual his or her former position or place the former employee in another

position. It simply means that all Federal agencies will consider the individual for placement if there are vacancies for which he or she is qualified.

To exercise this right, the annuitant must apply directly to agencies for specific vacancies. The individual may apply at any time after receiving a notice of restoration to earning capacity from OPM, but no later than 1 year after the annuity is stopped.

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## Part 60A8 Election Between Disability Retirement Annuity and Worker's Compensation Benefits

### **Subpart 60A8.1. Overview**

#### Section 60A8.1-1 Benefits to the Employee

##### **A. Employee Should Apply for Both OWCP Benefits and CSRS Annuity**

An employee may be eligible for both a CSRS annuity and worker's compensation benefits. Whether or not the employee may receive the benefits concurrently depends on the type of compensation the Department of Labor Office of Workers' Compensation Programs (OWCP) pays. (See paragraphs [B](#) and [C](#).)

However, it is essential that the employee apply for retirement and workers' compensation benefits simultaneously, even if it is apparent that workers' compensation benefits would be higher. Application for disability retirement protects:

1. The rights of the employee in situations in which OWCP reduces or eliminates worker's compensation benefits; and
2. The rights of potential survivors to benefits in the event of the employee's death. (See [section 60A8.1-2](#).)

Note 1: Application for or award of workers' compensation benefits does not extend the 1-year time limit for filing a disability retirement application after separation from Federal service.

Note 2: For information on the treatment of reemployed annuitants who received compensation in past periods, see Chapter 100, Reemployed Annuitants, and Chapter 102, Relationship Between Annuity and Compensation for Work-Related Injuries and Diseases.

Note 3: It is not necessary for a separated employee who is eligible for an annuity based on age and service to file an application for annuity to protect his or her right to an annuity. However, it is necessary for him or her to file an application for annuity to preserve survivors' rights to CSRS or FERS survivor annuity benefits and continued health insurance coverage in the event the employee dies, and the survivor(s) do not



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qualify for workers' compensation on a continuing basis. Survivors are eligible for FECA death benefits only if the employee dies as a result of the work-related injury or disease. The Department of Labor is responsible for making this determination.

### **B. Effect of Non- Scheduled Award on the Annuity**

OWCP will pay an eligible employee compensation for loss of earnings. This form of compensation is a "non-scheduled award." If the employee receives a non-scheduled award, he or she may not receive disability annuity and workers' compensation benefits simultaneously. The employee may elect the benefit that provides the greater advantage.

### **C. Effect of a Scheduled Award on the Annuity**

OWCP will pay an eligible employee compensation for the loss or loss of the use of a body part. This form of compensation is a "scheduled award." An employee who receives a scheduled award may concurrently receive a disability annuity.

Note 1: As with a non-scheduled award, a scheduled award is paid over a period of weeks. However, the number of weeks over which the award is paid is specified by statute. In rare instances, OWCP may pay a scheduled award in one lump sum.

Note 2: A scheduled award supersedes a non-scheduled award. Therefore, if any employee is awarded both a scheduled award and a non-scheduled award, OWCP pays the scheduled award first. OPM pays a disability annuity concurrently with this benefit.

When the scheduled award stops, the non-scheduled award will start. Once the non-scheduled award begins, OPM must stop or suspend the annuity.

### **D. Other Exceptions to Bar Against Dual Compensation**

In addition to scheduled awards, the general bar against receipt of CSRS annuity payments and workers' compensation payments for the same period is subject to the following exceptions:

1. An employee who receives workers' compensation benefits because of the death of another person may also receive an annuity on the basis of his or her own service.
2. Employees who have received a lump-sum payment in substitution of a nonscheduled compensation award may elect to receive a CSRS annuity. However, they must refund to the Office of Workers' Compensation Programs, Department of Labor, any portion of the lump sum that is based on any period extending beyond the effective date of the election to receive annuity. (The Department of Labor determines the applicable period.)
3. A person eligible for both a CSRS annuity and compensation for work injuries, whose compensation is suspended because he or she received a financial settlement from the party directly responsible for the injury, may, since he or she is not in receipt of workers' compensation payments, receive annuity during the compensation period covered by the third-party settlement.

#### **E. When OWCP Benefits Terminate**

If an annuitant elects to receive workers' compensation payments, OPM suspends the annuity while the person receives compensation. If workers' compensation benefits stop for any reason, the annuitant may receive the annuity after notifying OPM that OWCP has stopped paying benefits.

#### **F. When Employee Does Not Apply for Retirement or Elects OWCP in Lieu of Annuity Payments**

An individual who does not apply for retirement, may receive a refund of his or her retirement deductions upon separation from Federal employment. However, a former employee who receives a refund loses his or her right to a retirement benefit based on that refunded service, and the right of his or her survivors to annuity benefits, unless the former employee returns to Federal employment and establishes a new annuity right based upon the subsequent service.

However, if an individual has established entitlement to both an annuity benefit and an OWCP benefit but elects to receive OWCP payments in lieu of annuity payments, that

individual may not receive a refund or a lump-sum credit of retirement deductions, even though receipt of OWCP payments precludes the receipt of annuity during the same period. The reason for this is because an individual is prohibited from receiving a refund of retirement deductions when he or she is within 31 days of establishing eligibility for an annuity benefit. See [5 U.S.C. 8342](#) for CSRS and [8424](#) for FERS. Additionally, although an annuitant may waive “payment” of an annuity, that waiver does not waive the individual’s “entitlement” to annuitant benefits. The annuitant only waives payment of annuity during the period the waiver is in effect, and a waiver can be revoked.

**G. Notify OPM When Benefit Changes**

If an individual is receiving workers' compensation benefits, he or she must promptly notify OPM of any change in the reason for the compensation award (for example, the benefit is changed from a scheduled award to a nonscheduled award).

The individual will be liable for any overpayment of annuity that occurs due to dual payment of OWCP and annuity benefits while he or she is receiving a nonscheduled award.

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## Section 60A8.1-2 Benefits to the Surviving Spouse

### **A. General Rules Applicable to Deceased Annuitants**

1. OPM pays survivor benefits only if the employee's death was caused by the injury for which compensation is being paid or could be paid.
2. A surviving spouse not eligible for death compensation benefits from OWCP may receive CSRS survivor annuity benefits (provided he or she is otherwise eligible) if the former employee had applied for and been awarded retirement (even if payment of annuity was suspended while the former employee was in receipt of compensation). However, the law prohibits concurrent receipt of death compensation and survivor annuity payments. Like the employee, if the survivor is entitled to both OWCP death compensation benefits and a survivor annuity benefits, he or she must elect which of the two payments he or she wishes to receive.

Exceptions: An eligible survivor may receive a "scheduled award" or a third-party settlement and survivor annuity payments covering the same period of time.

3. A survivor annuitant may not receive a lump-sum death benefit if he or she has established entitlement to a survivor annuity benefit and elects OWCP death compensation payments in lieu of survivor annuity payments, even though survivor annuity payments and OWCP payments cannot be made to a survivor for the same period. That is because once a survivor annuitant has established entitlement to a survivor annuity, the surviving spouse can waive payment of a survivor annuity benefit but cannot waive entitlement, and waiver of payment of a survivor annuity benefit cannot be revoked in writing at any time. See 5 U.S.C. § [8345\(d\)](#) for CSRS and § [8465\(a\)](#) for FERS.
  4. If the former employee was receiving workers' compensation benefits but had not made timely application for disability retirement, no retirement survivor annuity benefit can be paid.
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## Part 60A9 Advice to Employee

### **Subpart 60A9.1. Overview**

#### Section 60A9.1-1 Reemployment in Federal Service

##### **A. General**

A disability annuitant may be reemployed in any position for which he or she is qualified. However, the law does not require the former agency or any other Federal agency to automatically offer a position.

How Federal reemployment will affect receipt of disability retirement benefits in general is discussed in the paragraphs that follow. See [Chapter 100](#) for a detailed discussion of how reemployment affects the retiree's annuity and pay.

##### **B. When Reemployment Terminates Disability Annuity**

1. If an annuitant who is under age 60 returns to Federal employment in a position equivalent in tenure and pay to the position from which he or she retired, OPM will find the annuitant recovered from the disability. OPM will stop annuity payments when it makes this finding.
2. If the annuitant is under age 60 returns to Federal employment subject to similar medical and physical qualifications to the position from which he or she retired, OPM will find the annuitant recovered from the disability.
3. If the annuitant is under age 60 and the annuity is being paid temporarily after the individual was found recovered or restored to earning capacity, disability annuity payments will stop on the date the annuitant is reemployed in the Federal service, regardless of the type of appointment.

##### **C. When Reemployment Does Not Terminate Disability Annuity**

1. An annuitant under age 60, who OPM does not find recovered or restored to earning capacity, may continue to receive a disability annuity when reemployed in the Federal service if he or she is --

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- Reemployed in a position of different tenure (such as temporary versus permanent);
  - Reemployed at a lower grade or pay level than the position from which the individual retired; or
  - Reemployed with a lesser tour of duty than that which the employee had at retirement.

For the period of reemployment, the disability annuity continues, and the employing agency offsets the salary by the amount of the annuity applicable to the period of reemployment.

Note: The 80-percent earnings limitation (see [section 60A7.1-2](#)) applies to the gross salary, not the reduced salary amount.

2. If the individual is age 60 or older at the time of reemployment, disability annuity payments continue, and the salary amount is reduced by the amount of the disability annuity. However, no earnings limitation applies.

If the individual is age 60 or older and is employed in a permanent position with a salary equal to or greater than the salary of the position from which he or she retired, OPM will find the individual recovered only if he or she requests that such a finding be made.

#### **D. Future Annuity Rights Based on Reemployment**

1. A reemployed disability annuitant who is not found recovered or restored to earning capacity may earn a supplemental annuity, after 1 year or more of actual continuous full-time reemployment service (or its part-time equivalent), or a redetermined annuity, after 5 years of actual, continuous full-time employment (or its part-time equivalent). (See [Chapter 100](#).)
2. A reemployed disability annuitant who is found recovered or restored to earning capacity may be entitled to reinstatement of his or her disability annuity if he or she has not earned a new annuity right, either immediate or deferred, based on the period of reemployment. (See [section 60A9.1-2](#).)

3. The general provisions of the retirement law in effect on the date of the employee's separation from service determine his or her future rights to an immediate or deferred annuity.
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## Section 60A9.1-2 Reinstatement of Disability Annuity

### **A. General**

OPM will reinstate a disability annuity at the rate in effect when it stopped if the annuitant meets the conditions outlined in the following paragraphs.

### **B. Reinstatement After Termination Due to Recovery**

If the disability annuity stopped because the annuitant was found recovered from his or her disability, OPM will reinstate the annuity as of the date of a current medical examination showing that the disability for which the individual retired has recurred, provided the annuitant --

- Is not currently reemployed in a position covered by retirement; and
- Has not established new eligibility for an annuity, either immediate or deferred, due to reemployment after the disability annuity stopped (see paragraph E); and
- Is not age 62 or older (if the individual is age 62 or older, he or she is eligible for a deferred annuity); and
- Is not restored to earning capacity.

