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# Rules of Retirement Systems

## Division 30—Missouri State Employees’ Retirement System

### Chapter 2—Administrative Rules

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## Title 16—RETIREMENT SYSTEMS

### Division 30—Missouri State Employees' Retirement System Chapter 2—Administrative Rules

#### 16 CSR 30-2.010 Definitions (Rescinded June 7, 1993)

#### 16 CSR 30-2.020 Payment of Interest (Rescinded June 7, 1993)

#### 16 CSR 30-2.030 Prior Service Credit for Military Service

*PURPOSE:* This rule establishes a guideline relative to the election by the employee to establish prior service credit for military service.

(1) Whenever an eligible employee desires that his/her membership be continued during a period of military service or training, s/he, shall notify, upon re-entering the employment of the state, the board in writing of his/her election to have the period of service considered as creditable service under the retirement system law. Credit for service is limited to the actual period(s) of active duty service as shown on form DD 214.

*AUTHORITY:* section 104.330, RSMo (1986). \* Original rule filed Dec. 18, 1975, effective Jan. 1, 1976. Amended: Filed Nov. 25, 1992, effective June 7, 1993.

\*Original authority 1957, amended 1958, 1972, 1980, 1981.

*Op. Atty. Gen. No. 6, Bode (3-17-77).* An employee of the state of Missouri who was employed by the Missouri State Highway Patrol from January 19, 1946 until February 24, 1946, and who then resigned to reenlist in the United States Army until May of 1965 and who went to work for the state of Missouri in August of 1965 and has continuously been employed by the state since that time, is not entitled to receive prior state or military service credit with the Missouri State Employees' Retirement System from January 1946 until August 1965.

#### 16 CSR 30-2.031 Military Service, Purchase of

*PURPOSE:* This rule establishes a procedure for calculating the cost of and crediting the purchase of military service pursuant to section 104.340, RSMo.

(1) Purchased military service will be credited as the same type of service the member is accruing at the date of purchase. No military service will be credited until the final payment has been received.

(2) The principal amount is determined by taking the number of months of military service to be purchased times the monthly salary rate on the initial date of hire times the retirement contribution rate in effect on initial date of membership. Interest is determined by taking the years between the date of hire and the date of election times the interest rate used in the valuation in effect on the date of election times the principal amount. Monthly payments are calculated by charging interest on the unpaid balance.

*AUTHORITY:* section 104.010, RSMo (Cum. Supp. 1989) and 104.500, RSMo (Supp. 1988). \* Original rule filed Nov. 25, 1992, effective June 7, 1993.

\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989 and 104.500, RSMo (1957), amended 1981, 1984, 1988.

#### 16 CSR 30-2.040 Notification of Sick Leave

*PURPOSE:* This rule establishes guidelines for notification to the state retirement system by departments of state government for employees going off the state payroll because of sick leave.

(1) In the event of absence from employment after September 1, 1957 by a member of the system because of sickness or injury for which absence the employee is entitled to sick leave, the employing department shall give written notice on a form provided by the retirement system when the employee goes off the payroll and when the employee returns to work, or at the end of twelve (12) months' absence, whichever is sooner. Absence because of pregnancy shall be considered absence of sickness or injury.

*AUTHORITY:* section 104.500, RSMo (Supp. 1988). \* Original rule filed Dec. 18, 1975, effective Jan. 1, 1976. Amended: Filed Nov. 25, 1992, effective June 7, 1993.

\*Original authority 1957, amended 1981, 1984, 1988.

#### 16 CSR 30-2.050 Notification of Termination of Active Employment

*PURPOSE:* This rule establishes guidelines for notification to the state retirement system

by departments of state government for employees going off the state payroll because of termination of active employment.

(1) The employing department shall give written notice on a form provided by the retirement system when each officer or employee leaves state employment, which notice shall include a statement of the date of the last payroll on which the employee will be paid.

*AUTHORITY:* section 104.500, RSMo (Supp. 1988). \* Original rule filed Dec. 18, 1975, effective Jan. 1, 1976. Amended: Filed Nov. 25, 1992, effective June 7, 1993.

\*Original authority 1957, amended 1981, 1984, 1988.



MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM  
**TERMINATION OF EMPLOYMENT**

(To be completed by Employer. Please print or type.)

<b>SECTION A</b>	1. SOCIAL SECURITY NUMBER	2. NAME (LAST) (FIRST) (MI)	
	3. ADDRESS (STREET) (CITY) (STATE) (ZIP CODE) (COUNTY)		
	4. NUMBER OF DEPARTMENT	5. NUMBER OF DIVISION	6. NUMBER OF SECTION
	RETIREMENT SYSTEM TYPE (Check one) <input type="checkbox"/> Regular State (REG) <input type="checkbox"/> Administrative Law Judge (ALJ) <input type="checkbox"/> Elected Official (REG) <input type="checkbox"/> Judge (JDG) <input type="checkbox"/> Legislative Clerk (REG) <input type="checkbox"/> Public School Retirement (TCH) <input type="checkbox"/> Legislator (LEG)		
<b>SECTION B</b>	TERMINATION DATE ▶	MONTH/DAY/YEAR	
<b>SECTION C</b>	REASON FOR TERMINATION — PLEASE CHECK THE APPROPRIATE BOX: 1. <input type="checkbox"/> TERMINATION OF EMPLOYMENT: Employee is not vested or eligible for retirement. 2. <input type="checkbox"/> TRANSFER OF EMPLOYMENT: Employee is transferring from a State agency under the MOSERS system to another State agency under the MOSERS system. (See regulation of the Personnel Advisory Board pursuant to Section 1.CSR 20-W.30, formerly Rule 9.) To what agency: _____ 3. <input type="checkbox"/> VESTED: Employee has at least 5 years of service with the State and is terminating employment. 4. <input type="checkbox"/> RETIREMENT: An Application for Retirement Benefits and, if applicable, an Application for Retiree to Retain Medical and/or Optional Life Insurance must be submitted with his/her Proof of Age document. Complete Section D. 5. <input type="checkbox"/> DECEASED: Date of Death <input style="width:100px;" type="text"/> 6. <input type="checkbox"/> DISABILITY: Employee is terminating because of a disability and will make application for LTD (attach copy of the employing department's Statement of Disability (form GH24-LTD-ER-MOSERS)).		
<b>SECTION D</b>	Total accrued unused sick leave at date of termination <input style="width:100px;" type="text"/> DAYS.		
<b>SECTION E</b>	PLEASE COMPLETE FOR ALL TERMINATING EMPLOYEES WITH HEALTH AND/OR OPTIONAL LIFE INSURANCE COVERAGE. Employee's last deduction for Health Care Benefits: \$ <input style="width:100px;" type="text"/> Employee's last deduction for Optional Life Coverage: \$ <input style="width:100px;" type="text"/> Will be deducted on the regular payroll dated <input style="width:100px;" type="text"/> MONTH for <input style="width:100px;" type="text"/> MONTH coverage. or on the supplemental payroll dated <input style="width:100px;" type="text"/> MONTH for <input style="width:100px;" type="text"/> MONTH coverage.		
<b>SECTION F</b>	I hereby certify the above information is true and correct in accordance with the records of this department.		
	SIGNATURE OF PAYROLL/PERSONNEL CLERK		DATE
<b>SECTION G</b>	<b>DO NOT WRITE BELOW THIS LINE</b>		
(MOSERS USE ONLY.)	DATE OVERRIDE: _____		

