



Disability Benefits Handbook

A comprehensive guide to processing of disability benefit claims



Claims and Benefits Department
Marshall Islands Social Security Administration
Republic of the Marshall Islands



FOREWORD

This handbook has been developed to guide the Administration in applying uniformly and consistently the provisions of the Social Security Act of 1990 covering disability benefits. This will also provide the reader with the understanding of the disability programs administered by the Marshall Islands Social Security Administration (MISSA). Being also a consultative examination guide, it provides physicians and other health care professionals with a clear and comprehensive understanding of the information a health professional can furnish MISSA to help ensure sound and prompt decisions on disability claims.

All the processes and procedures in this handbook have been approved by MISSA's Board of Directors on April 27, 2006 and shall be strictly implemented effective immediately. MISSA may, as the need arises, effect changes in this manual, subject to approval of the Administrator and Board of Directors.

TABLE OF CONTENTS

	<u>Page</u>
FOREWORD	2
 PART I – GENERAL INFORMATION	
Program description	5
Eligibility requirements.....	5
Definitions.....	5
Commencement of disability benefits.....	6
Amount of disability benefits.....	6
Suspension of disability benefits.....	6
Evidence of continued disability	7
Termination of disability benefits	7
Disability determination process.....	7
Treating sources	8
Appointing of medical examiners	8
Fees for consultation, medical examination, treatment, laboratory and diagnostic tests	8
Supplemental tests and examinations	9
Confidentiality of medical records.....	9
Frequently asked questions	9
 PART II – EVIDENCE REQUIREMENTS	
Medical evidence	11
Acceptable medical sources	11
Medical report	11
Waiting period.....	12
 FLOWCHART OF SEQUENTIAL EVALUATION PROCESS	 13
 PART III – SEQUENTIAL EVALUATION PROCESS	
Initial eligibility assessment.....	14
Application for disability insurance benefits	14
Authorization to disclose medical information	14
Medical examination by treating source	14
Laboratory and diagnostic tests.....	15
Medical report	15
Recommendation by treating source	16
Medical records of claimant.....	16
Assessment by Medical Examiner	16
Back-up examiner	17
Request for assessment by	17
Interview questionnaire.....	17

	<u>Page</u>
Medical criteria and impairments eligible for disability benefits	18
Additional evidence or supplemental tests.....	18
Approval or denial by Medical Examiner.....	18
Processing if application	18
Benefit calculation	18
Claim transmittal.....	19
Initial review by Deputy Administrator/Claims Manager	19
Final review and approval by Administrator	19
Release of initial disability benefit payment.....	19
Claims put on hold	19
Denial of claim	20
Notice of approval, denial or claim put on hold.....	20
Appeal by claimant	20
Re-assessment of denied claim	20
 PART IV – RE-EXAMINATION OF CURRENT MEDICAL RETIREES	
Coverage	22
Exemption	22
Proof of exemption.....	22
Notification	22
Compliance period	23
How the re-assessment is conducted.....	23
Review of documents.....	23
 PART V – SAMPLE FORMS AND NOTICES	
Medical report	Exhibit A
Request for medical assessment.....	Exhibit B
Request for medical re-assessment	Exhibit C
Medical Examiner assessment Report	Exhibit D
Medical source statement form	Exhibit E
Medical retiree re-examination form	Exhibit F
Authorization to disclose medical information to MISSA.....	Exhibit G
Application for disability insurance benefits	Exhibit H
Notice of Approval.....	Exhibit I
Notice of denial of disability insurance benefits.....	Exhibit J
Notice of decision to put claim on hold	Exhibit K
Notice of medical re-assessment.....	Exhibit L

PART I – GENERAL INFORMATION

PROGRAM DESCRIPTION

The Marshall Islands Social Security Administration (MISSA) administers a program that provides for payment of disability benefits to individuals who are “insured” under the Social Security Act of 1990 by virtue of their contributions to the Social Security Trust Fund based on their earned wages, as well as to certain disabled dependents of surviving spouses.