### **C. Reinstatement After Termination Due to Restoration to Earning Capacity**

If the disability annuity stopped because the annuitant was found restored to earning capacity, OPM may reinstate the annuity effective the first of the year following any calendar year in which the annuitant's earning capacity falls below the 80-percent earnings limitation, provided the annuitant--

Note: [5 U.S.C. 8337\(d\)](#) — a disability annuitant's earning capacity will be deemed restored if in any calendar year the income of the annuitant from wages or self-employment or both equals at least 80 percent of the current rate of pay of the position occupied immediately before retirement.

- Is not currently reemployed in the Federal service in a position covered by retirement;

- Has not established new eligibility for an annuity, either immediate or deferred, due to reemployment after the disability annuity stopped (see paragraph E); and
- Is not age 62 or older; and
- Is not medically recovered from the disability for which he or she retired.

#### **D. Effect of Reinstatement on Other Retirement Benefits**

Reinstatement of a disability annuity terminates the right to any other annuity based on the same service unless the individual makes a written election to receive the other annuity instead of the disability annuity.

Example: Frank's disability annuity is stopped because he was restored to earning capacity. He is deemed to be involuntarily separated on the date the annuity stops. Because he is age 52 and had 21 years of service, he is eligible for a discontinued-service retirement based on the deemed separation. (See [section 60A9.1-3](#).) In the next calendar year, Frank's earnings fall below the 80 percent earnings limitation. Since Frank is not currently employed by the Federal government and not medically recovered, and since his discontinued service annuity is not due to reemployment after termination of his disability annuity, he is eligible for reinstatement of his old disability annuity. (See paragraph C.) Since his old disability annuity is larger than his discontinued service annuity, Frank elects reinstatement.

#### **E. Effect of Meeting the "One-Out-of-Two" Requirement**

If a disability annuitant is found recovered or restored to earning capacity, OPM cannot reinstate the disability annuity if, after the annuity stops, the individual subsequently leaves Federal service with at least 1 year of service covered by CSRS within the preceding 2-year period. A period of separation while the employee receives OWCP benefits is not included in computing this one-year period. An employee who separates after meeting the "one-out-of-two" requirement is entitled to the retirement benefits for which he or she qualifies based on that separation (for example, disability retirement, deferred retirement, voluntary retirement, etc.).

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However, a reemployed former disability annuitant who becomes disabled again before meeting the "one-out-of-two" requirement may apply to have the former disability annuity reinstated.

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## Section 60A9.1-3 Annuity Rights Upon Termination of Disability Annuity When Not Reemployed

### **A. General**

If OPM stops an annuitant's disability benefits because he or she recovered from the disability or was restored to earning capacity, and the individual is not reemployed in a position subject to the retirement system, he or she is deemed involuntarily separated as of the date the annuity stops and may qualify for an annuity based on that deemed separation. The various situations in which OPM may pay an annuity are discussed in the following sections.

Note: Although the individual is deemed to be involuntarily separated, he or she does not receive service credit for the period of time he or she was an annuitant, except for those portions of the period when he or she was actually employed.

### **B. When a Discontinued Service Annuity is Payable**

A discontinued service annuity begins the day after the disability annuity stops if --

- The annuitant is at least age 50 when the disability annuity stops and has at least 20 years of service; or
- The annuitant, regardless of age, has 25 or more years of service.

### **C. When a Voluntary Annuity is Payable**

An immediate voluntary annuity begins the day after the disability annuity stops if the individual meets the applicable age and service requirements. (See [section 60A9.1-4](#), Optional Retirement Versus Disability Retirement.)

### **D. When a Deferred Annuity is Payable**

A deferred annuity begins at age 62 if the individual does not qualify for an immediate annuity as described in paragraphs B and C.

### **E. Computation of Subsequent Annuity**

While a disability annuitant found recovered or restored to earning capacity is entitled to an immediate or deferred annuity, it usually is not at the same rate. OPM computes

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the new annuity based upon the same average salary used in computing the disability annuity with no adjustment for increases in the cost of living for the period after the individual originally retired on disability. If OPM computed the disability annuity under the guaranteed minimum annuity computation, only actual service is used in the computation of the new annuity, resulting in a lower percentage of the high-3 average salary than in the original disability annuity computation.

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## Section 60A9.1-4 Miscellaneous

### **A. Optional Retirement Versus Disability Retirement**

Some employees are under the mistaken belief that it is generally more favorable to retire on disability than to retire optionally. In actuality, an employee eligible for regular optional retirement is entitled to annuity at the same rate whether disabled or not. There are, however, additional concerns important to disability annuitants both before and after retirement of which the employee should be aware.

- Even if eligible for optional retirement, an applicant for disability retirement must prove eligibility through medical and other evidence.
- A disability annuitant under age 60 must provide annual earnings reports. OPM must stop the annuity if the annuitant regains earning capacity.
- A disability annuitant under age 60 must provide medical evidence at his or her own expense. OPM will stop the annuity if it finds the annuitant recovered.
- A disability annuitant who was also eligible for optional retirement would generally be entitled to an immediate annuity if found recovered or restored to earning capacity (see following note). However, OPM will compute the new annuity based upon the same average salary used in computing the disability annuity with no adjustments for increases in the cost of living for the period during which the individual received disability benefits.
- Unless an individual is permanently and totally disabled for all work, Federal income tax provisions do not offer preferential treatment for disability retirement over optional retirement. Any employee having questions related to Federal tax treatment of retirement benefits should be directed to consult with the Internal Revenue Service.
- Disability retirees may not elect the alternative annuity.
- A disability annuitant must repay refunded contributions plus interest to receive credit in a CSRS annuity computation for the service covered by the refund. In contrast, an optional retiree who does not repay a refund for a period of service ending before March 1, 1991, will receive credit for the

service (subject to a reduction in the annuity based upon the amount of the redeposit due).

If an employee is eligible for early voluntary retirement, disability retirement may offer a higher annuity rate, so both benefits should be computed. There

- may also be circumstances where non-Federal benefits or taxes are affected by disability retirement. An employee who believes that non-Federal benefits will be affected by a choice of retirement provision should be advised to seek advice from the authorities responsible for the benefit.

Note: A disability annuitant who, at the time of recovery or restoration to earning capacity, is employed by the Government under an appointment subject to retirement coverage is not entitled to an immediate annuity. His or her future annuity rights would be determined at the time of separation from employment (see [section 60A9.1-1](#) and [section 60A9.1-2](#) for further information on the effects of reemployment in the Federal service).

## **B. Beginning Date of Annuity**

A disability annuity begins, at the employee's option, on the date after:

1. Separation from service; or
2. Pay stops and the employee meets the eligibility requirements for an annuity.

Unless otherwise requested, OPM will begin the annuity under option 2 because, under most circumstances it will be to the employee's advantage to do so. An intermediate date may also be used if a later date is needed for an employee to continue health benefits and/or life insurance into retirement.

Note 1: If the last day of pay (LDOP) is used to trigger the annuity beginning date, then the LDOP is also the last day of service that can be credited in the annuity computation.

Example: Jim had at least 5 years of creditable civilian service at the time he filed for disability retirement on March 13, 2019. After his sick leave expired on April 21, 2019, he went into a leave without pay (LWOP) status. Jim was separated from the agency's rolls on May 18, 2019, upon approval of his application for disability retirement. Jim

may choose to have his annuity begin on April 22, 2019 (the day after the day Jim's pay stopped), or May 19, 2019 (the day after Jim's separation from service) or a day in between if it's needed to meet the eligibility requirements to continue health benefits and life insurance into retirement.

Note 2: After reviewing the medical evidence, OPM determines the date the disability began (DDB) was on or before the LDOP, the day after the LDOP will be used as the commencing date of annuity. If the DDB is found to have occurred after the LDOP, the day after the DDB will be used as the commencing date of annuity.

### **C. Last Day of Pay**

Disability retirement annuitants are often confused or unaware of the rules regarding the commencement date of their disability retirement annuity. OPM typically uses the LDOP as the commencing date of a disability retirement annuity. It is imperative that employees be counseled properly on the effect of using LWOP before separating from service. An individual's LDOP date or dates of continuous pay may change if records indicate that the individual received any pay (such as donated leave or other paid leave) before separating from service.

Employees should be consistently counseled on the impact of their disability annuity commencing date when accepting donated leave and informed that their annuity payments cannot start until after their last day of pay. If an applicant has periods of donated leave that interrupt periods of LWOP, annuity payments will be retroactive only to the last day of continuous pay. Agencies can credit any donated leave retroactively to any periods of LWOP ([5 C.F.R. § 630.1009\(d\)](#)).

Note 1: Periods of LWOP in excess of 6 months in a calendar year are not creditable for purposes of the retirement computation.

Note 2: In instances when an employee has not been separated from the agency and OPM's Notice of Approval of Disability Retirement Application is received, agencies should separate the employee as soon as practical, but usually not later than the end of the pay period in which the notice of approval is received. Employees cannot exhaust their annual leave or donated leave for any purpose past the end of the pay period during which the notice of approval is received ([5 C.F.R. § 630.910\(4\)](#)).



**D. Taxation of Disability Benefits**

Disability retirement benefits are generally subject to Federal income taxation. For complete information about Federal tax and Federal annuities, refer employees to the Internal Revenue Service. IRS Publication 721, "Comprehensive Tax Guide to U. S. Civil Service Retirement Benefits" can be obtained from local IRS offices or viewed online at <https://www.irs.gov/pub/irs-pdf/p721.pdf>.

### **E. Filing for Social Security Benefit**

The agency must tell the CSRS Offset employee that he or she is required to apply for Social Security disability benefits. OPM must receive a receipt or a notice of approval or disapproval of disability benefits from the Social Security Administration (SSA) before it can pay any disability annuity.

To avoid any delay in processing the Federal disability claim, the employee should submit the SSA receipt/notice with his or her application for retirement or as soon as possible thereafter.

If an employee, for any reason, withdraws his or her application for SSA disability benefits, OPM will dismiss the CSRS Offset disability retirement application upon notification by SSA.

Social Security offers an online disability application you can complete at your convenience.

If applying online, applicants must provide a copy of the Social Security disability application confirmation.

[Apply Online for Disability Benefits](https://ssa.gov) (ssa.gov)

### **F. Filing for Medicare**

Since January 1983, Federal employees have been paying the 1.45% Medicare tax thus giving them eligibility for Medicare. Agencies should advise Federal employees who become disabled before age 65 that if they receive disability benefits for 2 years, they should contact Social Security about applying for Medicare.

### **G. Notify OPM of Change of Address**

The agency should remind employees that it is important for OPM to have their current address on file. Failure to respond to an OPM request for additional medical information (see [section 60A7.1-1](#)) or failure to complete and return the income survey (see [section 60A7.1-2](#)) for any reason will result in the suspension of their disability annuity. Notify OPM of a change of address by calling toll free 888-767-6738, writing to:

**Office of Personnel Management  
Retirement Operations Center  
Change of Address – Retirement  
Boyers, PA 16017-0440**

Emailing at: [retire@opm.gov](mailto:retire@opm.gov)

Or online at: <https://www.serviceline.opm.gov>

The retiree should include his or her retirement claim (CSA) number to ensure that the change is processed promptly.