**16 CSR 30-2.060 Notification of Continuance of Service Beyond Normal Retirement Date**

(Rescinded June 7, 1993)

**16 CSR 30-2.070 Notification by Retired Member of Election or Appointment to Office**

*PURPOSE: This rule establishes guidelines for notification to the state retirement system by a retired member who is appointed or elected to office covered by the state retirement system.*

(1) In the event that any retired member is elected or appointed to an office as provided in section 104.380, s/he shall immediately give notice in writing to the board of the date upon which s/he begins to serve in the office, and s/he shall give notice again in writing to the board, of the date on which s/he ceases to serve in the office.

*AUTHORITY: sections 104.380 and 104.500, RSMo (Supp. 1988). \* Original rule filed Dec. 18, 1975, effective Jan. 1, 1976.*

*\*Original authority: 104.380, RSMo (1957), amended 1858, 1967, 1972, 1976, 1980, 1981, 1982, 1984, 1985, 1988 and 104.500, RSMo (1957), amended 1981, 1984 and 1988.*

**16 CSR 30-2.080 Refunds**

(Rescinded June 7, 1993)

**16 CSR 30-2.090 Disability Benefits**

(Rescinded July 11, 1983)

**16 CSR 30-2.100 When Monthly Benefits Begin**

(Rescinded June 7, 1993)

**16 CSR 30-2.110 Verification of Prior Service Credit for Services Performed for the General Assembly or Other Departments of the State**

(Rescinded June 7, 1993)

**16 CSR 30-2.120 Confidentiality of Records**

*PURPOSE: This rule establishes guidelines regarding the confidentiality of the records of individual members of the retirement system.*

(1) The records of members of the retirement system are confidential and shall not be dis-

closed to any person, except pursuant to a written request by, or with the prior written consent of, the member to whom the record pertains, unless disclosure of the record would be to those officers and employees of the Missouri State Employee's Retirement System or its legal representative who have a need for the record in the performance of their duties; or unless disclosure of the record would be for a routine used by the retirement system, which is the use by the retirement system of the record for a purpose which is compatible with the purpose for which it was collected; or unless disclosure of the record is to the member to whom the record pertains; or unless disclosure of the record is pursuant to the order of the court of competent jurisdiction. For the purposes of this rule, the legal guardian of any member who by a court of competent jurisdiction, has been declared incompetent due to physical or mental incapacity, may act on behalf of the member.

*AUTHORITY: section 104.500.2, RSMo (Supp. 1988). \* Emergency rule filed Sept. 14, 1982, effective Sept. 24, 1982, expired Jan. 12, 1983. Original rule filed Oct. 15, 1982, effective Jan. 13, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993.*

*\*Original authority 1957, amended 1981, 1984, 1988.*

**16 CSR 30-2.130 Charges for Documents**

*PURPOSE: This rule establishes guidelines regarding charges for documents.*

(1) The board of trustees may impose a reasonable charge to cover the cost of furnishing copies of reports, records and documents upon written request. The charge shall closely approximate the actual cost of the copies, not to exceed one dollar (\$1) per page.

*AUTHORITY: sections 104.480 and 104.500.2, RSMo (1986). \* Emergency rule filed Sept. 14, 1982, effective Sept. 24, 1982, expired Jan. 12, 1983. Original rule filed Oct. 15, 1982, effective Jan. 13, 1983. Amended: Filed June 15, 1983, effective Sept. 11, 1983.*

*\*Original authority: 104.480, RSMo (1957), amended 1973, 1987 and 104.500.2, RSMo (1957) amended 1981 and 1988.*

**16 CSR 30-2.140 Computation of Credit**

*PURPOSE: This rule establishes a guideline relative to the computation of credit by the Missouri State Employees' Retirement System.*

(1) In determining prior service credit and in calculation of creditable service, one (1) calendar month equals one-twelfth (1/12) of a year and any remaining days shall be converted into months (or one-twelfth (1/12) of a year) on the basis that each thirty (30) calendar days equals one (1) month and a remainder of twenty-seven (27) or more days will be credited as an additional month. Any balance of less than twenty-seven (27) days will not be used in the calculation. Credit will be computed using the date of employment to the date of termination. Credit will be granted for up to one (1) year of authorized sick leave without pay due to an employee's illness or injury. Credit will not be granted for any other periods of leave without pay.

*AUTHORITY: section 104.500.2, RSMo (Supp. 1988). \* Emergency rule filed Nov. 12, 1982, effective Nov. 22, 1982, expired March 12, 1983. Original rule filed Nov. 12, 1982, effective March 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993.*

*\*Original authority 1957, amended 1981, 1984, 1988.*

**16 CSR 30-2.150 Verification of Service**

*PURPOSE: This rule establishes the documents acceptable to the Missouri State Employees' Retirement System for verifying service.*

*Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.*

(1) Service must be verified before credit is granted. Proof of verification which will be accepted by the Missouri State Employees' Retirement System is listed in order of preference:

(A) Certification by the employing department's payroll/personnel officer listing periods of employment by dates, position and status or similar certification from the Personnel Division of the Office of Administration for employment in agencies for which the division maintains central payroll/personnel records; and

(B) Certification from retirement records, listing employing department, periods of employment by dates and, if available, position and status.