ELIGIBILITY REQUIREMENTS

The requirements for entitlement to disability benefits are as follows:

- a. The claimant must be or have been unable to engage in the continued performance of his duties because of a mental or physical impairment.
- b. The period of disability is expected to result in death or to last at least 12 months.
- c. The claimant must have been both fully and currently insured at the time of becoming disabled.
- d. An application must have been filed for disability benefits, supported by a medical report from a treating source and a recommendation from the Medical Examiner designated by MISSA

DEFINITIONS

“*Disability*” means the inability of a person to engage in the continued performance of his duties by reason of any medically determinable physical or mental impairment which is expected to last for a continuous period of not less than 12 months.

“*Fully insured*” means a worker or self-employed individual has earned at least one quarter of coverage for each year beginning with the later of June 30, 1968, or the year in which the worker or the self-employed individual attains the age of twenty-one (21) years and ending with the year before the year of death, attaining retirement age, or the year of becoming disabled, whichever first occurs; provided, however, that the worker or self-employed individual who dies, attains retirement age, or becomes disabled prior to October 1, 1983, must have no less than eight (8) quarters of coverage and a worker or self-employed individual who dies, attains retirement age, or becomes disabled after September 30, 1983, must have no less than twelve (12) quarters of coverage; provided, further, that the maximum number of quarters of coverage required shall be no more than thirty-eight (38) quarters.

“*Currently insured*” means a worker or self-employed individual has earned at least six (6) quarters of coverage during the forty (40) quarter period ending with the quarter of retirement, disability or death, whichever first occurs.

“*Physical or mental impairment determined by medical evidence*” means an impairment that results from anatomical, physiological, or psychological abnormalities, which can be shown by medically acceptable clinical and laboratory diagnostic techniques. Medical evidence shall consist of signs, symptoms, and laboratory findings, and not only by the individual’s statement of symptoms.

COMMENCEMENT OF DISABILITY BENEFITS

A claimant for disability benefits becomes entitled to such benefits beginning with the first month of his disability; provided, however, the maximum period for which such benefits shall be paid retroactively before the date of the application is 18 months for claims filed prior to September 30, 1992, and 12 months for claims filed on or after October 1, 1992.

AMOUNT OF DISABILITY BENEFITS

1. The monthly disability benefit shall be the basic benefit, but in no event shall it be less than \$128.99. The basic benefit is defined as one-twelfth (1/12) of the sum of the pension element and the social element calculated as follows:
 - (a) Pension element: two percent (2%) of indexed covered earnings.
 - (b) Social element: fourteen and five-tenths percent (14.5%) of the first eleven thousand dollars (US\$11,000) of cumulative covered earnings, plus seven-tenths percent (0.7%) of cumulative covered earnings in excess of eleven thousand dollars (US\$11,000) but not in excess of forty-four thousand dollars (US\$44,000).

“Cumulative covered earnings” means the sum of all of the covered earnings of a worker or self-employed individual.

2. If a Claimant is receiving periodic workmen’s compensation benefit, the disability benefit shall be reduced, in any month, by the amount that the sum of the workmen’s compensation benefit for that month plus the basic benefit exceeds eighty percent of one-twelfth of the highest annual earning on which contributions were made in the period consisting of the calendar year in which the disability occurred and the preceding five years.
3. If a workmen’s compensation benefit was not commuted to a lump sum, it shall be treated as if the periodic benefit, which was originally payable, was in fact paid.

SUSPENSION OF DISABILITY BENEFITS

1. If the claimant is not a citizen or national of the Marshall Islands, his disability benefits will be suspended for any month after the sixth consecutive month during which the claimant is outside the Marshall Islands.
2. The above provision does not apply to any claimant who is a citizen or national of the Federated States of Micronesia, the Republic of Palau, or the United States of America, if the Federated States of Micronesia, the Republic of Palau, and the United States of America, respectively, extend periodic benefits on account of retirement to citizens and nationals of the Marshall Islands who are not citizens of the subject country, who qualify for such benefits, and who are permitted to receive such benefits outside the country without regard to the duration of the absence.

