



Form 7A
Medical Report for
Disability Eligibility Review

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Members should complete Sections A and B of this form. A licensed physician must complete all remaining sections. This form is not valid unless it is completed and signed by a licensed physician and received by our office. Forms submitted with erasures, strike-overs or white-outs will not be accepted.

Section A. Tell us about yourself. (To be completed by the member.)

First Name	MI	Last Name	Suffix	SSN (Last 4 digits)
Mailing Address				Member ID
City	State	Zip	Telephone	Date of Birth
Age	Job Title			

Section B. Select the retirement system. (To be completed by the member.)

- | | |
|---|---|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) | <input type="checkbox"/> Legislative Retirement System (LRS) |
| <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) | <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS) |
| <input type="checkbox"/> Firefighters' and Rescue Squad Workers' Pension Fund | |

Section C. Tell us about the member's diagnosis. (To be completed by the physician.)

When is the date of the patient's most recent exam?

Submit physician's notes from recent exam along with your completed version of this form.

When did your practice first see this patient?

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

When did the patient become disabled?

NOTE: You must provide documentation that supports your diagnosis, same as you would if another physician were reviewing the patient's case. Supporting documentation includes, but is not limited to:

- 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

Member's Last Name	SSN (Last 4 digits)
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Section D. Physician's physical assessment of the member. (For physical diagnosis only.)

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

Has the patient required any surgical procedure related to any disability listed in Section C? Yes No *If yes, please provide documentation of each procedure.*

Has the patient been prescribed any medication related to any disability listed in Section C? Yes No *If yes, please attach a list of medication(s) and dosages.*

For the following question, please review these definitions of work type.

SEDENTARY	LIGHT	MEDIUM	HEAVY
<ul style="list-style-type: none"> Action: Sitting most of the time. Occasionally: Exerting up to 10 pounds. Most Often: Negligible physical exertion. 	<ul style="list-style-type: none"> Action: Requires walking or standing to a significant degree. <p style="text-align: center;">-OR-</p> <ul style="list-style-type: none"> Occasionally: Exerting up to 20 pounds. Frequently: Exerting up to 10 pounds. Most Often: Negligible physical exertion. 	<ul style="list-style-type: none"> Occasionally: Exerting up to 20-50 pounds. Frequently: Exerting up to 10-25 pounds. Most Often: Exerting up to 10 pounds. 	<ul style="list-style-type: none"> Occasionally: Exerting 50-100 pounds. Frequently: Exerting 20-50 pounds. Most Often: Exerting up to 10-20 pounds.

Given your observations of the patient, can he or she perform any work? Sedentary Light Medium Heavy None

Does the patient's disability cause him or her to be permanent or temporarily incapacitated from the performance of his or her usual occupation? Temporary Incapacitation Permanent Incapacitation

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

Section E. Physician's mental assessment of the member. (For mental diagnosis only.)

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's Last Name	SSN (Last 4 digits)
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Section E. (continued) Physician's mental assessment of the member. (For mental diagnosis only.)

Does the patient's disability cause him or her to be permanent or temporarily incapacitated from the performance of his or her usual occupation? Temporary Incapacitation Permanent Incapacitation

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

Section F. Tell us about the member's prognosis. (To be completed by licensed physician.)

Has the patient's condition changed since the date of disability? Improved Unchanged Worsened Unsure

When do you anticipate that the patient can return to work?

When the patient returns to work, do you believe that the patient will be able to return to work with or without restrictions? With Restrictions Without Restrictions

Section G. Tell us about your practice and certify your answers. (To be completed by licensed physician.)

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	License Number
Mailing Address				
City	State	Zip	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, strike-overs, white-outs 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

Member's Last Name	SSN (Last 4 digits)
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Guide A. The purpose of this form

The Form 7A provides the North Carolina Retirement Systems Medical Board with your licensed physician's detailed diagnosis and assessment of your disability. The Medical Board is a panel of licensed physicians that will review your Form 7A, along with the supporting medical records that your physician supplies, to certify that your illness or condition makes you eligible for a disability benefit.

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.

Medical Board Review. After the Medical Board 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:

- Your application is incomplete.
- You do not meet the eligibility requirements.
- Your application is completed by someone other than a licensed physician.
- The Medical Board has determined that you are not eligible for a disability benefit.

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

Guide B. Information needed from the member.

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

Medical Bills. You are responsible for your medical bills. The Retirement Systems Division 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 the Retirement Systems Division. 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 the Retirement Systems Division in advance.

Guide C. Information needed from the licensed physician

This form must be completed by a licensed physician as completely as possible, and it must include an original signature. Forms that are completed by someone other than a licensed physician or forms that contain a stamped signature will be rejected.

Medical Documentation. The North Carolina Retirement Systems Medical Board will view this application, so it is important that you as the licensed physician provide thorough and accurate answers to the questions asked on this form and include copies of all current medical records within the last six months of the patient's most recent visit, lab reports, etc. that support your disability diagnosis.

Impaired Ability to Work. If, in your medical opinion, the member is no longer able to perform his or her usual occupation, be sure to fully document and explain how their ability is impaired in Section D and/or Section E.

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 he or she can perform that work.