



REQUEST FOR ADMINISTRATIVE HEARING

This is a Request for an Administrative Hearing on a Disability Benefit Determination filed pursuant to the OCERS Administrative Review and Hearing Policy (Disability and Non-Disability Benefits) applicable to Requests for Administrative Hearings filed on or after August 18, 2020.

Denial of Disability Retirement Application. If you are requesting an administrative hearing in connection with the *denial* of a disability retirement application (in whole or in part, including the denial of service connection or the effective date), you must file this request ***no later than*** ninety (90) days from the date that OCERS provides you with notice of the Disability Committee’s recommendation.

Grant of Disability Retirement Application (Employers Only). If you are the Employer requesting an administrative hearing in connection with the *grant* of a disability retirement application in full, including the granting of service connection or the effective date), you must file this request ***no later than*** ten (10) days from the date that OCERS provides you with notice of the Disability Committee’s recommendation.

Instructions:

1. Completing the “Request for Administrative Hearing” form.
 - a. The Clerk will complete Section 1.
 - b. Complete Section 3 only if you ***are not*** the OCERS Member whose benefits are at issue.
 - c. Complete Section 4 only if you ***are*** the attorney for the Applicant.
 - d. Sign and date Section 7.

2. File this form by sending it via e-mail to ***hearings@ocers.org*** or mailing it to:

Orange County Employees Retirement System (OCERS)
Attn: Clerk of the Hearing Officers
PO Box 1229
Santa Ana, CA 92702

**BEFORE THE BOARD OF RETIREMENT OF THE
ORANGE COUNTY EMPLOYEES RETIREMENT SYSTEM**

Section 1. To Be Completed by the Clerk

In the Matter of the Application for Disability Retirement of:

Applicant.

Case No.:

REQUEST FOR ADMINISTRATIVE HEARING

This is a Request for Administrative Hearing on a Disability Retirement Application.

Section 2. Applicant's Information

Applicant is:

- OCERS Member
- Filing on behalf of an OCERS Member
- OCERS Employer
- Other person with interest in an OCERS Member's pension (e.g., heir, beneficiary, spouse)

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Check here if Applicant consents to have all documents served via e-mail.

If Applicant is an OCERS Member, are you/they:

- Receiving a Service Retirement Benefit
- Receiving a Non-Service Connected Disability Retirement
- Active

Section 3. OCERS Member Information (complete *only* if the Applicant is not the OCERS Member)

Member Name: _____

Member's Address (if known): _____

Member's Telephone Number: _____

Member's E-Mail Address: _____

Section 4. Attorney Information (complete only if Applicant is represented by an Attorney)

Name: _____

California State Bar Number: _____

Firm Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Section 5. Reason for Appeal:

Applicant is contesting (check all that apply):

- Finding on permanent incapacity
- Finding on service connection
- Effective Date
- Timeliness of application

Date of Disability Committee Meeting: _____

Section 6. Details of Appeal

Provide a short description of your claim(s) and why the Disability Committee's recommendation should be reversed (attach extra pages if necessary). Be as specific as possible:

Section 7. Signature

Date:

Applicant

Date:

Applicant's Attorney (If represented)