(2) If the records in (1)(A) and (B) are not available, then (2)(A) plus one (1) of either (2)(B), (C) or (D) must be presented to the board of trustees for approval.

(A) Notarized statements from at least two (2) co-workers, supervisors, or both, listing period of employment for each department together with a statement from the employing department certifying that payroll/personnel records do not exist.

(B) Copies of records maintained by the Social Security Administration or by the state agency administering the state Social Security Agreement, reflecting employment status and taxable wages.

(C) Tax records issued by the employer.

(D) Copy of appropriate pages of the *Official Manual* published by the secretary of state.

*AUTHORITY: section 104.500.2, RSMo (Supp. 1988). \* Emergency rule filed Dec. 15, 1982, effective Dec. 25, 1982, expired April 24, 1983. Original rule filed Dec. 15, 1982, effective March 11, 1983.*

*\*Original authority 1957, amended 1981, 1984, 1988.*

**16 CSR 30-2.160 Use of Sick Leave and Annual Leave Before Beginning Disability**

*PURPOSE: This rule provides an equitable policy upon which to evaluate applicants for disability benefits.*

(1) In order to be eligible to receive disability benefits, an employee must have used all accrued sick leave. Use of annual leave prior to commencement of disability benefits shall be at the discretion of the employing department.

*AUTHORITY: section 104.500.2, RSMo (Supp. 1988). \* Emergency rule filed March 15, 1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983.*

*\*Original authority 1957, amended 1981, 1984, 1988.*

**16 CSR 30-2.170 Employer's Statement of Disability**

(Rescinded June 7, 1993)

**16 CSR 30-2.180 Attending Physician's Statement of Disability**

(Rescinded June 7, 1993)

**16 CSR 30-2.181 Application for Long-Term Disability Benefits**

*PURPOSE: This rule standardizes the information needed to make application for long-term disability benefits.*

(1) The application for long-term disability benefits shall consist of the following three (3) forms, provided by the retirement system:

(A) Statement of Claim for Long-Term Disability Insurance Benefits, application to be completed by employee;

(B) Employing Department's Statement of Disability, to be completed by the employer; and

(C) Attending Physician's Statement of Functional Capacity, to be completed by the employee's physician.

(2) Whenever used in this chapter, the term physician means a physician or surgeon licensed to practice under Chapter 334, RSMo, or who is licensed to practice medicine as a physician or surgeon under similar laws in which the person is located.

*AUTHORITY: sections 104.010 and 104.500, RSMo (1994). \* Original rule filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Dec. 6, 1996, effective June 30, 1997.*

*\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989, 1992, 1994 and 104.500, RSMo (1957), amended 1981, 1984, 1988.*

**METROPOLITAN LIFE INSURANCE COMPANY**  
Group LTD Claims Office  
P. O. Box 94221  
Palatine, IL 60094-4221



Group Policy No. 29200-G

### LONG-TERM DISABILITY APPLICATION — DS96

Your Long-Term Disability (LTD) Insurance under the Missouri State Employees' Retirement System (MOSERS) helps provide you a source of income if you are unable to work because of disability caused by accident or illness.

If you are Totally Disabled and qualify for benefits, your monthly benefit will be 60% of your monthly Compensation or the average of your highest 36 consecutive months of pay, whichever is higher, reduced by Primary Social Security, Workers' Compensation or Other Income Benefits listed in the Long-Term Disability Plan Booklet.

The benefit will begin after you have been Totally disabled for at least 120 days or the exhaustion of your sick leave, whichever is later, and will continue to be paid until you:

1. Are eligible for an unreduced retirement benefit;
2. Are no longer disabled;
3. Fulfill a Benefit Limitations described in the Long-Term Disability Plan Booklet on page 21; or
4. Die.

While you are receiving Long-Term Disability benefits, you will continue to accrue creditable service for retirement purposes under MOSERS. The accrual of service does not apply to members of the Public School Retirement System.

For more information refer to your Long-Term Disability Insurance Plan Booklet, dated January 1, 1996.

In order to apply for this benefit, you must submit a completed claim packet. Your claim packet consists of three forms. All questions on these forms are important. If a section does not apply to you, or the information is unavailable, please indicate in the space provided.

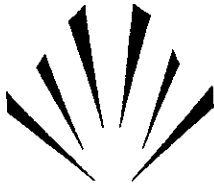
The three forms in your claim packet are:

1. Statement of Claim for Long-Term Disability Insurance Benefits.
2. Employing Department's Statement of Disability
3. Attending Physician's Statement of Functional Capacity

You will also need to submit a copy of claim filed for Social Security Disability Benefits (if applicable).

You are responsible for making sure all required forms are completed and returned to Metropolitan Life Insurance Company at the above address. Should you have any questions, our office is available to assist you. Our telephone number is 1-800-638-2242.

18000143995(0496)



MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM  
GROUP POLICY NO. 29200-G



Metropolitan Life Insurance Company  
Group LTD Claim Department  
P. O. Box 94221  
Palatine, IL 60094-4221

STATEMENT OF CLAIM FOR  
**Long Term Disability  
Insurance Benefits**

(Please print or type)

I hereby, make claim for disability benefits under the provisions of the Missouri State Employee's Retirement System Long Term Disability Insurance Benefit Plan:

**SECTION A**

1. SOCIAL SECURITY NUMBER	2. NAME (Last)	(First)	(MI)
3. ADDRESS (Street) (City) (State) (Zip Code)			
Telephone: Area Code ( )			
3A. If not at home, where are you presently located?			

**THE FOLLOWING MUST BE SUBMITTED TO THIS OFFICE IN ORDER TO PROCESS YOUR CLAIM FOR LONG TERM DISABILITY INSURANCE BENEFITS**

**SECTION B**

- Employing Department's Statement of Disability Form GH24 LTD-ER-MOSERS
- Attending Physician's Statement of Functional Capacity Form GH24 LTD-MD-MOSERS
- Copy of claim filed for Social Security Disability Benefits.  
If approved, benefits began on \_\_\_\_\_  
(Month/Year)  
Amount \_\_\_\_\_

**Important** — If not previously submitted, be sure to attach a copy of the Social Security Award Certificate, Social Security Disability Denial Notice or other correspondence explaining the decision, received from Social Security. If not yet issued, submit a copy when received.