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## Subchapter 60B FERS

### Part 60B1 General Information

#### Subpart 60B1.1. Overview

##### Section 60B1.1-1 Overview

#### A. Introduction

Subchapter 60B contains the rules and procedures that apply to disability retirement under the Federal Employees Retirement System (FERS).

This subchapter explains how FERS differs from CSRS. It refers readers to the CSRS rule that applies or gives the FERS rule if it is different.

#### B. Organization of Subchapter

The FERS subchapter has six parts.

Part	Name of Part	Page
<a href="#">60B1</a>	General Information	48
<a href="#">60B2</a>	Disability Criteria	51
<a href="#">60B3</a>	Filing the Application	54
<a href="#">60B4</a>	Submitting the Application to OPM	55
<a href="#">60B5</a>	Withdrawing the Application	56
<a href="#">60B6</a>	OPM Review	57

#### C. Applicable CSRS Provisions

The following sections and parts of subchapter 60A apply to FERS employees:

- [Section 60A1.1-2](#): Definitions
- [Part 60A2](#): Disability Criteria
- [Part 60A3](#): Filing the Application
- [Section 60A6.1-1](#): Criteria for Disability Retirement Determination
- [Section 60A6.1-3](#): Reconsideration and Appeal

- 
- [Section 60A7.1-1](#): Periodic Medical Reviews to Determine Recovery from Disabling Condition
  - [Part 60A8](#): Election Between Disability Retirement and Worker's Compensation Benefits
  - [Section 60A9.1-1](#): Reemployment in Federal Service

**D. Statement of Authority**

This subchapter is based on the following laws and regulations.

- United States Code: [5 U.S.C. Part III, Subpart G, Chapter 84, Subchapter V](#)
  - Code of Federal Regulations: [5 CFR Part 844](#)
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## Section 60B1.1-2 General Eligibility Requirements

### **A. General**

An employee must meet the following general statutory requirements to be eligible for a disability retirement annuity:

1. The employee must be in a position covered by FERS; and
2. The employee must meet the minimum civilian service requirement.

### **B. Disabled While in a Position Covered by FERS**

The employee must become disabled while serving in a position covered by FERS.

### **C. Minimum Civilian Service**

An employee must have at least 18 months of creditable civilian service to be eligible for a disability retirement.

Creditable civilian service for FERS includes --

- Service for which the employee paid full FERS deductions;
- Nondeduction service (for example, temporary or intermittent service) performed prior to January 1, 1989, if the employee paid a deposit for the service;
- Service for which the employee paid full Social Security taxes and full or reduced CSRS deductions;
- For individuals eligible to have part of their benefits computed under CSRS rules (a CSRS annuity component) --
- Nondeduction service (for example, temporary or intermittent service) covered by CSRS annuity computation rules, whether or not the employee makes a deposit for such service;
- Service for which the employee paid full CSRS deductions (even if CSRS deductions were refunded and not redeposited).

Note: See [Chapter 20](#) for a full description of creditable service.

**D. Noncreditable Civilian Service**

An employee may not use any of the following types of service to meet the minimum service requirement under FERS:

- Service performed under FERS for which the employee received a refund of FERS deductions, unless a FERS redeposit is made. If a FERS redeposit is not made, the service may only be used for title to an annuity;
  - Any period of nondeduction service performed before 1989 for which the employee did not make a deposit (unless the service is included in a CSRS component); and
  - Nondeduction service (for example, temporary or intermittent service) performed on or after January 1, 1989 (unless the service is included in a CSRS annuity component).
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## Part 60B2 Submitting the Application to OPM

### Subpart 60B2.1. Overview

#### Section 60B2.1-1 Submitting the Application to OPM--General

##### A. Employee Responsibility

1. The applicant must complete an SF 3107, Application for Immediate Retirement, when applying for disability retirement benefits. Any form other than SF 3107 is not acceptable.
2. The applicant must also complete SF 3112A, Applicant's Statement of Disability.
3. The applicant must apply for Social Security disability benefits. A receipt or a notice of approval or disapproval of disability benefits from the Social Security Administration should be submitted with the application for retirement or as soon as possible thereafter.

##### B. When Application is Filed Through the Agency

1. The employee, or some other legally responsible person, should submit a completed SF 3107, to the personnel office of the employing agency. See [section 60B2.1-1D](#) for procedures for employees separated more than 31 days.
2. The agency reviews the application for completeness, makes the appropriate certifications in the space(s) provided, and sends it, along with supporting documents (see [section 60B2.1-2](#),) to:

**Office of Personnel Management  
Retirement Operations Center  
Boyers, PA 16017**

3. If the employee is experiencing financial hardship or has a terminal illness, the agency should email the retirement application and supporting

documentation to [Boyers\\_Disability@opm.gov](mailto:Boyers_Disability@opm.gov) to alert OPM of the nature of the application.

### **C. Disposition of SF 3100**

1. An individual who files an application for disability retirement is usually still a Federal employee. Sometimes, however, the employee has been separated before filing for disability retirement, but the agency still has his or her Individual Retirement Record (SF 3100).
2. Whether the employee files for disability retirement before or after separation, the agency must complete the Individual Retirement Record (SF 3100 or preliminary SF 3100) (see instructions in [Chapter 81](#)) and send it, along with the application for retirement, to OPM.
3. In cases where the Individual Retirement Record was sent to OPM before the employee submitted an application for retirement, the agency should note the date and number of the Register of Separations and Transfers (SF 3103) under which it was transmitted on the Agency Checklist of Immediate Retirement Procedures (SF 3107D) of the Application for Immediate Retirement (SF 3107).

### **D. Direct Filing After Separation of at Least 31 Days**

1. An employee who files an application for retirement more than 30 days after leaving Federal service must send his or her application and all supporting documentation directly to OPM at the address noted in paragraph B. OPM or the former employing agency must receive the application within 1 year after separation unless the employee is incompetent. (See [section 60A3.1-3](#).)

Note: A separated employee who submits an application to the former employing agency, rather than with OPM, will meet the filing deadline if the agency receives the application within 1 year after the separation.

2. The same documentation requirements apply regardless of the fact that a former employee applies after he or she is separated. In other words, the agency must document whether or not the employee's service was deficient and whether or not accommodation and or reassignment were possible at

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the time of separation. When OPM receives an application directly from the employee, it will request any necessary information from the agency that has not already been submitted.

Note: Since the criteria for Social Security disability benefits are entirely different than those used for retirement, whether the Social Security application is approved or disapproved has no bearing on OPM's consideration of the retirement application. However, the employee may not withdraw a Social Security application because of the impact eligibility for Social Security benefits has on the rate OPM pays. (See [section 60B3.1 1B](#)).

3. Agencies should retain complete personnel folders for at least 1 year after the effective date of an employee's separation when the agency expects the former employee to apply for disability retirement benefits within 1 year after separation. Being able to obtain a separated employee's complete OPF directly from the agency, or the eOPF, will help OPM adjudicate the applicant's disability retirement application in a timely manner.
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## Section 60B2.1-2 Submitting the Application to OPM--Supporting Documents

### **A. General**

Agencies are encouraged to review potential employee applications carefully to ensure that they are fully documented before sending them to OPM.

Physicians, occupational health resources, and coordinators for handicapped programs need to be fully involved to ensure that the agency takes all reasonable steps to keep the employee and that sufficient documentation of these attempts is included.

### **B. Forms**

The following documents must accompany the application for disability retirement.

- SF 3112A (Applicant's Statement of Disability)
- SF 3112B (Supervisor's Statement)
- SF 3112C (Physician's Statement)
- SF 3112D (Agency Certification of Reassignment and Accommodation Efforts)
- SF 3112E (Disability Retirement Application Checklist).

These forms certify to OPM that the agency has taken all reasonable steps to keep the employee in the Federal service.

### **C. Position Description/ Performance Standards/ Performance Appraisals**

For OPM to make a determination about the employee's capability to meet the demands of his or her current job or any available vacant job and the potential risks associated with his or her continued employment, the agency must submit the employee's position description, performance standards, critical elements, and latest performance with the retirement application.

#### **D. Checklist**

Use SF 3112E, Disability Retirement Application Checklist, to send the Application for Immediate Retirement (SF 3107) and all supporting documentation to OPM. (See OPM address in [section 60B2.1 1, paragraph B.](#))

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## Part 60B3 Withdrawing the Application

### **Subpart 60B3.1. Overview**

#### Section 60B3.1-1 Withdrawing the Application

##### **A. Applicable CSRS Provisions**

All of the provisions of [part 60A5](#) in the CSRS subchapter apply under FERS. However, there is an additional rule unique to FERS, which is discussed further.

##### **B. Effect of Withdrawing the Social Security Disability Application**

If the employee withdraws the application for Social Security disability benefits for any reason, OPM will dismiss the FERS disability retirement application upon notification by the Social Security Administration.

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## Part 60B4 OPM Review

### **Subpart 60B4.1. Overview**

#### Section 60B4.1-1 Initial Decision

##### **A. Applicable CSRS Provisions**

All of the provisions of [section 60A6.1-2](#) in the CSRS subchapter apply under FERS, with one exception. The exception is noted in [B](#).

##### **B. Use of Sick Leave**

As of October 28, 2009, an employee's unused sick leave may be credited in the computation of a disability annuity under FERS. For separations occurring on or after October 28, 2009, until December 31, 2013, 50% of unused sick leave hours shall be creditable for annuity computation purposes. For separations occurring on or after January 1, 2014, 100% of unused sick leave hours shall be creditable for annuity computation purposes.

Note: See [Chapter 61](#), Computation of Disability Annuity Benefits, for a discussion of the "Earned Annuity" and how it is computed.

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## Part 60B5 Continuation of Disability Annuity

### **Subpart 60B5.1. Overview**

#### Section 60B5.1-1 Restoration to Earning Capacity

##### **A. Applicable CSRS Provisions**

All of the provisions of [section 60A7.1-2](#) in the CSRS subchapter apply under FERS, with one exception. The exception is noted in [B](#).

##### **B. Military Reserve Technicians**

[Paragraph G of section 60A7.1-2](#) explains what happens to the disability annuity of a National Guard technician who is restored to earning capacity. Under FERS, this rule applies to both National Guard technicians and military reserve technicians.

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## Part 60B6 Advice to Employee

### **Subpart 60B6.1. Overview**

#### Section 60B6.1-1 Reinstatement of Disability Annuity

##### **A. Applicable CSRS Provisions**

All of the provisions of [section 60A9.1-2](#) in the CSRS subchapter apply under FERS, with one exception. The exception is noted in [B](#).

##### **B. "One-Out-of-Two" Requirement Not Applicable**

The "1-out-of-2" requirement does not apply under FERS. Consequently, a disability annuitant found recovered or restored to earning capacity may not have his or her disability annuity reinstated if, after the disability annuity stops, the individual is employed in a position covered by FERS.

