

CONNECTICUT TEACHERS' RETIREMENT BOARD  
765 ASYLUM AVENUE HARTFORD, CT 06105-2822  
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The regular meeting of the medical Review Committee was called to order at 11:56am by Chairperson Marvin Zelman, MD on Monday May 3, 2016 at 31 Woodland Street, Hartford, Connecticut.

**COMMITTEE MEMBERS PRESENT:**

Marvin Zelman, M.D., Chairperson, Herbert Hoffman, M.D., Paul West, M.D., Judith Pepe M.D.

**COMMITTEE MEMBERS NOT IN ATTENDANCE:**

**STAFF PRESENT:**

Antonio Hamilton, Associate Retirement Examiner Richard LaRonde, Retirement Examiner

1. Member                      DOB    07/13/59         56  
Years of Service: 20.0  
Application approved base on disability arising from Polyneuropathy and Chronic Pain.

**Recommendation:** Unanimously approved

2. Member                                  DOB 05/16/65                  50  
Years of Service: 26.7  
Application approved based on disability arising from Major Depression. Suggest re-evaluation in six months.

**Recommendation:** Unanimously approved

3. Member                      DOB 11/20/64            51  
Years of Service: 12.5  
Application approved based on disability arising from Optic Atrophy.

**Recommendation:** Unanimously approved

4. Member                                  DOB 12/31/64                  51  
Years of Service: 28.7  
Application approved based on disability arising from Dementia.

**Recommendation:** Unanimously approved

5. Member DOB 04/01/49 67  
Years of Service: 10.2  
Application approved based on disability arising from chronic fatigue.

6. Member                      DOB 03/14/59            57  
Years of Service: 11.4  
Application approved based on disability arising from Metastatic Breast Cancer.

7. Member                                  DOB 11/16/60                                  55  
Years of Service: 13.5  
Application approved based on disability arising from Parkinson's disease.

- |  |              |    |
|--|--------------|----|
| 8. Member  | DOB 07/07/62 | 53 |
| Years of Service: 30.3   |              |    |
| Application approved based on disability arising from Alcohol Dependence. Suggest re-evaluation in six months. |              |    |

- |   |              |    |
|---|--------------|----|
| 9. Member   | DOB 07/10/51 | 64 |
| Years of Service: 16.5  |              |    |
| Application tabled. Applicant says he is disabled because of workplace stress. Psychiatric evaluation is requested. |              |    |


### **24 Month Re-Evaluation Case(s)**

- |                        |              |    |
|------------------------|--------------|----|
| 11. Member             | DOB 06/13/57 | 58 |
| Years of Service: 18.1 |              |    |

**Recommendation:** Unanimously approved

Years of Service: 21.0

**Recommendation:** Unanimously approved

  
Antonio Hamilton

Date \_\_\_\_\_