**SECTION C**

- Are you now totally and continuously unable to engage in any gainful occupation for which you are reasonably qualified by education, training or experience?
- Name of all physicians who have treated you since the beginning of this disability.

Name	Dates of Treatment From	To

**SECTION D**

Yes  No Is this disability work related?

Yes  No If yes, have you applied or do you intend to apply for Workers' Compensation?

Yes  No Are you receiving or entitled to receive payments from Workers' Compensation? If Yes, indicate one:

Lump Sum Amount \_\_\_\_\_

Monthly Payments Amount \_\_\_\_\_ for \_\_\_\_\_ months

**SECTION E**

In the event of my death, if there is a benefit due, please make payment to:

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION F**

I know it is a crime to fill out this form with facts I know are false or to leave out facts I know are important.

I represent that I have provided complete answers to the above questions and that said answers are true and correct to the best of my knowledge.

I herewith authorize any doctor or medical institution, my present or former employer(s), insurance carrier(s), including Workers' Compensation carrier(s), having information concerning me, to release said information to the Metropolitan Life Insurance Company and or its designated representative to be used for claims evaluation and auditing purposes only.

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_





MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM  
GROUP POLICY NO. 29200-G

Employing Department's  
Statement of Disability

(To be completed by Employer. Please print or type.)



Metropolitan Life Insurance Company  
Group LTD Claim Department  
P. O. Box 94221  
Palatine, IL 60094-4221

<b>SECTION A</b>	1. SOCIAL SECURITY NUMBER	2. NAME (Last) _____ (First) _____ (MI) _____	
	3. ADDRESS (Street) _____ (City) _____ (State) _____ (Zip Code) _____		
	4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	5. DATE OF BIRTH _____	6. DATE OF EMPLOYMENT _____
	7. DATE LAST WORKED _____	8. MONTHLY SALARY ON DATE LAST WORKED _____	9. NAME OF DEPARTMENT _____
	10. TITLE/POSITION _____		11. NAME OF DIVISION _____
	Uniformed Member of Water Patrol <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>SECTION B</b>		
	1. Date on which accumulated sick leave will be exhausted: _____		
	2. Accumulated Annual leave will be: <input type="checkbox"/> Used <input type="checkbox"/> Paid in Lump Sum		
	3. If Accumulated Annual Leave will be used, date on which it will be exhausted: _____		
<b>SECTION C</b>			
Please complete the following for items which will reduce the amount of Long Term Disability Benefit payments under the Plan:			
Description of Reduction (If Reduction Amount increases or decreases, list each change on a separate line.)		Date Reduction Begins	Date Reduction Ends or Changes
Primary Social Security			Monthly Amount*
Workers' Compensation			
For Partial Disability or Dual Employment - 50% of Earnings Received			
Other Employer Sponsored Income (Specify)			
*If reduction is a weekly amount, multiply by 4.33 to convert to monthly basis.			
Comments: _____			
<b>SECTION D</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this disability work related?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has the Employee applied for Workers' Compensation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Employee receiving or entitled to receive payments from Workers' Compensation?		
	If Yes, indicate one:		
<input type="checkbox"/> Lump Sum	Amount _____		
<input type="checkbox"/> Monthly Payments	Amount _____ for _____ months		
<b>SECTION E</b>			
Job held immediately prior to disability. (Brief description of duties or attach copy of official job description.)			
_____			
_____			
_____			
<b>SECTION F</b>			
Date _____	Dept./Div. _____		
Title _____	Signed _____ Authorized Representative		
<b>SECTION G</b>			
If additional information is needed regarding claimants employment, please contact:			
Name of Contact: _____	Address: _____		
Title: _____			
Telephone: ( _____ ) _____			



MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM  
GROUP POLICY NO. 29200-G



Metropolitan Life Insurance Company  
Group LTD Claim Department  
P. O. Box 94221  
Palatine, IL 60094-4221

## Attending Physician's Statement of Functional Capacity

(Please print or type)

**It is a crime to fill out this form with facts you know are false or to leave out facts you know are important.**  
The information provided is to be used for claims evaluation and auditing purposes only.  
The patient is responsible for having this form completed without expense to Metropolitan or the Employer.

<b>SECTION A</b>	1. SOCIAL SECURITY NUMBER	2. NAME (Last) (First) (MI)		
	3. ADDRESS (Street) (City) (State) (Zip Code)			
	4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	5. DATE OF BIRTH		6. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single
	7. EMPLOYMENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ No. Hrs.	8. DATE OF EMPLOYMENT		9. NAME OF DEPARTMENT
	10. TITLE/POSITION		11. NAME OF DIVISION	
<b>SECTION B</b>	<b>HISTORY</b>			
	1. When did symptoms first appear or accident happen? _____			
	2. Date patient ceased work because of disability: _____			
	3. Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and describe: _____			
<b>SECTION C</b>	<b>PRESENT CONDITION</b>			
	1. Subjective symptoms: _____			
	2. Objective findings: (Include results of current X-rays, E.K.G.s, or any other special tests) _____			
	3. Is patient: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Bed confined <input type="checkbox"/> House confined <input type="checkbox"/> Hospital confined			
<b>SECTION D</b>	<b>DIAGNOSIS</b>			
	1. Primary diagnosis affecting work ability: _____			
	2. Secondary diagnosis affecting work ability: _____			
	3. Other known injuries or presently active diseases that may affect work abilities: _____			
<b>SECTION E</b>	<b>TREATMENT</b>			
	1. Date of first visit: _____			
	2. Date of last visit: _____			
	3. Frequency of visits: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____			
	4. When did you last examine the patient? _____			
	5. Present and future course of treatment: _____			



SECTION E  
(continued)

6. Does patient's medical condition allow exposure to the following; please check appropriate box and explain any limitation below.