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## Section 60B6.1-2 Annuity Rights Upon Termination of Disability Annuity

### **A. Applicable CSRS Provisions**

The provisions of [section 60A9.1-3](#) of the CSRS subchapter apply under FERS, with three exceptions. The exceptions are noted in [B](#), [C](#) and [D](#).

### **B. When a Regular Voluntary Annuity is Payable**

Under FERS, even if based on an involuntary separation, an annuity under a provision for regular voluntary retirement begins on the first day of the month following separation.

### **C. When an MRA + 10 Annuity is Payable**

Unless postponed, an MRA + 10 annuity begins on the first day of the month after the disability annuity stops if the individual meets the applicable age and service requirements. (See [Chapter 42](#), MRA + 10 Retirement, section 42A1.1 2.)

### **D. When a Deferred Annuity is Payable**

A deferred annuity will begin at age 62 or other appropriate beginning date if the individual meets the applicable age and service requirements and is not eligible for another annuity when the disability annuity stops. (See section 45B2.1-2, paragraph B in [Chapter 45](#), Deferred Retirement.)

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## Section 60B6.1-3 Miscellaneous

### **A. Applicable CSRS Provisions**

All of the provisions of [section 60A9.1-4](#) in the CSRS subchapter apply under FERS. However, there are additional points that must be discussed with potential FERS disability retirees.

### **B. Beginning Date of Annuity**

The CSRS rule ([section 60A9.1-4, paragraph B](#)) regarding the beginning date of a disability annuity is the same under FERS. However, in applying the rule, note that the minimum service requirement for establishing eligibility to a FERS disability annuity is 18 months.

Example: Robin began employment on March 22, 2018. She applied for disability retirement on July 21, 2019; at that time, she had exactly 1 year and 4 months of creditable civilian service. She used her leave until it ran out on September 5, 2019, and then entered a LWOP status. Robin's disability application was approved, and she was separated from the agency's rolls on October 27, 2019.

Robin may choose to have her disability annuity start September 22, 2019 (the day after the first day on which she met the 18-month minimum service requirement), or October 28, 2019 (the day after Robin's separation from service).

### **C. Last Day of Pay**

Disability retirement annuitants are often confused or unaware of the rules regarding the commencement date of their disability retirement annuity. OPM typically uses the LDOP as the commencing date of a disability retirement annuity. It is imperative that employees be counseled properly on the effect of using LWOP before separating from service. An individual's LDOP date or dates of continuous pay may change if records indicate that the individual received any pay (such as donated leave or other paid leave) before separating from service.

Employees should be consistently counseled on the impact of their disability annuity commencing date when accepting donated leave and informed that their annuity payments cannot start until after their last day of pay. If an applicant has periods of

donated leave that interrupt periods of LWOP, annuity payments will be retroactive only to the last day of continuous pay. Agencies can credit any donated leave retroactively to any periods of LWOP ([5 C.F.R. § 630.1009\(d\)](#)).

Note 1: Periods of LWOP in excess of 6 months in a calendar year are not creditable for purposes of the retirement computation.

Note 2: In instances when an employee has not been separated from the agency and OPM's Notice of Approval of Disability Retirement Application is received, agencies should separate the employee as soon as practical, but usually not later than the end of the pay period in which the notice of approval is received. Employees cannot exhaust their annual leave or donated leave for any purpose past the end of the pay period during which the notice of approval is received ([5 C.F.R. § 630.910\(4\)](#)).

#### **D. Retiree Annuity Supplement**

FERS disability retirees are not eligible for the retiree annuity supplement.

#### **E. Post-1956 Military Deposit or Civilian Deposit**

If an employee wishes to pay a post-1956 military deposit, it must be paid before separation (the normal rule) even though the military service may not be used in computing the disability annuity until age 62. An employee must pay any deposits for creditable nondeduction service or redeposits for refunded service before OPM finishes processing the disability annuity.

Note: The actuarial reduction provision for pre-March 1, 1991 refunds of CSRS contributions (see [Chapter 21](#)) is not available to disability retirees, even though the annuity may be recomputed at age 62.

#### **F. Deposit/Redeposit – Age 62**

There is some confusion about the importance of advising employees not yet age 62, who apply for disability retirement, about the consequences of making a deposit and/or redeposit. The FERS disability annuity rate payable to annuitants under age 62 is normally based on a percentage of the individual's "high-3" average salary (60% of the annuitant's high -3 average salary reduced to 40% after one year). In these cases, the years of service has no impact on the computation, unless the earned annuity rate

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is higher. However, when a retiree whose annuity is based on a percentage of their average salary reaches age 62, the annuity is recomputed using the individual's creditable years of service.

Deposit and redeposit amounts should be calculated and the impact of paying or not paying for the service involved should be explained to the retiring employee.

Note 1: As of October 28, 2009, FERS employees became eligible to make deposits for refunded FERS service. To receive credit an individual must make a redeposit for the amount refunded, plus interest.

Note 2: Employees who apply for disability retirement also need to be informed of their right to make a deposit for any active honorable post-1956 military service. This is very important since the deposit must be made to the agency before separation. As with civilian service, paid post-56 military service will matter when the retiree becomes age 62 or is eligible to receive the earned annuity benefit.

### **G. Filing for Social Security Benefit**

The agency must tell the employee that he or she is required to apply for Social Security disability benefits and that OPM must receive a copy of the application receipt and a copy of the notice of approval (providing the effective date and monthly gross) or disapproval of disability benefits from the Social Security Administration (SSA) before the disability annuity can be paid.

To avoid any delay in processing the Federal disability claim, the employee should submit the SSA receipt/notice with his or her application for retirement or as soon as possible thereafter.

SSA offers an online disability application you can complete at your convenience.

If applying online, applicants must provide a copy of the Social Security disability application confirmation.

[Apply Online for Disability Benefits](https://ssa.gov) (ssa.gov)

When proof of Social Security disability filing is not included with the retirement package OPM must contact the SAA and confirm whether the annuitant has applied for

Social Security disability benefits. If it is determined that the annuitant has not applied for Social Security disability benefits, OPM must contact the annuitant and request that they file for Social Security disability benefits. OPM must wait for confirmation before completing the annuitant's retirement application. Failure to receive Social Security disability information will also impact the annuitant's interim annuity payments.

The agency should make sure the employee understands the importance of keeping OPM informed of changes in Social Security disability status and the effect Social Security has on FERS disability annuity. This is very important because OPM is required to offset Social Security benefits from a FERS disability annuity until the retiree's 62nd birthday.

Note 1: Supplemental Security Income (SSI) benefits from the Social Security Administration do not have any effect on FERS disability benefits. OPM only needs information about Social Security Disability (SSDI) benefits.

Note 2: A denial based on gainful employment is not adequate information for OPM. Usually this means the employee was still in a pay and duty status when he/she applied for Social Security benefits. If the employee is denied for gainful employment, he/she must reapply to SSA after separation.

Note 3: A verbal denial from Social Security is not acceptable proof of application or a denial of SSA benefits. The retiree must insist upon receiving a written notice of receipt of the application and a formal denial letter.

Note 4: The employee should also know that if SSA makes a retroactive award of disability benefits, OPM cannot adjust the FERS disability annuity until notified of the gross monthly amount and effective date of the SSA disability benefit. The employee should also be told that any retroactive payment from SSA will cause an overpayment of FERS disability annuity and that they should set aside a portion of any retroactive SSA award because OPM will be contacting them concerning recovery of the FERS annuity overpayment.

## **H. Withdrawing Social Security Application**

If for any reason the employee withdraws the application for SSA disability benefits, OPM will dismiss the FERS disability retirement application upon notification by SSA.



## Subchapter 60C Job Aids

### Part 60C1 General Information

#### Subpart 60C1.1. Job Aids

##### Section 60C1.1-1 Overview

OPM's Disability, Reconsideration, and Appeals Division (DRAD) frequently must deny an application for disability annuity because the applicant did not provide enough medical evidence to demonstrate that he or she meets the criteria for establishing entitlement to a disability retirement. This subchapter contains a series of information sheets covering 33 medical conditions. The DRAD medical staff developed these information sheets for applicants' doctors to give the physicians a better idea of what documentation DRAD requires to approve disability applications.

A pilot with the Department of Defense led to the conclusion that it is helpful to give the information sheets to potential disability applicants at the beginning of the disability process. If employees give the information sheets to their physician(s) when employees ask for medical documentation in support of disability retirement, it should enhance the likelihood that the doctors will provide the necessary information. For this reason, we have included the information sheets in this subchapter.

OPM urges agencies to tell potential applicants about the information sheets and provide the appropriate one to an employee who claims a condition covered by one of the sheets. While use of the information sheets does not guarantee approval of a disability retirement application, it enhances the likelihood that OPM will receive sufficient information the first time around to make a substantive determination about the applicant's medical condition.

The following is a list of the information sheets contained in this chapter. Agencies may locally reproduce them.

- [Additional Information for Asthma](#)
- [Additional Information for Occupational Asthma/Reactive Airway Disease](#)
- [Additional Information for Cardiac Disease](#)



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- [Additional Information for Carpal Tunnel Syndrome](#)
  - [Additional Information for Chronic Fatigue Syndrome](#)
  - [Additional Information for Cumulative Trauma Injury](#)
  - [Additional Information for Diabetes](#)
  - [Additional Information for Eosinophilic Myalgia Syndrome](#)
  - [Additional Information for Eye Disorders](#)
  - [Additional Information for Fibromyalgia](#)
  - [Additional Information for Headaches](#)
  - [Additional Information for Hypertension](#)
  - [Additional Information for Diseases of the Intestines](#)
  - [Additional Information for Irritable Bowel Syndrome](#)
  - [Additional Information for Liver Disorders](#)
  - [Additional Information for Lumbosacral Disorders](#)
  - [Additional Information for Lyme Disease](#)
  - [Additional Information for Multiple Sclerosis](#)
  - [Additional Information for Musculoskeletal Disorders](#)
  - [Additional Information for Neck Disorders](#)
  - [Additional Information for Multiple Chemical Sensitivities](#)
  - [Additional Information for Occupational Skin Disease](#)
  - [Additional Information for Phlebitis & Venous Insufficiency](#)
  - [Additional Information for Psychiatric Disorders](#)
  - [Additional Information for Reflex Sympathetic Dystrophy](#)
  - [Additional Information for Reflux Esophagitis](#)
  - [Additional Information for Renal Disease](#)
  - [Additional Information for Respiratory Disease](#)

- [Additional Information for Rheumatoid Arthritis](#)
  - [Additional Information for Seizure Disorders](#)
  - [Additional Information for Systemic Lupus Erythematosus](#)
  - [Additional Information for Thoracic Spine Disorders](#)
  - [Additional Information for Vertigo](#)
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## Section 60C1.1-2 Additional Information for Asthma

### **Additional Information for Asthma**

#### **Name:**

To assist in submitting information regarding the history, symptoms, physical findings, and results of laboratory studies and therapy on this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

When did the respiratory symptoms begin? Cough? (Productive or non-productive, time of day, etc.) Dyspnea? (Time of day, how many blocks can be walked, how many stairs can be climbed, etc.) Wheezing? (Time of day, week, etc.) Frequency of asthmatic attacks? Frequency of episodes of asthma requiring hospitalization or emergency treatment? Frequency and nature of respiratory infections? Allergic history?