EVIDENCE OF CONTINUED DISABILITY

1. The Administrator may, at any time, require a claimant who is receiving a disability benefit, to provide evidence necessary to confirm his entitlement to that benefit.
2. Unless otherwise waived by the Administrator, at least once every three-year period, the Administrator will require the claimant to undergo a medical examination by a physician or physicians selected by the Administrator. If the examination indicates that the claimant is no longer disabled, payment of the disability benefit shall be discontinued.
3. For purposes of the above provisions, recovery from disability shall mean that the beneficiary may once again engage in the performance of the duties performed prior to the determination of the disability.
4. If the claimant refuses to submit to a medical examination or provide other evidence as required by the Administrator, the disability benefit shall be discontinued. If the refusal continues for two (2) years, all rights to the disability benefit shall be permanently revoked.
5. In the case of a claimant who is below the age of 18 years, requirements regarding evidence of continued disability may be addressed to a parent or guardian of the said minor claimant.
6. Absent evidence of fraud or other wrongdoings, disability benefits shall not be discontinued retroactively.

TERMINATION OF DISABILITY BENEFITS

Disability benefits terminate the month before the month in which the claimant recovers from the disability or dies, whichever occurs first.

DISABILITY DETERMINATION PROCESS

As a general rule, all disability claims shall be processed at MISSA's head office in Majuro. For claimants residing in Ebeye, they may submit their claims and other requirements at MISSA's office in Ebeye, Kwajalein, where the initial interview will also be conducted.

A chief Medical Examiner (ME) and another as a back-up examiner (when the chief ME is not available) shall be appointed by MISSA to conduct a medical assessment on the claimant, based on the medical report of the attending physician and also on his (ME) own re-examination. He will then recommend to MISSA whether the claim for disability benefits be approved or denied.

As most patients use the facilities of Majuro and Ebeye Hospitals for consultation, examination and treatment of their ailments and actual medical examinations are normally conducted and medical reports prepared, by physicians employed by the Ministry of Health. Other private physicians licensed to practice medicine in the Marshall Islands may also perform the medical assessment and prepare the medical report. Laboratory and diagnostic tests may be conducted at either Majuro or Ebeye Hospitals, where medical records will be provided to the ME. Claimants living off-island may undergo medical examination and laboratory/diagnostic tests in their place of residence. However, they must provide the ME appointed by MISSA with the required documents and evidence to support their claims.

In the absence of sufficient medical evidence from a claimant's own medical sources, the ME may request additional examination(s) or tests. These consultative examinations may be done in Majuro or Ebeye Hospitals, if facilities are available, or off-island, if necessary. However, off-island examinations or tests shall be paid by the claimant..

The MISSA Administrator (or the Deputy Administrator, in her absence) makes the final decision whether to approve or deny the claim, after serious consideration are given to the ME's recommendation. Once a decision is made, it shall be considered final. However, subsequent appeals of unfavorable decisions may be filed to MISSA within two months after the unfavorable decision was handed. But a significant evidence or medical proof justifying the appeal must be presented to the ME and the Administration, before the appeal is considered.

TREATING SOURCES

A *treating source* is a claimant's own physician or other acceptable medical source that has provided the claimant with medical treatment or evaluation and has or has had an ongoing treatment relationship with the claimant. The treating source is usually the best source of medical evidence about the nature and severity of an individual's impairment(s). For purposes of disability claims, MISSA shall consider the following health professionals as acceptable treating sources:

- Physicians and medical officers currently employed by the Ministry of Health (both in Majuro and Ebeye);
- Private physicians licensed to practice medicine in the Marshall Islands;
- Medical examiner(s) appointed by MISSA;
- Off-island medical professionals currently licensed in their respective states/countries and who have the training and experience to perform the type of examination or test required by MISSA.

