

Member's Application for Disability Retirement

Updated August, 2008 | Previously Identified as PERA 10-1, 10-3, 10-4, 10-5, 10-6 (1-3), 10-19A-792

Retirement Board: Please place your address and phone number here.

MASSACHUSETTS STATE RETIREMENT BOARD
ONE WINTER STREET, 8TH FLOOR
BOSTON, MA 02108
(617) 367-7770
www.mass.gov/retirement

Intent to Retire

Patterson Andrew M
Applicant's Last Name First M.I. Former or Maiden Name (if different)

Street Address Social Security #

MA
City State Zip Phone #

MA M F Yes No
Date of Birth Place of Birth Sex Are you a veteran?

If you will be residing at an address other than the one above (for example, a summer or retirement address) within the next 12 months, please list your alternate address below.

Alternate Street Address Phone #

From To
City State Zip Dates in Residence at Your Alt. Address

I understand that I have the right to apply for Accidental Disability and/or Ordinary Disability Retirement benefits. If I believe my disability may be the result of a job-related incident or injury, I may apply for Accidental Disability benefits and must answer all of the questions on this application. I will be required to provide evidence that my disability occurred as a result of a personal injury sustained or a hazard undergone while in the performance of my duties at a definite place and time without serious and willful misconduct on my part.

If I apply for Accidental Disability and PERAC approves my application after considering the Retirement Board's findings, the Regional Medical Panel Report and other evidence, I will be granted an Accidental Disability.

If I apply for an Accidental Disability and PERAC approves an Ordinary Disability application for me based on the Retirement Board's findings, the Regional Medical Panel Report and other evidence, then I may be retired for Ordinary Disability based on this application, if that is my preference and I meet the other requirements for Ordinary Disability benefits.

I apply to be retired on the basis of (Please check one):

Accidental Disability Ordinary Disability Either Accidental or Ordinary Disability

I sign this application under the pains and penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information on this application may subject me to loss of my benefits as well as civil and criminal penalties.

Applicant's Signature Date 07/14/2010

COMMONWEALTH OF MASSACHUSETTS | PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
WEB | WWW.MASS.GOV/PERAC





MEMBER NAME: _____ SSN: _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then check box A, B, or C.

- Option A - NO SURVIVOR RETIREMENT BENEFITS**
 I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.
 If choosing A, please complete sections 2 and 3 on this page. **Do not complete section 4.**

- Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH**
 I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32.
 If choosing B, please complete sections 2, 3, and 4 (beneficiary information on following page).

- Option C - JOINT SURVIVOR ALLOWANCE**
 I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32.
 If choosing C, please complete beneficiary information below and sections 2 and 3. **Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):
 Please do not complete this section if selecting Option B. A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license is required if Option C is selected and must be included with this application.

Option C Beneficiary: Patterson SSN [REDACTED]
(Please print)

Gender: M F Date of Birth: [REDACTED] Relationship to Member: Wife

Address/City/State/Zip: [REDACTED]

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option C selected above.
(enter option selection: A, B, or C)

Member Signature: X [Signature] Date: 07/14/2020

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: X [Signature] Date: 7/14/2020

Print Name: [REDACTED]

Address: [REDACTED]

Please complete section 4 on following page only if selecting Option B.



THIS SECTION BEARD USE ONLY



Rating Board
470 Worcester Road
Framingham, Massachusetts 01702

Board Members:

Lt. Colonel John D. Pinkham, Department of State Police
James DeVita M.D., Department of Public Health
Alexandra Accardi, M.D., State Surgeon

September 15, 2020

The Honorable Deborah B. Goldberg
State Treasurer
Chairman, State Board of Retirement
One Ashburton Place
Boston, Massachusetts

Dear Ms. Goldberg,

Trooper - Patterson, Andrew M. DOB: [REDACTED], was appointed a member of the Massachusetts Department of State Police on December 2, 2013 – 81st RTT.

Trooper - Patterson, Andrew M was advised by Britt Hatfield, M.D, State Surgeon on September 3, 2020 he was putting him for voluntary disability retirement under the provisions of Chapter 32, Section 26, Subdivision 2, Paragraph (a), clause (ii) of the Massachusetts General Laws because [REDACTED]

The board designated Michael Rater, MD as the impartial physician to him. Copies of reports are attached.

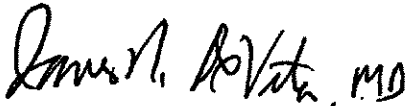
At a meeting of the Rating Board on September 15, 2020, Trooper - Patterson, Andrew M is unable to perform the essential tasks of a State Police Officer by reason of [REDACTED] injury which occurred through no fault of his own in the actual performance of duty and that such inability is likely to be permanent. It was the unanimous decision of the Board to retire him in accordance with the provisions of Chapter 32, Section 26, Subdivision 2, Paragraph (a), Clause (ii) of the Massachusetts General Laws as amended.

Trooper - Patterson, Andrew M
September 15, 2020

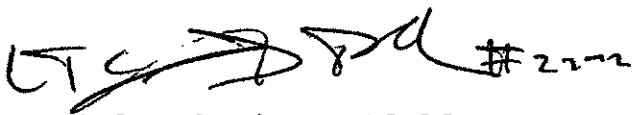
The Rating Board respectfully requests that Trooper - Patterson, Andrew M. be retired for [REDACTED] disability in accordance with the provisions of the above chapter and section, effective at the close of business September 15, 2020.



Colonel Alexandra L. Accardi, M.D.
State Surgeon National Guard



James DeVita, M.D.
Department of Public Health



Lt. Colonel John D. Pinkham
Department of State Police

STATE RETIREMENT
BOARD

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