#### **Physical Examination:**

Results of a complete physical examination with emphasis on the respiratory system.

#### **Laboratory:** (If performed)

Dynamic pulmonary function tests with and without bronchodilators? Static pulmonary function tests including DLCO. Inhalation challenge testing? Results of skin testing? RAST tests? (Please provide copies of reports.) Results of peak expiratory flow rates?

#### **Therapy:**

Medications? Immunotherapy? Respirator use? Restriction? *(Please describe.)*  
Response to therapy.

## Section 60C1.1-3 Additional Information for Occupational Asthma/Reactive Airway Disease

### **Additional Information for Occupational Asthma/Reactive Airway Disease**

#### **Name:**

To assist in submitting information regarding the history, symptoms, physical findings, results of laboratory studies and therapy on this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain information from your treating physician(s). More specific information may be needed regarding:

#### **History:**

When did the respiratory symptoms begin? Describe their nature. Did the symptoms develop after starting a new job or after new materials were introduced? Did the symptoms develop within minutes of specific activities or exposure at work? Is there a history of a high-level acute exposure? Do delayed symptoms occur? Describe them. Do symptoms occur less frequently or not at all on days away from work and on vacation? Do symptoms occur more frequently on returning to work? Is there any history of atrophy? Describe this. Is there a smoking history? Is there an occupational history?

#### **Physical Examination:**

Results of a complete physical examination with emphasis on the respiratory system.

#### **Laboratory:** (If performed)

Dynamic pulmonary function tests with and without bronchodilators? Static pulmonary function tests including DLCO. Inhalation challenge testing? Results of skin testing? RAST tests? (Please provide copies of reports.) Results of peak expiratory flow rates while at work and away from work. Copies of MSDS for substances used at work? Results of recent industrial hygiene surveys for the workplace.

**Therapy:**

Medications? Respirator use? Restrictions? (Please describe)

## Section 60C1.1-4 Additional Information for Cardiac Disease

**Additional Information for Cardiac Disease****Name:**

To avoid submitting inadequate information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy of this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Additional information may be needed regarding:

**History:**

Dyspnea (whether at rest, on exercise, how many blocks can be walked, how many stairs walked up, orthopnea)? Palpitations, irregular pulse, arrhythmias? Edema of the feet, ankles, legs? Dizziness, fainting? Cough (sputum production, hemoptysis, etc.)? Smoking history (packs-years)? Chest pain (where, when, what makes it worse or better, etc.)? New York Heart Association Classification? Other?

**Physical Findings:**

Lung examination (rates, rhonchi, loss or decrease in breath sounds)? Heart examination (size, apical impulse, rate, rhythm, character of sounds, murmurs)? Blood pressure? Thrills, carotid bruits, jugular vein distension? Edema of the feet, legs? Cyanosis? Other?

**Laboratory Studies:**

Electrocardiogram? Scintigraphy, MUGA scans? Exercise testing? Enzymes? Catheterization? Echocardiogram? Holter monitoring? Chest X-ray? Coronary arteriogram? Other?

**Therapy:**

Frequency and dosage should be described. Describe response to therapy and the patient's compliance with therapy. Medications? Operative summaries? Physical therapy, exercise training? Restrictions? Cardiac pacing? Please explain the physiologic basis for the restrictions. Summaries of hospitalizations? Other?



## Section 60C1.1-5 Additional Information for Carpal Tunnel Syndrome

### **Additional Information for Carpal Tunnel Syndrome**

#### **Name:**

To avoid submitting inadequate information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy of this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Additional information may be needed regarding:

#### **History:**

Nature and location of current symptoms, e.g., pain, numbness, paresthesia, weakness, clumsiness, etc.? (Please describe in detail.) If there is pain, does it radiate proximally and, if so, to where? Is the patient awakened by the pain? What activities aggravate or produce symptoms, and which alleviate symptoms? Is there a history of repetitive use of the hands? Any family history of CTS? Any history of diabetes, rheumatoid arthritis, amyloidosis, sarcoidosis, hyperparathyroidism, myxedema, trauma to the hand or wrists, etc?

#### **Physical Examination:**

Describe the areas of pain or tenderness. Any deformities? Any changes in sensation to pinprick, two-point discrimination and vibration? (Please describe the distribution.) Any thenar atrophy? Any motor weakness? (Please describe.) Finklestein's Sign? Tinel's Sign? Phalen's Sign?

#### **Laboratory Studies:**

EMG/NCV? Sedimentation Rate? ANA? Rheumatoid factor? X-rays? MRI? Etc.?  
(Please provide copies of reports.)

#### **Therapy:**

Please describe in detail. Medications? Splints? Steroid injections? Physical therapy? Describe changes that have been made in the workplace such as tilting of work surface, keyboard, display terminal, hand or arm rests, changes in tool design or arrangement,



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changes in the frequency of the repetitive cycle, etc.? Please describe any restrictions that have been imposed.

## Section 60C1.1-6 Additional Information for Chronic Fatigue Syndrome

### **Additional Information for Chronic Fatigue Syndrome**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

Date of onset of fatigue? Severity? History of low-grade fever? Sore throat? Painful lymph nodes? Muscle weakness? Myalgias? Headache? Sleep disturbances? Arthralgias? Neuropsychologic complaints? Fibromyalgia? Adequately treated toxoplasmosis, brucellosis, or Lyme borreliosis? Nonpsychotic depression, somatoform disorders, generalized anxiety or panic disorders? If psychiatric disease is present, has it been treated and, if so, have CFS symptoms abated along with other symptoms?

Have the following other clinical disorders been excluded? Autoimmune disease? Chronic active hepatitis B or C? Inadequately treated Lyme borreliosis? HIV infection? Tuberculosis? Other infectious disease? Psychotic depression, bipolar disorder, or schizophrenia? Substance abuse? Malignancy? Chronic inflammatory disorders? Neuromuscular diseases? Endocrine disorders? Intoxications? (Please describe in some detail for each condition.)

#### **Physical Examination:**

Fever? (Please provide serial AM and PM temperature measurements.) Non-exudative pharyngitis? Palpable and/or tender cervical nodes? Weight, measured serially? Results of a complete current physical examination?

#### **Laboratory Studies:**

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Blood work? (Complete blood count and differential; serum electrolytes; glucose; creatinine; BUN; calcium; phosphorus; total bilirubin; alkaline phosphatase; serum aspartate aminotransferase; serum alkaline aminotransferase; creatine phosphokinase or aldolase; erythrocyte sedimentation rate; antinuclear antibody; thyroid stimulating hormone; HIV antibody measurement) Intermediate strength PPD? X-rays? Urinalysis? Neuropsychological testing? Other tests to rule conditions listed under the history?

**Therapy:**

Medications? Other treatment? (Please describe in detail.) Hospitalizations? (Please provide summary.)

## Section 60C1.1-7 Additional Information for Cumulative Trauma Injury

### **Additional Information for Cumulative Trauma Injury**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

When did the symptoms begin? Describe the nature, location and severity of symptoms. Are there paresthesia? Where? What activities help and which aggravate the symptoms? Does the patient's job require: frequent repetitive use of the same or similar movements of the affected joints(s) or anatomic area? maintaining force with the hand(s) at or above the shoulder level? regular or sustained task in awkward position? regular use of vibrating tools or prolonged pressure over the wrist or palm? or frequent or continuous exposure to cold air or gripping cold tools, hand controls, equipment, etc.?

#### **Physical Examination:**

Describe the areas of pain or tenderness. Are any deformities noted? Describe the range of motion of the affected parts in degrees. Is muscle spasm present? Is there any crepitation, effusion of soft tissue swelling? Describe muscle power. If weakness is present, is it of the "give way" or "voluntary release" type? Is there any evidence of muscle atrophy? Neurological examination as appropriate (sensation, vibration, heat, cold, Tinel's sign, Phalen's sign, shoulder abduction test, etc.).

#### **Laboratory Studies:**

Please include copies of reports. (e.g., X-rays, MRI, CT Scan, Bone Scan, EMG, NCV? ANA, sedimentation rate rheumatoid factor, etc.)

**Therapy:**

Splints, braces, or other supports? Medication? Physical therapy? Exercises?  
(Describe in detail.) Hospitalizations or operations? (Provide copies of summaries.)

**Changes in the Workplace:**

What changes have been made to reduce postural strain (decreased reach, height of chair or work surface, tilting of work surface, keyboard, hand or arm rests, etc.?) What changes have been made to tool design or arrangement? Could power tools be used instead of hand tools? Have changes been made in the frequency of the repetitive cycle?

## Section 60C1.1-8 Additional Information for Diabetes

**Additional Information for Diabetes****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

**History:**

How long has the disease been present? Visual symptoms? Frequency and severity of the episodes of ketoacidosis and/or hypoglycemia? Paresthesia or other symptoms of neuropathy? Claudication, angina, MI's, strokes, small vessel disease, etc.? Skin problems (e.g., pruritus, infections, gangrene, etc.)? Does the patient routinely monitor glucose levels? Diarrhea, constipation, postural hypotension, urinary retention, etc.? Other?

**Physical Findings:**

Weight? Eye and fundoscopic examination? Blood pressure? Peripheral pulses? Pulse? Capillary refill time? Complete neurological examination? Skin ulceration infections, etc. (If present, size, location, etc.)? Other?

**Laboratory Studies:**

Fasting and postprandial plasma glucose levels? EMG's/Nerve conduction velocity? Glucose tolerance test? Bladder function? Cholesterol? Arteriogram? Other blood lipids? Doppler testing of the peripheral circulation? Electrocardiogram? Ophthalmological examinations? Tests of renal function (i.e., BUN, Creatinine, Albuminuria, urine specific gravity, etc.)? Radiographs of the chest, abdomen, extremities, etc.? Glycohemoglobin? Other?

**Therapy:**

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Frequency and dosage should be described. Describe response to therapy and the patient's compliance with therapy. Weight reduction? Other treatment modalities? Diet? Exercise? Oral hypoglycemic agents? Hospitalization(s)? Please include reports. Insulin (What type, how much, and how frequently)? How well controlled is the diabetes? Restrictions? Other?

## Section 60C1.1-9 Additional Information for Eosinophilic Myalgia Syndrome

**Additional Information for Eosinophilic Myalgia Syndrome****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

Date of onset of symptoms? Nature of symptoms? (Please describe in detail.) Myalgia? Arthralgia? Dyspnea? Cough? Rashes? (Please describe in detail.) History of L Tryptophan ingestion? When and for how long? Other symptoms?

**Physical Examination:**

Edema? (Describe in detail.) Fever? Skin changes? (Please describe in detail.) Hair loss? Sensory changes? (Describe in detail.) Other? (Please describe).