	No Limitation	Some Limitation	Avoid Completely	Cannot Determine
Dust/Gases/Fumes				
Chemicals/Solvents				
Temperature Extremes				
Noise Levels				
Allergenic Agents				
Stairs/Ladders				
Scaffolds/Heights				
Enclosed Spaces				
Drafts/Damp Areas				

Explanation:

7. Because of the patient's medical conditions, are there any limitations on any of the following activities; please check appropriate box and explain any limitations below.

	No Limitation	Some Limitation	Avoid Completely	Cannot Determine
Transportation				
Standing				
Sitting				
Change of Position (sitting/standing)				
Assuming Cramped/Unusual Positions				
Reaching (forward/overhead)				
Pushing/Pulling/Twisting (arm/leg controls)				
Grasping/Handling				
Finger Dexterity				
Repetitive Movement (hands/feet)				
Climbing (stairs/ladders/scaffolds)				
Balancing (exposure to falling)				
Bending/Stooping/Squatting				
Operating Truck/Dolly/Small Vehicle				
Operating Heavy Equipment				
Operating Electrical Equipment				
Concentrated Visual Attention				
Other				

Explanation:

8. Evaluation of carrying and lifting abilities includes both the intensity and frequency of the activity. For each weight class listed below, please indicate the reasonable top limit of frequency. Please provide an explanation below with any additional comments regarding limitations on duration, ability to handle and distance (in front of body and above floor).

Intensity in Pounds	Frequency: Percentage of Workday			
	Never	Less than 20%	20%-60%	Greater than 60%
0-15				
16-30				
31-45				
Greater than 45				

Explanation:



SECTION E (continued)

9. Is there a past or present psychological problem that might interfere with patient's ability to work? If yes, please list your findings according to the DSM-111 multiaxial classification.

Yes  No  Not Determined

10. If you have any additional information that is relevant to patient's work ability, please indicate below.

SECTION F

CARDIAC

1. Functional capacity (American Heart Association):

- Class 1 (No Limitation)  Class 2 (Slight Limitation)  Class 3 (Marked Limitation)  Class 4 (Complete Limitation)

2. Blood pressure: \_\_\_\_\_

SECTION G

Disability Evaluation — During the waiting period and the first 24 Months that Long Term Disability income benefits are payable, "Total Disability" means complete inability to perform the material and substantial duties of his or her regular occupation on a full-time basis"; thereafter, "Total Disability" means inability to perform the material and substantial duties or any other gainful occupation for which the employee is reasonably qualified by education, training, or experience.

Table with columns for 'For Any Occupation' and 'For His/Her Occupation'. Rows include questions about total disability, work resumption dates, and rehabilitation suitability.

SECTION H

Form fields for Name of Physician, Board Certified Specialty, Street Address, City or Town, State, Zip Code, Telephone Number, Date, and Signature.

**16 CSR 30-2.190 Medical Review of Disability Applications**

*PURPOSE:* This rule provides for the medical review of an employee's application for disability benefits.

(1) The board has the authority to enter into a formal agreement with a medical review agency for review of disability examinations. The physician reviewer shall complete a standard medical review form, approved by the retirement system, including the recommendations of the medical reviewer.

(2) This rule applies only to the disability retirement plan.

*AUTHORITY:* section 104.500.2, RSMo (1994). \* Emergency rule filed March 15, 1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Dec. 6, 1996, effective June 30, 1997.

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.210 Disparity in Physicians' Opinions**

*PURPOSE:* This rule establishes a procedure for additional medical review if there is a disagreement between the recommendations of the employee's physician and MOSERS' medical reviewer.

(1) When a member makes application for disability benefits, or when a member who is receiving disability benefits is re-examined, the MOSERS' medical reviewer's recommendation will be accepted by the retirement system. If appealed, the determination made by the second MOSERS' physician reviewer will be followed. If again appealed, the board of trustees' decision will prevail.

(2) If any examination is requested by the retirement system to provide information/updated information for the MOSERS' medical reviewer, the retirement system will pay up to fifty dollars (\$50) for the physician's examination, including any tests required. The retirement system reserves the right to select the physician to do the examinations.

(3) This rule applies only to the disability retirement plan.

*AUTHORITY:* section 104.500, RSMo (1994). \* Emergency rule filed March 15,

1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Dec. 6, 1996, effective June 30, 1997.

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.220 Workers' Compensation Offset/Disability Benefits**

*PURPOSE:* This rule establishes criteria for earnings limitation for members receiving disability benefits and offset of disability benefits against Workers' Compensation benefits.

(1) If an applicant for disability benefits is receiving or is entitled to receive wage continuation payments as Workers' Compensation benefits, the disability benefit to be received from the retirement system shall be decreased by any amount paid to the member as Workers' Compensation benefits. If the member receives a lump sum settlement from Workers' Compensation for loss or injury, this amount will not be offset against any disability benefits to be received from the retirement system.

(2) A member who is receiving disability benefits shall annually submit a statement from the member's physician, satisfactory to the board of trustees, stating whether the disabled member has or has not regained fifty percent (50%) of his/her earning capacity. If the response is positive, disability benefits are to be discontinued immediately and the member is to be advised that s/he has the right to appeal.

(3) This rule applies only to the disability retirement plan.

*AUTHORITY:* section 104.500, RSMo (1994). \* Emergency rule filed March 15, 1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Dec. 6, 1996, effective June 30, 1997.

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.240 Disability Appeal Procedure**

*PURPOSE:* This rule establishes an appeal procedure regarding disability applications and benefit payments.

(1) If the MOSERS' medical reviewer determines that claimant is not sufficiently disabled, the claimant will be notified and advised that s/he may appeal the decision by notifying the retirement system in writing within thirty (30) days of the date of the denial letter.

(2) If appealed, MOSERS' medical reviewer will select a second physician reviewer in the same specialty as the first physician. If the second MOSERS' physician reviewer also determined that the claimant is not sufficiently disabled, the claimant will be notified and advised that s/he may make a final appeal by writing directly to the board of trustees within thirty (30) days of the date of the (second) denial letter.

(3) If appealed again, the case will be heard at the next regularly scheduled board meeting that is held at least thirty (30) days after the receipt of the claimant's written appeal.

