



TO: AGENCY HEADS AND AGENCY PERSONNEL ADMINISTRATORS
DT: September 14, 2005
RE: General Letter No. 301 – Procedures While Pending
Determination of Disability Retirement

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LINDA J. YELMINI
Commissioner

Effective immediately, if an eligible individual applies for disability retirement under the State Employees Retirement System, their agency should place such employee on an unpaid leave of absence pursuant to C.G.S. Section 5-248. In the past, some agencies had been instructed to separate employees from State service during the pendency of their application for disability retirement.

As provided in the Core-CT HR Daily Mail dated August 29, 2005, the reason code should be *DRP – Pending Disability Retirement* whether the disability is service connected or non-service connected. Although the status of the employee will be considered to be unpaid leave of absence position not held, agencies are advised the employee must be returned to their last currently held position or the equivalent of such position should their application for disability retirement be denied.

Under this change, the employee will be provided medical insurance coverage for up to twelve (12) months. The employee must pay the employee share of the health insurance premium at the same level of coverage they had while actively employed. Agencies must ensure the employee remains current in making these payments by notifying employees of the ramifications of not making timely payments. Specifically, employees should be advised that their insurance coverage will lapse and Evidence of Insurability will be required if their payments are not up-to-date. A sample letter is provided for this purpose should your agency wish to use it.

The Retirement and Benefit Services Division has taken steps to have most disability retirement applications determined within the twelve (12) month period. In the unlikely event a determination has not been made within the twelve (12) month period, a request to extend the unpaid leave of absence shall be submitted to my office for approval. Extensions will be approved in increments of six (6) months. In this situation, an employee must be advised to make payments for continuation of coverage at the COBRA rate.

If an individual making application for disability retirement is otherwise entitled to receive payment from the State of Connecticut, i.e., workers' compensation, sick leave, etc., the employee's time should be recorded in accordance with the nature of those payments.

Please address questions concerning this General Letter to the HR Business Rules and Central Audit Unit via e-mail at the following address: DAS.BusinessRulesAudit@CT.Gov.

Linda J. Yelmini

Linda J. Yelmini, Commissioner

SAMPLE LETTER TO EMPLOYEE ON LEAVE PENDING DETERMINATION OF DISABILITY
RETIREMENT APPLICATION

Dear :

This letter is to inform you of your status while your application for disability retirement is being reviewed and to restate your obligations concerning payments for medical insurance during your leave of absence.

You have been placed on an unpaid leave of absence pursuant to Section 5-248 of the Connecticut General Statutes. During the pendency of your disability retirement application, you will be required to make payments in order to continue your health insurance coverage.

You will be provided medical insurance coverage through the State of Connecticut for up to twelve (12) months from the effective date of your leave. You must pay the employee share of the health insurance premium at the same level of coverage you had while actively employed during this time. **You must ensure your payments are made on time. Be advised your insurance coverage will lapse and Evidence of Insurability will be required if your payments are not up-to-date.**

The Retirement and Benefit Services Division has taken steps to have most disability retirement applications determined within the twelve (12) month period. In the unlikely event a determination has not been made within the twelve (12) month period, a request to extend your unpaid leave of absence shall be submitted to the Commissioner of the Department of Administrative Services for approval.

If your leave is extended beyond twelve (12) months, you will be advised to make payments for continuation of coverage at the COBRA rate. **Remember, you must ensure your payments are made on time to avoid a lapse in coverage and Evidence of Insurability requirement.**

Please contact me if you have any questions concerning this information. I can be reached at _____ or via e-mail at _____.