**Laboratory Studies:** (If performed)

CBC? EMG/NCV? Pulmonary Function studies? Chest X-rays? Sedimentation rate? ANA? Creatine Kinase? Liver function studies? Liver biopsies? Please provide copies of all reports.

**Therapy:**

Please describe in detail. Medications? Etc.?



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## Section 60C1.1-10 Additional Information for Eye Disorders

### **Additional Information for Eye Disorders**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

When did visual symptoms first develop? Any changes in visual acuity? When was it first noted? Any photophobia? Any halos or rings around lights? Any difficulty seeing in the dark? Any momentary loss in vision? (Describe in detail, please.) Any pain in eye(s)? Headache? Any swelling or redness of eyes? Discharge (Describe, please.) Diplopia? Vertigo? Increased or decreased lacrimation?

#### **Physical Examinations:**

Visual acuity, far and near, corrected and uncorrected? Condition of external ocular structures? Pupillary size, shape and reaction to light and accommodation, etc.? Size, prominence, and position of eyes? Strabismus? Nystagmus? Visual fields by confrontation? Extraocular motion? Fundoscopic examination?

#### **Special Studies:** (If performed)

Slit lamp examination? Perimetry? Tonometry? Gonioscopy? Keratometry?  
Ophthalmoscopy? Fluorescein angiography? Toxoplasmosis antibody titer?

#### **Therapy:**

Medications? Corrective lenses? Surgery? (Please provide copies of operative reports.)  
Hospitalizations? (Please provide copies of discharge summaries.) Etc.?

## Section 60C1.1-11 Additional Information for Fibromyalgia

### **Additional Information for Fibromyalgia**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Location of pain? (Please describe in detail.) Nature and duration of pain(s). Any stiffness? (When is it most pronounced and how long does it last?) What exacerbates symptoms and what helps them? Fatigue? Tiredness? Chronic headaches? Quality of sleep? Subjective swelling? Numbness? Abdominal discomfort? Abdominal bloating? Diarrhea? Constipation? History of anxiety? Depression?

#### **Physical Examination:**

Results of a comprehensive physical examination. Any trigger point tenderness? Where?

#### **Laboratory Studies:** (If performed)

CBC? Sedimentation rate? Rheumatoid factor? ANA? T4? T3 uptake? TSH? X-rays? (Please provide copies of laboratory study reports.)

#### **Therapy:**

Trigger point injections? Stretch and spray therapy? Muscle stretching exercises? NSAID's? Amitriptyline? Prozac? Doxepin? Flexeril? Physical therapy? Psychotherapy? Etc.?

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## Section 60C1.1-12 Additional Information for Headaches

### **Additional Information for Headaches**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

What is the character of the headache pain? (i.e. location, severity, frequency, throbbing or steady, etc.) Are there any visual or other prodrome? (Describe). When do the headaches occur? What factors make the headache better or worse? How long does the headache last? Does medication affect the headache? Is there a history of any psychiatric conditions such as depression, etc.? (Describe). Any history of head trauma? (Describe). Are the headaches accompanied by fatigability? Irritability? Difficulty concentrating? Any history of seizures? (Describe). Any history of sinusitis or other upper respiratory conditions? History of glaucoma?

#### **Physical Examination:**

A complete neurological examination is needed. Any scalp/head tenderness? Any bruits? Any sign of autonomic dysfunction during the headaches?

#### **Laboratory Studies:**

If performed, describe the results of: EEG? CT Scan of the head? X-rays of the head? MRI of the head? Other studies? (Please provide copies of reports.)

#### **Therapy:**

Medications? Relaxation techniques? Massage? Heat? Exercise? Etc.?

## Section 60C1.1-13 Additional Information for Hypertension

### **Additional Information for Hypertension**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

Date of onset of disease/diagnosis? Symptoms referable to peripheral vascular disease? Symptoms referable to cardiac disease? Symptoms referable to neurological disease? Symptoms referable to kidney disease? Other?

#### **Physical Findings:**

Blood pressure readings (At work, at home, doctor's office. Any significant difference between arms, etc.)? Eyes (retinopathy)? Peripheral vascular signs (pulses, skin changes, temperature of skin, ulcers, etc.)? Kidneys (edema, itching)? Heart (size, rhythm, murmurs, etc.)? A neurological examination of effected areas? Other?

#### **Laboratory Studies:**

Blood pressure readings? Exercise testing? Electrocardiogram? Arteriograms (coronary, renal carotid, etc.)? Blood tests for renal function (BUN, creatinine, etc.)? CT scan of brain? Chest X-ray? 24-hour blood pressure recording? Visual acuity/visual fields, etc.? Echocardiogram? Renal function studies? Electroencephalogram? Renal perfusion studies? Other?

#### **Therapy:**

Frequency and dosage should be described. Describe response to therapy and the patient's compliance with therapy. Medications? Restrictions? Weight reduction? Salt restriction? Summaries of hospitalizations? Please explain the physiological basis for the restrictions. Operative summaries? Other?



## Section 60C1.1-14 Additional Information for Diseases of the Intestines

**Additional Information for Diseases of the Intestines****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

Date of onset of symptoms? Abdominal pain? (Please describe the nature, location, severity, etc.) Vomiting? Diarrhea? Constipation? Frequency and duration of exacerbations and remissions per year? Anorexia? Weight loss? Malaise? Fever? Flatulency? History of obstruction? History of Fistulas? Arthralgia? Family history of intestinal disease? Any foods which aggravate the symptoms? (Please describe).

**Physical Examination:**

Results of a complete physical examination. Abdominal tenderness? (Location, degree, etc. Please describe in detail.) Abdominal masses? Bowel sounds? Abdominal distention? Fever? Synovitis? Other?

**Laboratory Studies:** (If performed)

CBC? Serum chemistries? Radiographs, CT Scans, or MRI of the abdomen? Small bowel barium series? Barium enema? Endoscopic studies? Fecal fat analysis? Cultures? Stool parasites? Biopsies? Other? (Please provide copies of reports.)

**Therapy:**

Diet? (Please describe.) Vitamins? Medication? (Please describe in detail.) Surgical procedures? (Please provide copies of operative reports.) Hospitalizations? (Please provide copies of discharge summaries.)

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## Section 60C1.1-15 Additional Information for Irritable Bowel Syndrome

### **Additional Information for Irritable Bowel Syndrome**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Any abdominal pain? (Nature, duration, frequency, location, etc. Please describe in detail.) Constipation/diarrhea? (Nature, frequency, etc. Please describe in detail.) Any blood or mucus in stools? Flatulence? Nausea? Anorexia? Abdominal fullness? History of any affective disorders? (Please describe).

#### **Physical Examinations:**

Results of complete physical examination. Abdominal tenderness? (Location, degree, etc. Describe in detail.) Bowel sounds? Abdominal masses?

#### **Laboratory Studies:** (If performed)

Barium enema? Sigmoidoscopy? Blood in stools? Stool for ova, parasites, etc.? Stool culture? Psychosocial evaluation? (Please provide copies of reports)

#### **Therapy:**

Diet? (Dietary fiber, exclusion of dairy products, etc.?) Medications? Vegetable mucilages? Psychotherapy? Etc.?

## Section 60C1.1-16 Additional Information for Liver Disorders

**Additional Information for Liver Disorders****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

History of hepatitis? Jaundice? Weight loss or gain? Change in color of stool?

Fatigability? Nausea? Vomiting? Abdominal pain? Oliguria? Hematemesis? Alcohol use? (How much?) Smoking history in pack years? History of liver or gall bladder disease in the family? History of drug use? Medications? Past occupational history in detail? Hobbies? (Describe). Residential characteristics? History of blood transfusion? Copies of Material Safety Data Sheets for substances used in the workplace? Results of last two industrial hygiene surveys of workplace? (Please provide copies of reports.) Personal protective equipment used in workplace? (Please describe.)

**Physical Examination:**

Results of current, complete physical examination. Hepatomegaly? Splenomegaly? Ascites? Jugular distention? Spider nevi? Palmar erythema? Telangiectases? Glossitis? Cheilosis? Jaundice? Evidence of pruritus? Pleural effusion? Purpura? Tremor? Dysarthria? Asterixis? Peripheral edema?

**Laboratory Studies:** (If performed)

Results of serological tests for hepatitis A, B, & C. Results of CBC including MCV & HCH. Bilirubin, direct & indirect? GGTP? Albumin? Globulin? LDH? Clearance tests? Coagulation studies? SGOT? Alkaline Phosphatase? Abdominal X-rays? Barium Upper GI Studies? Splenoportography and/or arteriography? Hepatic scans? Esophagogastroscopy? Liver biopsy? (Please provide copies of reports)



**Therapy:**

Medications? Other treatment? Immunotherapy? Respirator use? Restrictions?  
(Please describe in detail.)

## Section 60C1.1-17 Additional Information for Lumbosacral Disorders

### **Additional Information for Lumbosacral Disorders**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

What sort of activity or motion caused the initial attack? What activities help and which aggravate the symptoms? Describe the nature, location, and severity of the symptoms. Is there pain in the leg, ankle, or foot? Is there radiation? Is it lancinating? Are the symptoms intermittent or constant? Is there paresthesia? Where? Do they change with coughing, sneezing, straining at stool? Is there pain when the patient arches backward? Other?

#### **Physical Findings:**

Patient's weight, height and body build? Toe walking? Rise up and down on toes 10-12 times? Describe the patient's gait. Heel walking? Alignment of the spine straight? Any scoliosis? Evidence of muscular atrophy? Circumference of thigh and calf? Location and severity of tenderness, if any? Is it diffuse or localized to one structure? Is the skin tender to pinch? Muscle weakness? If present, which muscles are involved? Is the weakness of the "voluntary release" or "give away" type? Presence and location of spasm, if present? Can the patient do deep knee bends on one side and then the other? Supine and sitting straight leg raising tests and other stretch tests, such as contralateral straight leg raising, etc. (Please describe the endpoint that is used.) Results of tests of sensation? (Touch, pinprick, position, temperature, and vibration) Result of congruency tests? (E.g., Axial loading, rotation, sitting vs. Supine straight leg raising, distraction, Hoover, voluntary release, etc.) Babinski? Other?

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**Laboratory Studies:**

X-rays? Bone Scan? CT Scan? Sedimentation rate? MRI? White blood count? Myelogram? Discography? EMG's? HLA B27? Other?

**Other Studies:**

Because environmental, behavioral, and social factors can play an extremely important role in the pathogenesis of lumbosacral disorders, clarification of the extent of emotional disturbance, if any, created by this disorder may be needed by means of a psychosocial assessment by a psychiatrist.

**Therapy:**

Frequency and dosage should be described. Describe response to therapy and the patient's compliance with therapy. Bedrest? TENS? Physical Therapy? Psychotherapy? Exercises? Weight reduction (if indicated)? Medications (i.e., anti-inflammatory, analgesics, steroids, muscle relaxants, etc.)? Pain clinic? Traction? Steroid injections? Manipulation? Surgical procedures (Please include operative reports.)? Braces and/or corsets? Restrictions? Hospitalization(s)? (Please include reports.) Please explain the physiological basis for these restrictions. Back School? Other?