(4) The decision of the board is final and no further appeals to the board of trustees are permissible. Any further appeal is to a court of law.

(5) This rule applies only to the disability retirement plan.

*AUTHORITY:* section 104.500, RSMo (1994). \* Emergency rule filed March 15, 1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Aug. 4, 1993, effective March 10, 1994. Amended: Filed Dec. 6, 1996, effective June 30, 1997.

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.241 Denial of Long-Term Disability Benefits**

*PURPOSE:* This rule establishes guidelines for appeal procedures when an application for long-term disability benefits has been denied by the carrier.

(1) After all appeal procedures with the carrier have been exhausted and a claim has still been denied, the only further appeal is to a court of law.

*AUTHORITY:* section 104.010, RSMo (Cum. Supp. 1992) and 104.500, RSMo (Supp. 1988). \* Original rule filed Nov. 25, 1992, effective June 7, 1993.



\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989, 1992 and 104.500, RSMo (1957), amended 1981, 1984, 1988.

**16 CSR 30-2.242 State Employment Effect on Disability Benefits/Long-Term Disability Benefits**

*PURPOSE: This rule establishes guidelines to terminate disability benefits/long-term disability benefits when a member again becomes a full-time state employee.*

(1) Disability benefits/long-term disability benefits terminate when a member again becomes an employee in a position qualifying under the retirement system.

(2) Rehabilitation benefits under the long-term disability benefits plan also terminate when a member again becomes an employee in a position qualifying under the retirement system.

*AUTHORITY: section 104.010, RSMo (Cum. Supp. 1992) and 104.500, RSMo (Supp. 1988). \* Original rule filed Nov. 25, 1992, effective June 7, 1993.*

\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989 and 104.500, RSMo (1957), amended 1981, 1984, 1988.

**16 CSR 30-2.250 Earning Capacity Rule**

*PURPOSE: This definition as adopted by the Missouri State Employees' Retirement System Board of Trustees and here set forth defines the policy regarding earning capacity for members receiving disability benefits under MOSERS' long-term disability plan and under the disability provisions of the MOSERS' retirement plan.*

(1) If a disabled employee is not able, because of injury or illness, to perform in any occupation for which the employee is or may reasonably become qualified for by training, education or experience, to the extent that the employee can earn at least fifty percent (50%) of his/her current annualized rate of pay for the position held by the employee on the date preceding the employee's date of disability, disability benefits will be continued.

(2) This rule applies only to the disability retirement plan.

*AUTHORITY: section 104.500, RSMo (1994). \* Original rule filed April 24, 1986, effective Oct. 27, 1986. Amended: Filed Nov.*

*25, 1992, effective June 7, 1993. Amended: Filed Dec. 6, 1996, effective June 30, 1997.*

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.260 Cost-of-Living Allowance Based on Consumer Price Index**

*PURPOSE: This rule establishes procedures to be followed in calculating the annual benefits or compensation increase, or both, pursuant to sections 104.415 and 104.612, RSMo.*

(1) Pursuant to sections 104.415 and 104.612, RSMo, the annual increase in benefits or compensation, or both, for retirees and consultants shall be calculated based upon the average of the monthly values of the consumer price index for all urban consumers for a calendar year and the increase shall be calculated to the nearest one-thousandth(1/1000) of a percent.

*AUTHORITY: section 104.500.2, RSMo (1986). \* Emergency rule filed March 15, 1983, effective April 1, 1983, expired July 30, 1983. Original rule filed March 15, 1983, effective July 11, 1983.*

\*Original authority 1957, amended 1981, 1984 and 1988.

**16 CSR 30-2.270 Break-in-Service**

*PURPOSE: This rule defines a break-in-service.*

(1) An employee will have a break-in-service when the employee is off payroll status for an entire calendar month, except when the employee is on an approved leave-of-absence. An approved leave-of-absence without pay will not constitute a break-in-service.

*AUTHORITY: section 104.500.2, RSMo (Supp. 1988). \* Emergency rule filed June 15, 1983, effective July 1, 1983, expired Oct. 29, 1983. Original rule filed June 15, 1983, effective Sept. 11, 1983.*

\*Original authority 1957, amended 1981, 1984 and 1988.

**16 CSR 30-2.280 Employee with More than One State Job**

*PURPOSE: This rule establishes the method where service and salary are credited by the retirement system for a state employee holding more than one state job.*

(1) If a person is employed in at least one (1) position qualifying under the retirement system, the employee shall accrue membership service at a rate of one (1) day for each calendar day of employment and shall not accrue more than one (1) day of service for any one (1) day of employment. The total compensation received by an employee for all positions qualifying under the retirement system and from each position which would otherwise qualify except the position normally requires less than one thousand (1000) hours per year, shall be recognized in determining the amount of the member's benefits.

*AUTHORITY: section 104.500.2., RSMo (Supp. 1988). \* Emergency rule filed Aug. 15, 1983, effective Aug. 25, 1983, expired Dec. 23, 1983. Original rule filed Aug. 15, 1983, effective Nov. 11, 1983. Amended: Filed Nov. 25, 1992, effective June 7, 1993.*

\*Original authority 1957, amended 1981, 1984, 1988.

**16 CSR 30-2.285 Options In Lieu of Normal Annuity**

*PURPOSE: This rule establishes parameters for the available statutory options to a normal annuity under section 104.395, RSMo.*

(1) The only retirement payment options available in addition to the normal annuity are those established in section 104.395, RSMo. The election to take one (1) of those options must be made in the retirement application and the election is irrevocable, except as specifically provided in section 104.395, RSMo.

(2) With respect to Options 1 and 2 under section 104.395, RSMo, spouse means the spouse at the time the retirement application is filed. The election of Option 1 or 2 and the eligibility for survivor's benefits are not affected by the subsequent dissolution of the marriage. The election of Option 1 or 2 is not affected by the subsequent death of either the member or the spouse, except if either the member or the spouse nominated to receive the survivorship payment dies before the effective date of retirement, the election shall not be effective.

(3) With respect to Options 3 and 4 under section 104.395, RSMo, the beneficiary or beneficiaries must be designated in the retirement application. The beneficiaries may be changed by a subsequent designation filed by the member. If no designated beneficiary survives the retirant, the remaining guaranteed payments will be made to the retirant's estate.

