ADMINISTRATIVE PROCEDURES

Procedure Number: 23-8
Effective Date: 03/01/1999
Revision Date: 10/19/2017

C. D. [Signature]
County Administrator

SUBJECT: LONG TERM DISABILITY (LTD) PROGRAM

DEPARTMENT RESPONSIBLE: Human Resources Department

I. STATEMENT

The purpose of this procedure is to assist departments with initiating Long Term Disability (LTD) for eligible employees who will be off work longer than six (6) months due to an illness or injury.

II. ELIGIBILITY CRITERIA

A. Eligible employees include:

1. Any employee who is currently a participating member of the Arizona State Retirement System (ASRS); and

2. Whose illness or injury occurred while employed by Pima County; and

3. Is under the care of a licensed physician; and

4. Is unable to perform one or more of the job duties for which he/she was hired.

B. Ineligible Employees Include:

1. Active plan members from the Public Safety Personnel Retirement System, the Elected Officials Retirement Plan or the Correction Officers’ Retirement Plan.

2. Participants already receiving retirement benefits from ASRS.

3. Previous participants who have withdrawn employee contributions and ceases to be members of the plan.

4. Participants who initial claims for disability benefits more than twelve (12) months after the date of disability, unless they can show good cause for filing late.
III. PROCEDURES

A. Initial Contact Requirements

1. When the employee has been unable to work due to illness or injury or has been working limited duty/hours and/or has had restrictions for "two (2) consecutive months", it is the Department's responsibility to notify Human Resources Benefits Division to request that Long Term Disability Plan Benefits information be sent to the employee.

2. The employee may apply for Long Term Disability as soon as he/she is aware that his/her disability may result in absence from work for longer than six months.

3. If the employee chooses to apply for Long Term Disability after reviewing the LTD Plan Benefit information, he/she must contact Human Resources to request the LTD claim packet.

4. The employee must satisfy the six (6) month waiting period as follows:
   a. Off work or working a modified work schedule during the waiting period; or
   b. Working in a less strenuous occupation (restructured/modified duties) as deemed necessary by a licensed physician; or
   c. Working twenty (20) hours or less per week. The employee may use or sick leave, compensatory time, annual leave and if eligible, receive C&G Bank hours or Short Term Disability during the waiting period.
   d. Refer to Administrative Procedure 23-4 Leave of Absence – Insurance Procedures, for election and payment of health and life insurance.

B. Application for Long Term Disability – Department

1. "Long Term Disability Income Plan, Employer's Notice of Claim" form and Physical / Non Physical Aspects of Job– Appointing Authority or designee must complete this form and supply the requested information. The signature of the person completing the form is required.

2. "Job Description and Requirements" – In cases where the employee is/was working modified duties/hours and/or under restrictions, a memo with a description of the modified duties/hours and/or restrictions, as well as the beginning and ending dates the modified duties are/were being performed, must be submitted.

3. Submit any documentation in the employee's file from physicians excusing the employee from work, reducing hours or modifying duties in relation to the disability.
IV. RESPONSIBILITIES

A. Department shall:
   1. Contact Human Resources Benefits to request that the Long Term Disability Plan Benefit information be sent to the employee. This request must be made no more than two (2) months following the commencement of an employee being unable to work due to sickness or injury or has been working limited duty/hours.
   2. Complete the Long Term Disability Employer's Notice of Claim forms within ten (10) work days.
   3. Return the forms and requested information to the Long Term Disability representative in Human Resources Benefits.

B. Employee shall:
   1. Contact Human Resources Benefits to request the Long Term Disability claim packet.
   2. Submit all completed Employee Claim Forms to the Long Term Disability Representative in Human Resources Benefits.
   3. Resign from County employment upon receiving notification of approval of Long Term Disability coverage.
   4. The Long Term Disability participant may be eligible for a Premium Benefits (subsidy) reimbursement from ASRS. In this case, the LTD participant will need to notify Human Resources if health benefits are continued under Consolidated Omnibus Budget Reconciliation Act (COBRA).

C. Human Resources Benefits shall:
   1. Inform the employee of the eligibility and waiting period requirements for Long Term Disability.
   2. Assist the employee with completing the necessary forms.
   3. Obtain the official County Job Classification Specification to be submitted with the Long Term Disability application.
   4. Obtain copies of all attendance records from the date of disability through the date of submission to the Long Term Disability Administrator.
   5. Compile all documentation and verify correct completion of all forms. Submit the completed application with documentation to the ASRS Long Term Disability Administrator.
   6. Notify the department when a decision has been received regarding the employee's application.
7. Notify the employee of the decision and advise of the COBRA process for health insurance continuation.

8. Notify the appropriate retirement system, if the LTD participant elects COBRA and makes the first payment, to determine eligibility for Premium Benefit (subsidy) reimbursement.

9. After the County has received the subsidy payment from the retirement system, the County will reimburse the LTD participant the subsidy amount provided the LTD participant has made the COBRA premium payment in full.