APPOINTMENT OF MEDICAL EXAMINER(S)

To ensure objectivity, independence and consistency of the application of procedures in the evaluation process, the MISSA Administrator, upon the approval of the Board, will appoint its own chief ME to conduct the assessment and medical re-examination of the claimant. Likewise, a back-up examiner will also be appointed, in case the chief ME is not available. These medical examiners will be under contract indefinitely but the contract may be terminated anytime at the discretion of the Administrator and/or the MISSA Board. A fixed fee per claim, to be determined and approved by the Board, shall be paid to the MEs. Other related expenses for supplemental diagnostic and laboratory tests deemed necessary by the ME may be paid by MISSA (on a case-by-case basis).

FEES FOR CONSULTATION, MEDICAL EXAMINATION, TREATMENT, LABORATORY AND DIAGNOSTIC TESTS

As a general rule, the claimant will be responsible for paying the \$5.00 hospital fee being charged by Majuro and Ebeye Hospitals and any other related fees. Further, all fees charged by the treating source outside the Marshall Islands shall be shouldered by the claimant.

The two medical examiners will be paid a fixed amount by MISSA and should not, under any circumstances, charge any fee to the claimant in all medical services related to his disability claim. In case additional tests or examinations are required by the ME and such tests or examinations are not available on-island, the claimant may refer his case to Majuro or Ebeye Hospital who in turn, may facilitate and pay such off-island examination or test. However, if the medical referral committee disapproves, then the claimant has to shoulder all related costs.

SUPPLEMENTAL TESTS AND EXAMINATION

If the evidence provided by the claimant's treating source to the ME is inadequate to determine if the claimant is disabled, further examinations or tests may be required. If these examinations or tests are not available on island, MISSA will still require the claimant to undergo such examinations or tests off-island, at the expense of the claimant.

CONFIDENTIALITY OF MEDICAL RECORDS

Upon the request of the claimant, MISSA may allow him to see the medical record or other evidence used to evaluate his application which is normally not available to the general public. However, MISSA reserves the right not to allow the claimant to see the medical evidence, if, upon the judgment and recommendation of the ME, release of the said medical record directly to the claimant might have an adverse effect on that individual.

FREQUENTLY ASKED QUESTIONS

Q: What are the eligibility requirements for disability benefits?

A: The following conditions must be met under MISSA's disability insurance program:

- a. The claimant must be or have been unable to engage in the continued performance of his duties because of a mental or physical impairment.
- b. The period of disability is expected to result in death or to last at least 12 months.
- c. The claimant must have been both fully and currently insured at the time of becoming disabled.
- d. An application must have been filed for disability benefits, supported by a medical report from a treating source and a recommendation from the Medical Examiner designated by MISSA.

Q: Who determines if the claimant is eligible to disability benefits?

A: MISSA's regulations provide for disability evaluation under a procedure known as the "sequential evaluation process." This process requires sequential review of the claimant's current work activity, the severity of his impairment(s), the claimant's functional capacity, his past work, and his age, education and work experience. For detailed procedures and information, refer to page 15.

Q: What are the specific impairments acceptable to MISSA that would make claimants eligible to disability benefits?

A: Currently, MISSA does not have any official listing of impairments. However, in its absence, MISSA shall adopt the listing of impairments being used by the US Social Security, more particularly the "blue book" SSA Publication No. 64-039 dated January 2005. In cases wherein certain impairments are not included in such list, the

MISSA Administrator, upon the recommendation of its ME, has the authority to approve or deny the claim.

Q: When does disability benefit start?

A: As a general rule, a claimant for disability benefits becomes entitled to such benefits beginning with the first month of his disability; provided, however, the maximum period for which such benefits shall be paid retroactively before the date of the application is 18 months for claims filed prior to September 30, 1992, and 12 months for claims filed on or after October 1, 1992.

Q: What can a claimant do if his disability claim was disapproved?

A: The claimant may make a written appeal addressed to the Administrator within 60 days after the disapproval was handed and include in the appeal the reasons and additional medical records or evidence justifying his appeal.

Q: Can someone engage in gainful employment and still receive disability benefits?

