

Division of Human Resources Department of Environment & Natural Resources SOP MANUAL	Section: 9-C Benefits	Page 1 of 2
	Subject: Disability – Short & Long Term	
	Reference: <u>T&SE Retirement Handbook, State Personnel Manual, Section 6</u>	
	Issued Date: 10/17/01	Revision Date: 03/25/2009

PURPOSE: To provide an equitable replacement of income for eligible state employees who become temporarily or permanently disabled from the performance of their duties prior to retirement and to encourage disabled state employees who are able to seek gainful employment after a reasonable period of rehabilitation.

Order of Steps for the Process	Responsible Party	Responsibility/Task
		All disabilities begin with Short-Term Disability (STD).
1	Employee	• Complete the following forms if the disability is expected to last longer than 60 days. • Disability Income Plan of North Carolina form – 1 (Form 701) Application for Short-Term Disability Benefits. • Disability Income Plan of North Carolina form – 2 (Form N18) Authorization for Release of Medical and Other Information. • Disability Income Plan of North Carolina form – 3 (Form 703) Employee Request for Payment and Certification of Disability by Physician. • Must have five years of contributing service in the State Retirement System. Apply for preliminary long-term disability. 1. Disability expected to last 12 months. 2. Complete Retirement System Form 7A (Form 7A) Doctor's Medical Report. - Note: If approved for Preliminary Long-Term Disability by the state Retirement System, the monthly Form 703 is ggg necessary. • Submit to Division HRM.
2	Division HRM	• Complete the Employer Certification on second page of Disability Income Plan of North Carolina form – 1 (Form 701) Application for Short-Term Disability Benefits. • Obtain employee's current job description. • Submit all forms and a copy of the employee's job description to DENR HR. • Create a Disability file.
3	Division HRM	• Evaluate the application request. • Approve or Deny application. • Notify employee in writing STD Letter / STD End Letter of approval or denial. • Send copy of letter to Division HRM. • Retain a copy for file.
4	Employee	• Submit Form 703 to Division HR Manager by the 10th of the month. • Submit payment for continued health insurance and optional benefits to Division HRM by the 5th of the month.

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Brigitte Niedzwiecki, Julie Pepper



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