If a designated beneficiary survives the retiree but dies before all guaranteed payments have been made, the remaining payments which would have been payable to that beneficiary will be made to the beneficiary's estate.

*AUTHORITY: section 104.515, RSMo (Cum. Supp. 1992). \* Original rule filed Dec. 20, 1993, effective July 10, 1994.*

*\*Original authority 1972, amended 1976, 1977, 1978, 1979, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1992.*

### **16 CSR 30-2.290 Appeal Procedure for Retirement Plan**

*PURPOSE: This rule establishes an appeal procedure regarding coverage and payment of claims by the retirement plan.*

(1) Claims Procedures. A member, or legal guardian of a member, must apply to the board for commencement of benefits and to elect any option, on the form(s) provided by the Missouri State Employees' Retirement System (see 16 CSR 30-2.285 for form). Application for benefits and option election forms are to be submitted to the Missouri State Employees' Retirement System, P.O. Box 209, Jefferson City, MO 65102 or delivered to the office at 906 Leslie Blvd., Jefferson City, MO 65101. If a member does not qualify for benefits due to the requirements specified in sections 104.010, 104.320–104.620, RSMo or if the board does not approve the option elected by the member, the board, or its designated staff member, will advise the member in writing within thirty (30) days of receiving the application. The notice of denial will contain reasons for denial, any additional information needed to complete the application and information regarding the review process.

(2) Request for Review. If a member disagrees with the board's decision, the member may appeal to the board in writing within sixty (60) days after the date of the letter of denial. The appeal is to be submitted to: Board of Trustees, MOSERS', P.O. Box 209, Jefferson City, MO 65102. A review of the complaint will be held at the next regularly scheduled meeting of the board of trustees, which is held at least thirty (30) days after the date the appeal is received in the MOSERS' office unless an earlier date is agreed to by both the claimant and the board. The member or the member's authorized representative, or both, may appear before the board of trustees. The board of trustees will review the complaint, all evidence on file and submitted by the claimant, as well as any additional

information presented. The board's final decision will be issued within sixty (60) days of the date of the review meeting. If any benefits are due as a result of the review process, payment may be retroactive to the date specified by the board. The finding of the board shall be final.

*AUTHORITY: sections 104.500, RSMo (Supp. 1988). \* Original rule filed April 3, 1985, effective Aug. 26, 1985. Amended: Filed Nov. 25, 1992, effective June 7, 1993.*

*\*Original authority 1957, amended 1981, 1984, 1988.*



MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM  
 P.O. BOX 209  
 JEFFERSON CITY, MISSOURI 65102

**APPLICATION FOR RETIREMENT BENEFITS**

STATE EMPLOYEES OTHER THAN JUDGES/LEGISLATORS/ELECTED OFFICIALS AND EMPLOYEES OF DEPARTMENT OF CONSERVATION.

**INSTRUCTIONS:** 1. Please print or type. 2. This form must be notarized if member is married at date of retirement.

I hereby make application for the retirement benefits to which I am entitled under the provisions of the Missouri State Employees' Retirement System. I understand that I will no longer be eligible to purchase military service or to transfer any other eligible service after the effective date of retirement.

The State provides a death benefit of \$5,000 to eligible MOSERS members who retire directly from active employment and agree to act as a Special Consultant. Retirees not eligible for MOSERS Basic Life Insurance immediately prior to retirement do not receive this death benefit.

<b>SECTION A</b>	1. SOCIAL SECURITY NUMBER	2. NAME (LAST)		(FIRST)	(MI)
	3. ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	(COUNTY)
	4. DATE OF RETIREMENT	5. DEPARTMENT NAME AND NUMBER			
<b>SECTION B</b>	DATE OF BIRTH	Proof of Age Document (Attach Document)			
	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Baptismal Record	<input type="checkbox"/> Military Discharge	<input type="checkbox"/> Census Report	
	I request that my proof of age document(s) be returned <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>SECTION C</b>	<b>ELECT ONLY ONE OPTION FROM THE 3 LISTED BELOW — Complete Required Information</b>				
	1. <input type="checkbox"/> <b>Life Income Annuity</b> — I elect to receive full benefits with no continued payments to a beneficiary after my death.				
	2. <input type="checkbox"/> <b>Joint and Survivor Options</b> — I elect to receive a reduced monthly benefit for my lifetime with payments continuing to my spouse thereafter. (Specify only one)				
	<input type="checkbox"/> 50%		<input type="checkbox"/> 100%		
	SPOUSE'S NAME		SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S DATE OF BIRTH	
	If you elect a Spouse Survivor Option, attach spouse's Proof of Age Document				
	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Baptismal Record	<input type="checkbox"/> Military Discharge	<input type="checkbox"/> Census Report
	3. <input type="checkbox"/> <b>Life Income with Guaranteed Payments</b> — I elect to receive a reduced monthly benefit for my lifetime, with payments guaranteed for the following period if I die within the period. (Specify only one)				
	<input type="checkbox"/> 60 Months Guaranteed		<input type="checkbox"/> 120 Months Guaranteed		
	BENEFICIARY'S NAME		BENEFICIARY'S SOCIAL SECURITY NUMBER	BENEFICIARY'S DATE OF BIRTH	
	BENEFICIARY'S ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
<b>SECTION D</b>	I HEREBY CERTIFY THAT MY SPOUSE, AT THE TIME I COMPLETED THIS APPLICATION, WAS AWARE OF MY APPLICATION AND MY ELECTION IN SECTION C.				
<b>MEMBERS WHO ARE NOT MARRIED NEED TO WRITE N/A (NOT APPLICABLE) IN THIS SECTION</b>	SIGNATURE OF MEMBER		DATE		
	NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)	
		SUBSCRIBED AND SWORN BEFORE ME, THIS			
	DAY OF		19	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)					
<b>SECTION E</b>	TO: THE BOARD OF TRUSTEES MISSOURI STATE EMPLOYEES' RETIREMENT SYSTEM				
I, as an employee or former employee of the State of Missouri, am applying to receive retirement benefits from the Missouri State Employees' Retirement System.					
In accordance with Sections 104.610 and 104.612, RSMo, I hereby agree to act as a special consultant and to abide by the provisions of the statutes, by being available to give opinions in writing or orally, in response to requests by the Board or my former State employer.					
For this availability, I hereby apply for any benefits to which I may be eligible under the statutes. I also hereby certify that the above information is true and correct.					
	MONTH	DAY	YEAR		
			19		
	SIGNATURE OF MEMBER		SIGNATURE OF WITNESS (OTHER THAN BENEFICIARY)		