A: No. When a claimant engages in any gainful employment, he shall be considered as having recovered from his disability. Therefore, he is no longer disabled.

Q: What are the grounds for losing disability benefits?

A: MISSA is authorized to have all medical retirees undergo medical re-examination every three years. If the examination indicates that the claimant is no longer disabled, payment of the disability benefit shall be discontinued. If the claimant refuses to submit to a medical examination or provide other evidence as required by the Administrator, the disability benefit shall be discontinued. If the refusal continues for two (2) years, all rights to the disability benefit shall be permanently revoked. Continuous non-compliance to the doctor's advice may also be considered a ground for discontinuing disability benefits, even if the impairment is considered severe and the symptoms are still present. This includes refusal to take medication prescribed by the doctor, taking of illegal drugs and excessive intake of alcohol.

Q: If someone currently receiving disability benefits decides to permanently reside outside the Marshall Islands, can he continue to receive such benefits?

A: If the beneficiary is not a citizen or national of the Marshall Islands, United States of America, Republic of Palau or the Federated States of Micronesia, his disability benefits will be suspended for any month after the sixth consecutive month during which the claimant is outside the Marshall Islands.

Q: Can the Medical Examiner approve or disapprove a disability claim?

A: No. The role of the Medical Examiner is to give a second opinion regarding the medical condition of the claimant and recommend whether his claim for disability benefits is approved or not. Only the MISSA Administrator and the MISSA Board can give the final decision to approve or disapprove a disability claim.

PART II – EVIDENCE REQUIREMENTS

MEDICAL EVIDENCE

Each person who files a disability claim is responsible for providing medical evidence showing that he has impairment and how severe the impairment is. However, MISSA and its appointed medical examiner will help claimants get medical reports from their own medical sources when they give MISSA permission to do so. This medical evidence generally comes from sources that have treated or evaluated the claimant for his impairment.

ACCEPTABLE MEDICAL SOURCES

Documentation of the existence of a claimant's impairment must come from medical professionals and healthcare facilities that generally include the following:

- Doctors and medical officers currently employed by the Ministry of Health (both in Majuro and Ebeye)
- Local and off-island medical examiners appointed by MISSA
- Private physicians licensed to practice medicine in the Marshall Islands
- Off-island doctors and health professionals licensed in their respective states/countries:
 - Medical or osteopathic doctors
 - Licensed or certified psychologists, for purposes of establishing mental retardation, learning disabilities and borderline intellectual functioning
 - Licensed optometrists, for the measurement of visual acuity and visual fields
 - Licensed podiatrists, for purposes of establishing impairments of the foot, or foot and ankle
 - Qualified speech-language pathologists, for purposes of establishing speech or language impairments
- Off-island hospitals, clinic, or other health facilities where a claimant has been treated.

MEDICAL REPORT

A complete medical report is one which involves all the elements of a standard examination in the applicable medical specialty. A complete medical report should include the following elements:

- The claimant's major or chief complaint(s);
- A detailed description, within the area of specialty of the examination, of the history of the major complaint(s);
- A description and disposition of pertinent "positive" and "negative" detailed findings, based on the history, examination and laboratory tests related to the major complaint(s) and any other abnormalities or lack thereof reported or found during examination or laboratory testing;
- Results of laboratory and other tests (e.g. x-rays) performed according to the requirements of impairments acceptable to MISSA;
- The diagnosis and prognosis for the claimant's impairment;

- Treatment prescribed with response and prognosis;
- A statement providing an opinion about what the claimant can still do despite his impairment. This statement should describe, but is not limited to, the individual's ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling. In cases involving mental impairments, it should describe the individual's ability to understand, carry out and remember instructions, and to respond appropriately to supervision, co-workers, and work pressures in a work setting.

WAITING PERIOD

From the onset of the alleged date of disability, the claimant is given up to five months to undergo medical examination and present the necessary medical records, results of laboratory and diagnostic tests and other requirements to the ME appointed by MISSA. The ME, in turn, is given up to 30 days after receipt of the complete medical records to complete his re-examination and assessment of the claimant and provide MISSA with his recommendation whether to approve or disapprove the claim.