## Section 60C1.1-18 Additional Information for Lyme Disease

### **Additional Information for Lyme Disease**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

History of tick bite? (When?) Any skin rash(es)? (Please describe.) Malaise? Fatigue? Fever? Chills? Headache? Stiff neck? Backache? Myalgia? Arthralgia? (If so, what joints were involved and what is the duration of the episodes?) Nausea? Vomiting? Cardiac symptoms? Sleep disturbances? Difficulty in concentration? Memory impairment? Depression? Paresthesia? Any paralysis? (Please describe.) Dizziness? Vertigo? Changes in hearing? Visual problems?

#### **Physical Examination:**

Results of a complete physical examination with particular attention to:

- Skin--Any lesions? (Please describe)
- Chest--Areas of dullness? Increased or decreased breath sounds? Friction rubs, rales, rhonchi, wheezes, etc.?
- Cardiac--Size, apical impulse, rate, rhythm, character of sounds, murmurs, S3, etc.? Nature of venous pulse waves?
- Musculoskeletal System--Joint contours? Location and severity of tenderness? Cysts? Crepitance? Effusion? Erythema? Range of motion of affected joints?
- Neurological System--Mental status exam? Cranial nerves? Sensory or motor changes? Test of coordination? Ataxia? Pathological reflexes or signs?

**Laboratory Studies:** (If performed, please provide copies of report.)

CBC? Sedimentation rate? ANA? Rheumatoid factor? Serologic tests?

Immunoglobulin levels? X-rays? MRI? Electrocardiogram? Echocardiogram? Other?

**Therapy:**

Medications? (Please specify) Other?

## Section 60C1.1-19 Additional Information for Multiple Sclerosis

### **Additional Information for Multiple Sclerosis**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

History of diplopia? Blurred vision? Loss of vision? Sensory symptoms? (Describe location, nature, etc.) Speech difficulties? Gait disturbances? Urinary urgency, hesitancy, or incontinence? Disequilibrium? Fatigue? Motor weakness? (Please describe.) Disturbances of coordination? (Please describe.)

#### **Physical Findings:**

Results of a complete physical examination with emphasis on the nervous system. Pallor of the optic disk? Internuclear ophthalmoplegia? Cerebellar ataxia? Dysarthria? Hyperreflexia? Spasticity? Weakness? Lhermitte's sign? Nystagmus?

#### **Laboratory Studies:** (If performed)

MRI? CT Scan? CSF studies? Somatosensory evoked responses. Visual evoked responses? Auditory evoked responses? Other? (Please provide copies of reports.)

#### **Therapy:**

Medications? (Please describe.) Supportive? (Please describe.) Hospitalizations? (Please provide copies of discharge summaries.)

#### **Clinical Course:**

Describe in detail the clinical course of this condition in this patient, e.g., frequency and duration of relapses and remissions, etc.



## Section 60C1.1-20 Additional Information for Musculoskeletal Disorders

### **Additional Information for Musculoskeletal Disorders**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

Location, distribution, and nature (e.g., sharp, dull, intermittent, constant, etc.) of the pain. Any stiffness of the joint? When in the day is it better and when is it worse? What movements and activities produce or aggravate the pain? Nature and distribution of the radiation, if present. Any locking of the joint? History of previous injury to the joint. Any history of swelling or redness of the joint? History of weakness? Paresthesia? If so, distribution, nature, etc. Other?

#### **Laboratory Studies:**

X-rays? Arthroscopy? CT Scan? MRI? ANA? Bone scan? Rheumatoid factor?  
Arthrocentesis? Arthrograms? Other?

#### **Physical Findings:**

Bone and soft tissue contours? McMurray's (special test)? Deformity? Lachmann's (special test)? Location and severity of tenderness? Lateral pivot (special test)? Cysts? Yergason's sign (special test)? Muscle spasm? Effusion? Tests of stability? Peripheral pulses? Range of motion (both active and passive) in degrees as appropriate for the joint in question (abduction, adduction, flexion, extension, internal rotation and external rotation. Also, pronation and supination for the elbow). Muscle power (in the same planes of direction as for range of motion for the joint in question). If muscle weakness is present, is it of the "voluntary release" or "give away" type? Evidence of muscle atrophy? Measure the circumference of the appropriate limb(s). Neurological



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examination as appropriate (Sensation, deep tendon reflexes, pathological reflexes, etc.) Stance and gait? Other?

**Therapy:**

Frequency and dosage should be described. Describe response to therapy and the patient's compliance with therapy. Splints? Weight reduction? Braces? Exercises? Medications (e.g., anti-inflammatory, analgesics, steroids, etc.)? Hospitalization(s) (Please include copies of reports.)? Physical Therapy? Restrictions? Operative procedures (Please include copies of reports). Please explain the physiological basis for the restrictions. Manipulation? Other?

## Section 60C1.1-21 Additional Information for Neck Disorders

**Additional Information for Neck Disorders****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

**History:**

What sort of activity or motion caused the initial attack? What activities help and which aggravate the symptoms? Describe the nature, location, and severity of symptoms (e.g., pain and stiffness). Is there pain in the shoulder or arm? Is there radiation? Are they intermittent or constant? Is there any paresthesia? Where? Is the distribution dermatomal? Do they change with coughing, sneezing, or straining at stool? Other?

**Physical Findings:**

Range of motion of the cervical spine in degrees. (Rotation, flexion and extension, lateral flexion, both active and passive). Muscular weakness? Which muscles are involved? Is the weakness of the “give away” or “voluntary release” type? Location and severity of tenderness, if any? Is it diffuse or limited to anatomic structures? Results of tests of sensation? (Touch, pinprick, position, vibration, and temperature). Location and distribution. Is it dermatomal? Presence and location of spasm, if present? Deep tendon reflexes? Crepitation? Cranial nerves? Spurling’s test? Babinski? Evidence of muscular atrophy? Circumference of upper arm and forearm? Hoffman? Other?

**Laboratory Studies:**

X-ray? EMG’s? CT Scan? Bone scan? MRI? Sedimentation rate? Myelogram? Other?

**Therapy:**

Describe frequency and dosage. Describe response to therapy and the patient’s compliance with therapy. Bedrest? Pain clinic? Physical therapy? TENS? Traction?

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Surgical procedure(s). Please include the operative report(s). Cervical collar?  
Hospitalization (Please include the report)? Manipulation? Restrictions (workplace,  
recreational, at home)? Medication (e.g., anti-inflammatory, analgesics, steroids,  
muscle relaxants, etc.)? Please explain the physiological basis of the restrictions.  
Steroid injections? Other?

## Section 60C1.1-22 Additional Information for Multiple Chemical Sensitivities

**Additional Information for Multiple Chemical Sensitives****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

**History:**

When did the symptoms begin? Please describe their nature. Did the symptoms develop after starting a new job or after new materials were introduced? Did the symptoms develop within minutes of specific activities or exposure at work? Is there a history of a high-level acute exposure? Do delayed symptoms occur? Describe, please. Do symptoms occur less frequently or not at all on days away from work and on vacation? Do symptoms occur more frequently on returning to work? Any history of atopy? Describe. Smoking history? Occupational history?

Have the following other clinical disorders been excluded? Autoimmune disease? Infectious disorders? Psychiatric disorders? Chronic inflammatory disorders? Endocrine disorders? Intoxications? Side effects of medications? Drug dependency? (Please describe in some detail for each condition.)

**Physical Examination:**

Results of a complete physical examination with emphasis on the respiratory and nervous systems.

**Laboratory Studies:** (If performed)

Dynamic pulmonary function tests with and without bronchodilator? Static pulmonary function tests including DLCO. Inhalation challenge testing? Results of skin testing? RAST tests? Results of peak expiratory flow rates while at work and away from work. Copies of MSDS for substances used at work? Results of recent industrial hygiene

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surveys for the workplace. CBC? Sedimentation rate? X-rays? ANA? PPD? Serum electrolytes/glucose; creatinine and blood urea nitrogen; calcium and phosphorus; alkaline phosphatase and total bilirubin; serum aspartase serum aspartase aminotransferase; serum alanine aminotransferase; creatine phosphokinase? Urinalysis? (Please provide copies of reports.)

**Therapy:**

Medications? Other treatment? Immunotherapy? Respirator use? Restrictions? (Please describe in detail.)

## Section 60C1.1-23 Additional Information for Occupational Skin Disease

### **Additional Information for Occupational Skin Disease**

**Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

Please describe the chronological sequence of events surrounding the onset of the skin disease, its subsequent clinical course and associated work activities of the applicant. Provide a description of the skin lesions and their initial anatomic location(s) and spread to other body sites. Please describe the disability caused by the skin disease. What has been the response to previous medical treatment? Did the skin disease improve while the applicant was performing modified work activities or not working? Is there any history of personal or family atopy or allergies? Was there any antecedent skin disease or reactions?

**Physical Examination:**

What is the morphological appearance of the skin lesions? What is the anatomical distribution?

**Laboratory Studies:** (If performed)

Results of patch testing. Results of biopsies. (Please provide copies of reports.)

**Therapy:**

Medications? Engineering controls in the workplace? Protective clothing? Gloves? Barrier creams? Skin hygiene and cleansing? Response to therapy? (Please describe.)

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## Section 60C1.1-24 Additional Information for Phlebitis & Venous Insufficiency

### **Additional Information for Phlebitis & Venous Insufficiency**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Any history of thrombophlebitis? Number and dates of episodes? Any history of pulmonary embolism? Number and dates? Any history of heart disease? Describe. History of edema of the lower extremity?

#### **Physical Examination:**

Height and weight? Edema? How much? Varicosities? Describe. Any skin changes (e.g. thin, shiny, atrophic, etc.) Eczema? Number, size and location of ulcerations?

#### **Laboratory Studies:** (If performed)

Plethysmography? Ultrasound? Venogram? (Please provide copies of reports.)

#### **Therapy:**

Weight reduction (if indicated). Medications? Elastic stockings? Bed rest? Elevation of the leg(s)? Unna cast? Surgical procedures (Please include copies of operative reports.) Hospitalizations? (Please include copies of discharge summaries.) Restrictions?

## Section 60C1.1-25 Additional Information for Psychiatric Disorders

### **Additional Information for Psychiatric Disorders**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

Date of onset of disease? Drug or alcohol abuse history? Symptoms which fulfill the diagnostic criteria of DSM-V? Other?

#### **Physical Findings:**

Signs that fulfill the diagnostic criteria of DSM-V. Other physical findings that may affect the ability to work or recovery from the psychiatric condition. Other?

#### **Laboratory Studies:**

Personality testing? Neuropsychiatric testing? Tests of cognitive function? Intellectual testing? Educational evaluation? Other?

#### **Therapy:**

Describe frequency and dosage. Describe response to therapy and the patient's compliance with therapy. Medications? Prognosis? Psychotherapy? Restrictions? Summaries of hospitalization? Work evaluation reports? Rehabilitation progress notes? Other?



