North Carolina
Total Retirement Plans

Form 7A
Medical Report for Disability Eligibility Review

Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue, Raleigh NC 27604
www.myNCRetirement.com • (919) 814-4590

Members should complete Section A. *A licensed physician must complete Section B and Section C.*
This form is not valid unless it is completed and signed by a licensed physician and received by our office. Forms submitted with erasures, strikeovers or whiteouts will not be accepted.

Section A. To Be Completed by Member.

Member Information: Review, provide or update your personal information.

First Name	M.I.	Last Name		Suffix
Mailing Address				SSN (Last 4 Digits)
City	State	Zip Code	Telephone	Mobile Phone
Job Title		Age	Member ID	Date of Birth

Retirement System Selection: Select your retirement system.

- ☐ Teachers' and State Employees' Retirement System
- ☐ Local Governmental Employees' Retirement System
- ☐ Consolidated Judicial Retirement System
- ☐ Legislative Retirement System
- ☐ Firefighters' & Rescue Squad Workers' Pension Fund

Section B. To Be Completed by Physician.

Member's Diagnoses: Provide diagnoses for member conditions.

Diagnosis Type	Full Diagnosis Name *- Please do not abbreviate.*	ICD-10 Code (Required)	Date of Onset (Required) *- MM/DD/YYYY*
Primary			
Contributing			
Contributing			
Contributing			

Documentation for Diagnoses: Provide support for member conditions.

Supporting documentation must be provided, as you would if another physician were reviewing the patient's case. This includes, but is not limited to:

- Physical findings
- Surgical, diagnostic and/or lab reports
- CAT/MRI scans or other radiology reports (films and images are not accepted)
- Examination notes
- Hospitalization records
- Physician's notes from most recent exam
- Mental Status Exam status notes
- Other specialized test results supporting your diagnoses, such as:
  - Radiology imaging (orthopedic diagnoses)
  - EKG, ECHO cardiogram (cardiac diagnoses)
  - Renal function reports (kidney diagnoses)
  - PFT, O2 saturation, x-ray/CT reports (COPD diagnoses)

Member Last Name	SSN

Please continue to the next page.

Section B. To Be Completed by Physician.

Timeline: Provide history for member conditions.

Date patient became disabled (Required) *- MM/DD/YYYY*	
When did your practice first see this patient?	
Date of patient's most recent exam (Required) *- Submit physician's notes from recent exam along with completed version of this form.*	

Prescribed Medications: List all current prescribed medications. Attach additional sheet if needed.

Medication Prescribed	Dosage	Duration

Surgical Procedures: List all surgical procedure(s) related to current diagnoses. Attach operative report and pathology reports.

Surgical Procedure	Date	Patient Response

Member's Vital Signs:

Patient's Height		Patient's Weight	Patient's Blood Pressure		
Feet	Inches	Pounds		/	

Section C. Physician's mental assessment of the member. *For mental diagnosis only.*

Mental Assessment: Describe any deficits in the following areas.

Mood and Affect	
Ability to Relate	
Ability to Carry Out Daily Activities	
Ability to Follow Instructions	
Ability to Concentrate	
Impairments to Judgment:	
Other	

Member Last Name	SSN

Please continue to the next page.

Section D. To Be Completed by Physician.

Diagnosed Conditions:

How does the diagnosed condition(s) prevent the member from performing their job responsibilities?

Member's Performance:

What specific job function(s) is the patient unable to perform?

Member's Prognosis:

Is the member's disability temporary or permanent?	
☐ Temporary Incapacitation	☐ Permanent Incapacitation
If their disability is temporary, what approximate date (MM/DD/YYY) might the member return to work?	
What, if any, limitations may the member have if they return to work?	

Section E. To Be Completed by Physician.

Physician Information: NOTE: Do not send a bill to the Retirement Systems for completing this form. Unless otherwise specified, the North Carolina Retirement Systems Division will not assume any responsibility for payment of fees for furnishing the requested information.

Name of Practice/Facility			Specialty	
Physician's First Name	M.I.	Last Name	Title	
Mailing Address			License Number	
City		State	Zip Code	Telephone

I certify by my signature that the information I have provided in this form is true and accurate to the best of my knowledge. I understand that the Retirement System will not accept this form with any erasures, strikeovers, whiteouts or a stamped signature. I acknowledge that by completing this form, the North Carolina Retirement Systems Division is not responsible for any fees associated with the request for the information provided in this form, and my practice will not submit a bill to the Retirement Systems Division.

Physician's Signature _____ Date _____

NO STAMPED OR DIGITAL SIGNATURES
Physician signature only. Physician Assistant, Registered Nurse, or Nurse Practitioner signatures will not be accepted.

Member Last Name	SSN

Thank you.

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Form 7A Guides
Medical Report for Disability Eligibility Review

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Guide A. Purpose of Medical Report for Disability Eligibility Review (Form 7A).

This form must be properly completed in its entirety.

Form 7A provides the North Carolina Retirement Systems (NCRS) with your licensed physician's detailed assessment and diagnosis of your disability.

NCRS will review this form, supporting medical records supplied by your physician and certifies that your illness or condition makes you eligible for a disability benefit from NCRS.

Disability Restrictions. Your disability must:

- Occur while you are actively contributing to a North Carolina Retirement System;
- Incapacitate you from the performance of your usual occupation; and
- Be determined by a licensed physician.

NCRS. After the NCRS has reviewed your form, we will notify you by mail of the decision. If your application is approved, you will receive a letter providing you with the additional steps you must take so that we can process your disability benefit. Your application may be rejected for one of the following reasons:

- Incomplete application
- Eligibility requirements not met
- Application completed by someone other than a licensed physician
- NCRS determined that you are not eligible for a disability benefit

You may also be notified that the NCRS requires additional information. In this case, you will have 90 days to return to your physician, request the additional information and submit it to NCRS. Delays in your response may result in a denial of your application.

Guide B. Information required from the member.

Recent Visit. You must have visited the licensed physician who signs your Form 7A within the past six months.

Section A. Section A must be completed by the member.

Medical Bills. You are responsible for your medical bills. NCRS is not responsible for any payment of fees to your physician for completing the forms and providing the records necessary for your disability application.

Timely Response. Throughout the application process, you may be asked to provide additional documentation to NCRS. It is your responsibility to comply with any time limitations that apply to these requests. In the event that you are unable to respond within the time frame specified, be sure to contact NCRS in advance.

Guide C. Information required from the licensed physician.

Section B through Section E must be completed by a licensed physician and include an original signature. Forms completed by someone other than a licensed physician or forms that contain a stamped signature will be rejected.

Medical Documentation. The NCRS will view this application, so it is important that you as the licensed physician provide thorough and accurate responses to the questions on this form.

Please provide supporting medical documentation (not older than six months) to support the diagnosis indicated on this form, such as a recent medical examination, lab reports, etc.

Impaired Ability to Work. If, in your medical opinion, the member is no longer able to perform their usual occupation, please fully document and explain how their ability is impaired in Section D.

Other Work. While assessing the member's ability to perform their usual occupation, be sure to thoroughly document whether, in your medical opinion, the member is capable of performing other types of work and to what degree they can perform that work.

Thank you.