### 16 CSR 30-2.300 Recognition of Creditable Service for a Person Restored to Employment When a Dismissal is Disapproved

*PURPOSE: This rule provides granting of creditable service for a person restored to employment when a dismissal is disapproved.*

(1) In order for an employee to receive retirement credit for the period since his/her dismissal, the employee must be paid a salary or wage for that period of time and the appropriate contribution must be made to the retirement system. The amount of the salary or wage is not pertinent to the employee receiving retirement credit from the retirement system; the amount of salary or wage is a matter to be agreed upon by the department and the employee. However, the amount of salary or wage paid to the employee may affect the amount of the member's retirement benefit. In addition to the previous requirements, any agreement where a dismissed employee receives retirement credit must be approved by a court of law, or administrative tribunal with jurisdiction, so that it has the effect of a court order.

(A) The member shall be considered to be on a leave-of-absence without pay (no credit) for the period(s) for which the member receives no back wages, which will not constitute a break-in-service.

*AUTHORITY: sections 104.500, RSMo (Supp. 1988). \* Emergency rule filed March 25, 1987, effective April 14, 1987, expired Aug. 2, 1987. Original rule filed March 25, 1987, effective July 13, 1987. Amended: Filed Nov. 25, 1992, effective June 7, 1993. Amended: Filed Dec. 20, 1993, effective July 10, 1994.*

*\*Original authority 1957, amended 1981, 1984, 1988.*

### 16 CSR 30-2.310 Optional Life Insurance Annual Automatic Update of Premiums

*PURPOSE: This rule establishes guidelines for the optional life insurance annual automatic update of premiums.*

(1) All participants in the optional life insurance program offered by the Missouri State Employee's Retirement System will have their premiums updated each May 1 to reflect the rates in effect on that date. This update will also adjust premiums based on the participant's current age or coverage amounts, or both. Rates will be based on the participant's age on May 1 of the current year.

(2) The coverage of eligible participants who elected a multiple of their salary will also be

updated each May 1 using their projected annual salary based on the preceding January rate of pay. Annual salary includes deferred compensation and cafeteria plan reductions. It may also include shift differential pay or other pay when payment is normal, budgeted and reasonably assured to be made, but overtime should not be anticipated.

*AUTHORITY: sections 104.010, RSMo (Cum. Supp. 1992) and 104.500, RSMo (Supp. 1988). \* Original rule filed Nov. 25, 1992, effective June 7, 1993.*

*\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989, 1992 and 104.500, RSMo (1957), amended 1981, 1984, 1988.*

### 16 CSR 30-2.311 Refunds of Premiums for Optional Life Insurance

*PURPOSE: This rule establishes guidelines for the refund of employee premiums for optional life insurance upon approval of a waiver of premiums due to disability.*

(1) The retirement system may refund an overpayment of premiums paid by the employee for optional life insurance coverage provided the premiums have been waived and may be recovered from the carrier.

*AUTHORITY: sections 104.010, RSMo (Cum. Supp. 1992) and 104.500, RSMo (Supp. 1988). \* Original rule filed Nov. 25, 1992, effective June 7, 1993.*

*\*Original authority: 104.010, RSMo (1955), amended 1965, 1969, 1972, 1981, 1982, 1983, 1987, 1988, 1989, 1992 and 104.500, RSMo (1957), amended 1981, 1984, 1988.*

### 16 CSR 30-2.320 Former Employees on Layoff Status

*PURPOSE: This rule establishes guidelines for the continuance of basic and optional life insurance and long-term disability by former employees who are on layoff status. It also describes how former employees earn service credit upon reinstatement.*

(1) For purposes of this rule, a "layoff" occurs when an employer lays off an employee by reason of a shortage of work or funds, the abolition of the position, or other material change in the duties or organization, or for other related reasons which are outside the employee's control and which do not reflect poor job performance by the employee.

(2) Former employees on layoff status may continue their basic and optional group life

insurance and long-term disability coverage at their own expense. The continuation of such insurance is subject to the terms of coverage for such insurance but in no event may such insurance be continued beyond twelve (12) months after the employee is laid off. The monthly premium for an individual on layoff status for basic and optional life insurance will be based on the premium that would have been paid by the state for basic coverage and by the individual for optional if the individual had been on active status during the layoff period. The amount of life insurance will be limited to the amount in effect at the date of the layoff. The monthly charge to an individual for long-term disability coverage will be based on the rate of pay in effect at the time of the layoff and the long-term disability rates in effect for active employees during the layoff period.

(3) Upon reinstatement of an employee on layoff status, the system will reestablish prior service credit for the employee as of the date of reinstatement.

*AUTHORITY: sections 104.500.5 and 104.519.1, RSMo (1994). \* Original rule filed Jan. 30, 1995, effective July 30, 1995. Amended: Filed Dec. 16, 1996, effective June 30, 1997.*

*\*Original authority: 104.500, RSMo (1957), amended 1981, 1984, 1988 and 104.519, RSMo (1988), amended 1992.*

### 16 CSR 30-2.330 Creditable Prior Service

*PURPOSE: This rule establishes procedures for crediting creditable prior service for members of the general assembly.*

(1) Except as otherwise provided by law, creditable prior service shall be credited for members of the general assembly by adding all of the creditable prior service that a member has immediately prior to retirement to arrive at total years and months of creditable service and dividing that by a two (2)-year period. Each whole two (2)-year period shall be credited as a biennial assembly and any remaining period of less than two (2) years shall be credited as a biennial assembly.

(2) This rule shall not apply to any creditable prior service of a member that has been previously credited in the member's record by staff prior to the effective date of this rule.

*AUTHORITY: section 104.500, RSMo (1994). \* Original rule filed Dec. 6, 1996, effective June 30, 1997.*

*\*Original authority 1957, amended 1981, 1984, 1988.*