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## Section 60C1.1-26 Additional Information for Reflex Sympathetic Dystrophy

### **Additional Information for Reflex Sympathetic Dystrophy**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Location and nature of the pain? Duration of pain? History of trauma? (Please describe.) History of any psychiatric disorders?

#### **Physical Examination:**

Any skin changes, e.g., cold, cyanotic, sweaty or warm, dry and red, etc.? Increased or decreased hair growth? Changes in nail growth, e.g. split or ridged, etc.? Range of motion of the affected joints (both active and passive). Any atrophic skin changes? Edema? (Please describe.) Any muscle atrophy? Any tapering of digits?

#### **Laboratory Studies:** (If performed)

Skin temperature? Thermography? Skin blood flow? Sweat tests? X-rays? Bone scans? Etc.? (Please provide copies of reports.)

#### **Therapy:**

Oral medications? (Please describe.) Physical therapy? Sympathetic blockade? (Please describe the response.) Surgical sympathectomy? Etc.?

## Section 60C1.1-27 Additional Information for Reflux Esophagitis

**Additional Information for Reflux Esophagitis****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

Pyrosis? (Please specify the severity.) When does it occur? What's the temporal relationship to eating? Effects of recumbency and of sitting upright? Any radiation of the pain? If so, where? (Please specify.) History of nausea and/or vomiting? History of water brash? Hoarseness? (Please describe.) Globus? Dysphagia? Hematemesis? Melena? Anemia?

**Physical Examination:**

Results of a complete physical examination with emphasis on the abdomen. If there is significant laryngeal involvement, please include findings pertaining to the head and neck. Height and weight?

**Laboratory Studies:** (If performed)

Upper GI series? Barium swallow? Acid perfusion test? Endoscopy? Esophageal Ph monitoring? Biopsy? Evaluations by speech pathologists if hoarseness is present. (Please provide copies of reports.)

**Therapy:**

Medications? (Please specify.) Diet modification? Tobacco and alcohol abstinence? Weight reduction if indicated? Elevation of the head of the bed? Speech therapy? Other? (Please specify.)

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## Section 60C1.1-28 Additional Information for Renal Disease

### **Additional Information for Renal Disease**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Any history of renal disease (e.g., infections, vascular, nephrotoxicity, immune, metabolic, congenital, obstructive uropathy, etc.?) (Please describe in detail.) Any weakness? Easy fatiguability? Headaches? Anorexia? Nausea and vomiting? Polyuria? Nocturia? Hypertension? Weight loss? Diarrhea? Itching? Paresthesia? Seizures? Visual difficulties? Pulmonary edema? Congestive heart failure? Bleeding diatheses?

#### **Physical Examination:**

Pallor? Hyperpnea? Uremic breath? Dehydration? Excoriated skin? Purpura? Hypertension? Retinopathy? Cardiac enlargement? Pulmonary edema? Peripheral neuropathy?

#### **Laboratory Studies:** (If performed)

CBC? Bleeding time? Urinalysis? BUN? Creatinine? Uric acid? Serum sodium? Potassium? Calcium? Magnesium? Plasma bicarbonate? Creatinine clearance? Chest X-ray? EKG? CT Scan? MRI? Renal biopsy? Other? (Please provide copies of reports.)

#### **Therapy:**

Diet? Fluid intake? Electrolyte replacement? Medications? Dialysis? Kidney transplant? Other?

## Section 60C1.1-29 Additional Information for Respiratory Disease

### **Additional Information for Respiratory Disease**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

Dyspnea (whether at rest, on exercise, how many blocks can be walked, how many stairs walked up, orthopnea)? Cough (productive vs. non-productive, in the morning, when lying down, hemoptysis, etc.)? Pneumothorax, pleurisy, pneumonia, etc.? Chest pain (When, where, what makes it better or worse)? Wheezing (time of day, week, etc.)? Smoking history (packs-years)? Allergic history (hay fever, eczema, etc.)? Occupational history? Other?

#### **Physical Findings:**

Chest size, shape, and motion? Peripheral edema? Cyanosis? Are friction rubs, rales, rhonchi, wheezing present? If so, do they clear up on coughing? Are there differences between lungs? Liver enlargement? Clubbing of fingers? Distended neck veins? Are there areas of dullness, increased or decreased breath sounds present? Other?

#### **Laboratory Studies:**

Chest X-rays? Exercise tests? Electrocardiogram? Arterial blood gases? Dynamic pulmonary function tests: FVC, FEV1, FEF 25-75, without bronchodilators, with bronchodilators, Methacholine challenge, Airway resistance? CT Scan? Inhalation challenge testing, Skin testing, RAST tests, Bronchoscopy, Bronchograms, Sputum cytology, Pathology, Static pulmonary function tests: Lung volumes, Compliance?

#### **Therapy:**

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Describe frequency and dosage. Describe response to therapy and the patient's compliance with therapy. Medications (bronchodilators, antibiotics, etc.)? Operative summaries? Oxygen requirements? Restrictions? Chest physiotherapy? Please explain the physiologic basis for your restrictions. Summaries of hospitalizations? Other?

## Section 60C1.1-30 Additional Information for Rheumatoid Arthritis

**Additional Information for Rheumatoid Arthritis****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

When did symptoms first develop? Prodromal history malaise? Fever? Weight loss? Joint stiffness? (If joint stiffness is present, when is it worst? How long does it last? What helps it? What aggravates it?) Which joints are involved? Any history of vasomotor disturbances, e.g., paresthesia, Raynaud's phenomenon, etc.? Any family history of arthritis? (If so, please describe.)

**Physical Examination:**

Specify which joints are involved and whether there is any tenderness, increased warmth, effusion, deformity and/or synovitis for each joint involved? Range of motion in degrees of each joint involved? Flexion contracture? Muscle atrophy? Palmar erythema? Any subcutaneous nodules? Any dryness of mucus membranes? Ocular changes? Any peripheral neuropathy?

**Laboratory Studies:** (If performed)

Rheumatoid Factor? ANA? Sedimentation Rate? CBC? X-rays and other imaging studies? (Please provide copies of reports)

**Therapy:**

Braces and splints? Exercises? Physical modalities such as heat and cold? Medications?

**Prognosis:**

Please describe the clinical course, e.g., progressive v. exacerbations and remissions.

## Section 60C1.1-31 Additional Information for Seizure Disorders

**Additional Information for Seizure Disorders****Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

**History:**

When did the seizures start? Any family history of seizures? Any history of trauma at birth? History of alcohol or drug ingestion? Focal features? (Please describe.) Any history of stroke, encephalitis or meningitis? Any abdominal pain, nausea, dizziness, behavioral disturbances or automatism? (Please describe in detail.) Any déjà vu phenomenon? Have the seizures been witnessed? Frequency per week of seizures? Duration of seizures? Any bowel or bladder incontinence during the seizure? Any postictal confusion or fatigue? (Please describe.)

**Physical Examination:**

Results of a complete neurological examination.

**Laboratory Studies:** (If performed)

Results of EEG? MRI of the brain? CT Scan of the brain? Lumbar puncture? (Please provide copies of reports.)

**Therapy:**

Medications? (Please describe.) Hospitalizations? (Please provide copies of discharge summaries, admission history and physical examination summaries.)



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## Section 60C1.1-32 Additional Information for Systemic Lupus Erythematosus

### **Additional Information for Systemic Lupus Erythematosus**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information is needed regarding:

#### **History:**

Any history of fever? Anorexia? Weight loss? Malaise? Hair loss? Raynaud's phenomenon? fingertip lesions, e.g. periungual erythema, splinter hemorrhages, etc.? Skin lesions? (Please describe.) Arthralgia? Conjunctivitis? Photophobia? Visual blurring? Pleurisy? Pneumonitis? Pericarditis? Cardiac arrhythmias? Abdominal pain? Depression? Convulsive disorders? Neuropathies? Renal disease? How long have each of these been present?

#### **Physical Examination:**

Results of a complete physical examination.

#### **Laboratory Studies:** (If performed)

ANA? (If positive, describe pattern.) Sedimentation rate? CBC? Urinalysis? Liver function studies? Renal function studies? Antiphospholipid antibodies? EKG? Chest X-ray? Pulmonary function studies? (Please provide copies of reports.)

#### **Therapy:**

Medications? (Please describe). Sun blocks and protective clothing, if photosensitive? Please describe the response to therapy. Restrictions?

## Section 60C1.1-33 Additional Information for Thoracic Spine Disorders

### **Additional Information for Thoracic Spine Disorders**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this checklist to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s).

#### **History:**

What sort of activity or motion caused the initial attack? Describe the nature, location, and severity of symptoms. Are they intermittent or constant? Do they change with coughing, sneezing, straining at stool? What activities help and which aggravate symptoms? Is there radiation of the pain? Where? Is it lancinating? Is there paresthesia? Where? Is there pain when the patient arches backward?

#### **Physical Findings:**

Patient's weight, height, and body build. Alignment of the spine straight? Any scoliosis? Location and severity of tenderness, if any? Is it diffuse or localized to one structure? Is the skin tender to pinch? Presence and location of spasm, if present? Range of motion of the spine in degrees.

Results of congruency tests? (e.g., Axial loading, rotation, distraction, etc.) Results of tests of sensation? (Touch, pinprick, position, temperature, and vibration.) Location and distribution. Is it dermatomal? Deep tendon reflexes? Babinski?

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## Section 60C1.1-34 Additional Information for Vertigo

### **Additional Information for Vertigo**

#### **Name:**

To assist in submitting information regarding the history, current symptoms, physical findings, results of laboratory studies and therapy for this condition, you may use this information sheet to help when applying for Disability Retirement from the Office of Personnel Management. You may obtain this information from your treating physician(s). Specific information may be needed regarding:

#### **History:**

When did the vertigo start? Is the patient spinning or are things spinning around him? In which direction does the spinning occur? What is the frequency of vertiginous episodes? What is their duration? What helps and what aggravates these episodes? Does the patient fall with these episodes? Does nausea accompany the vertigo? Any tinnitus? Hearing loss? Any vomiting? Any URI's, trauma, inflammatory processes, etc., before developing vertigo? Any family history of hearing disorders? Any history of cardiovascular disease or hypertension? Any history of neurological disorders? Any ear fullness, ear pressure, ear pain, etc.? Any otorrhea?

#### **Physical Examination:**

Complete ENT examination? Complete cardiovascular system examination? Complete neurological examination? Any spontaneous nystagmus? If present, please describe. With 20 diopter glasses? Describe the gait? Romberg test results? Heel to toe walking? Any positional nystagmus, e.g., Dix Hallpike test?

#### **Laboratory Studies:** (If performed.)

Electronystagmography? X-rays? MRI? Brain stem auditory evoked response? CT Scan? Audiogram? Blood chemistries? Hematological studies? Sedimentation rate? ANA? (Please provide copies of reports.)

#### **Therapy:**

Medications? Diet? Exercises? Operative procedures? Hospitalizations? Etc.? (Please provide copies of hospitalization discharge summaries, operative reports, etc.)