EXHIBIT D

RULE SUMMARY

The rule permits a disabled APERS member to receive benefits the first day of the calendar month following APERS's approval of the disability.

203 - 1957 (5) - Disability Retirement

Disability retirement for a member of PERS can be approved in one of two ways:

Before a member can be approved for disability retirement from PERS, he/she must first apply and be approved by either Social Security or by the Federal Railroad Retirement Board for disability benefits. If a member is approved for disability payments, then the member shall furnish proof to PERS of such approval and the member, who is otherwise eligible under State retirement law, will automatically be approved for PERS benefits retroactive to the date that benefits would have become payable under law the first day of the calendar month following the PERS's approval of the disability.

Should the member not be approved for Social Security or for Railroad Retirement disability payments, the member, after having been denied Social Security or Railroad Retirement through the Administrative Law Judge appeal level, may appeal directly to the Board of Trustees. The member shall furnish physician (s) statements and other medical documentation, obtained at the member's expense, to the APERS Medical Review Board (MRB) for evaluation. The MRB shall be composed of physicians approved by the Board. The results of the MRB evaluation shall be presented to the Board for final consideration.

Members applying under Act 868 of 1999 shall submit copies of physician (s) statements and other medical documentation, obtained at the member's expense, to the MRB for evaluation. The results of the MRB evaluation will be presented to the Board of Trustees for final consideration.

After retirement on disability, the member will be reviewed by Social Security or Railroad Retirement if receiving benefits from either agency, and the member will have to furnish APERS with a copy of the Social Security or Railroad Retirement findings.

In those instances where a disability retirant is working, determination as to whether remuneration is substantially gainful, as referenced A.C.A. 24-3-208, shall be based on guidelines used by the Social Security Administration for the SSDI program.

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QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY		mployees Retirem	ent System	n		
DIVISION	Legal			·		
DIVISION DIRECTOR				***************************************		
CONTACT PERSON	Jessica Middleton					
ADDRESS	124 West Capitol, Suite 400					
PHONE NO. 501-682-78	52 EAVING	501 (92 7925	E-		1.11	
NAME OF PRESENTER A		501-682-7825	WAIL	jessica.mic	ddleton@arka	ansas.go
MEETING		Jay W	ills			
PRESENTER E-MAIL	jay.wills@arkansas.gov					
	<u>IN</u>	STRUCTIONS		i i		
A. Please make copies of thiB. Please answer each quest	s form for future u ion <u>completely</u> usir	se. ng layman terms.	. You may	use addition	nal sheets, if	f
necessary. C. If you have a method of i Rule" below.	ndexing your rules	, please give the	proposed	citation afte	r "Short Tit	le of this
D. Submit two (2) copies of (2) copies of the proposed	this questionnaire a I rule and required	and financial imp documents. Ma	oact staten il or deliv	nent attache er to:	d to the from	nt of two
Arkansas Leg Bureau of Leg One Capitol N Little Rock, A	R 72201					
**************************************		******	******	*******	*****	
rule?		oility Retirement				
2. What is the subject of the prule?	proposed	pility Retirement				
3. Is this rule required to comregulation? If yes, please provide the fecitation.			Yes		No X	
4. Was this rule filed under th	e emergency provisi	ions of the Admin	nistrative P	rocedure Act	t?	
If yes, what is the effective rule?	date of the emergen	acy 	Yes		No X	
When does the emergency expire?	rule					

	Act?
	Yes No No
5.	Is this a new rule? Yes No X If yes, please provide a brief summary explaining the regulation.
	Does this repeal an existing rule? Yes No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.
rul	Is this an amendment to an existing e? Yes X No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."
6.	Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Administrative Procedure Act, ACA § 25-15-101 et seq. ("APA"); ACA 24-4-511
7. to	What is the purpose of this proposed rule? Why is it necessary? The rule permits a disabled APERS member receive benefits the first day of the calendar month following APERS's approval of the disability
8.	Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b)
9.	Will a public hearing be held on this proposed rule? Yes No I If yes, please complete the following:
	Date:
	Time:
	Place:
10.	When does the public comment period expire for permanent promulgation? (Must provide a date.)
11.	What is the proposed effective date of this proposed rule? (Must provide a date.)
12. pub	Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the lication of said notice
13.	Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e)
14.	Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DE	CPARTMENT	Arkansas Pul	olic Employee	s Retiremen	nt System			
DI	VISION	Legal						
PE	RSON COMPLI	ETING THIS	STATEMEN	NT Jessica	Middleton			
TE	CLEPHONE 501-	682-7853	_FAX <u>501-6</u>	582-7825	EMAIL: jess	ica.middleton	@arkansas.gov	
To St	o comply with Ark atement and file to	Code Ann. § wo copies with	25-15-204(e) the question), please con naire and pr	nplete the following oposed rules.	ng Financial	Impact	
SF	HORT TITLE O	F THIS RULI	E _R 203 Dis	ability Retir	rement			
1.	Does this propos	sed, amended,	or repealed ru	ile have a fi	nancial impact?	Yes 🗌	No X	
2.	economic, or oth	s the rule based on the best reasonably obtainable scientific, technical, conomic, or other evidence and information available concerning the eed for, consequences of, and alternatives to the rule? Yes X No						
3.	In consideration by the agency to	of the alternat	ives to this rule cons	le, was this sidered?	rule determined	Yes X	No 🗌	
	If an agency is p	roposing a mo	re costly rule,	please state	e the following:			
	(a) How the ac	lditional benef	its of the more	e costly rule	e justify its addition	onal cost;		
	N/A (c) Whether th	for adoption of	rule is based o		ests of public heal	th, safety, or	welfare, and	
		d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.						
4.	If the purpose of t	his rule is to in	plement a fede	eral rule or r	egulation, please s	tate the follow	ving:	
		cost to impler						
Cu	rrent Fiscal Year	<u>r</u>		Ne	xt Fiscal Year			
Fed Cas Spe	neral Revenue deral Funds sh Funds ecial Revenue ner (Identify)			Fed Cas Spe	neral Revenue eral Funds th Funds ocial Revenue er (Identify)	N/A		

Total		Total	Total		
(b) What is the addit	tional cost of the state	rule?			
Current Fiscal Year		Next Fiscal Year			
General Revenue	\$0	General Revenue	\$0		
Federal Funds	\$0	Federal Funds	\$0		
Cash Funds	\$0	Cash Funds	\$0		
Special Revenue	\$0	Special Revenue	\$0		
Other (Identify)	\$0	Other (Identify)	\$0		
Total	\$0	Total	\$0		
how they are affected. Current Fiscal Year 0		Next Fiscal Year \$ 0	-		
Current Fiscal Year \$ 0	st of the program or g	rant? Please explain how the government of the g	vernment is affected.		
or obligation of at least of	one hundred thousand usiness, state government	tions #5 and #6 above, is there a redollars (\$100,000) per year to a gent, county government, municip	private individual,		
		Yes No X			
time of filing the financi	al impact statement.	Ann. § 25-15-204(e)(4) to file wri The written findings shall be filed nelude, without limitation, the fo	d simultaneously		
(1) a statement of the rul	e's basis and purpose	•			
(2) the problem the agen a rule is required by	cy seeks to address wistatute;	ith the proposed rule, including a	statement of whether		
(3) a description of the fa (a) justifies the ag (b) describes how the rule's cos	gency's need for the p w the benefits of the ru	roposed rule; and all the relevant statutory obj	ectives and justify		

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.