FLOWCHART OF SEQUENTIAL EVALUATION PROCESS

PART III – SEQUENTIAL EVALUATION PROCESS

INITIAL ELIGIBILITY ASSESSMENT

An eligibility assessment shall be conducted first before a disability claim is referred to the hospital for medical examination or to the ME, as it will be a waste of effort to have a claimant examined if he has not met eligibility requirements.

The initial eligibility check is the responsibility of MISSA's Claims and Benefits Specialist (CBS) and is done by reviewing the claimant's earned quarters as reflected in his wage history. If the claimant has not earned enough quarters, he will be advised by the CBS accordingly.

APPLICATION FOR DISABILITY INSURANCE BENEFITS

If the claimant meets the eligibility requirements, he shall be required to fill-up the application for disability insurance benefit form and then referred to the hospital for medical examination (or to the ME, if the claimant has already been examined). It is the responsibility of the CBS to assist the claimant in filling up completely and accurately all the required information. If the claimant is living outside the Marshall Islands, the application form may be mailed or fax to the claimant and has to be mailed or faxed back to MISSA after it is completed.

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

Before a claimant is referred to the treating source or the ME, he will be required to sign the "authorization to disclose medical information to MISSA". This form is addressed to all possible sources of medical records of the claimant and shall remain valid for twelve months.

MEDICAL EXAMINATION BY TREATING SOURCE

During consultation, the claimant's physician (or treating source) will conduct the basic medical examination based on the patient's major complaints and symptoms noted. The patient's medical history based on available medical records is also reviewed and considered, more particularly the following:

- Past major diagnostic finding(s)
- Frequency of visit to the doctor related to the major ailment
- Previous therapy, treatment and medication given to the patient and how the patient responded to such treatment

A treating source may be a physician who is currently providing the claimant with medical treatment or evaluation or may have provided the claimant with medical treatment in the past. Medical Examiner(s) appointed by MISSA and physicians employed by the Ministry of Health both in Majuro and Ebeye Hospitals may be considered as treating sources for claimants on-island. Off-island medical professionals currently licensed in their respective state/country and who have the training and experience to perform the type of examinations or tests required by MISSA may be the treating sources for off-island claimants.

It is required that the treating source is someone whose field of specialization is related to the main impairment. For example, if the claimant has eye impairment, he has to consult with an ophthalmologist. If he has hearing impairment, an ENT specialist must be consulted. If there is no available specialist in the hospital who can diagnose certain impairment, the claimant will be referred to the medical examiner appointed by MISSA.

LABORATORY AND DIAGNOSTIC TESTS

To ensure an accurate diagnosis of the patient's major ailment, laboratory and diagnostic tests may be required. If local hospitals in Majuro or Ebeye do not have the facilities or equipment needed, the tests may be referred to off-island hospitals or other health facilities outside the Marshall Islands.

MEDICAL REPORT

For purposes of disability claims, a standard, pre-formatted medical report shall be used by all treating sources within the Marshall Islands. The report should reflect in detail the following information about the patient:

- Patient's name, sex, age, height, weight, education and nature of work
- Medical history, more particularly the severity of the major ailment/impairment
- Alleged onset date of the major ailment/impairment
- Physical and clinical findings
- Laboratory findings (such as blood pressure, x-rays, EKG, biopsy report)
- Diagnosis
- Treatment prescribed with response and prognosis
- A statement providing an opinion about what the claimant can still do despite his impairment. This statement should describe, but is not limited to, the individual's ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling. In cases involving mental impairments, it should describe the individual's ability to understand, carry out and remember instructions, and to respond appropriately to supervision, co-workers, and work pressures in a work setting.
- Recommendation

The medical report must have the complete name and signature of the physician, including his position title and date the report was completed. The medical report may be given to the claimant who will then submit the same to the ME appointed by MISSA. However, if, upon the judgment of the treating source, release of the said medical record directly to the claimant might have an adverse effect on that individual, then such medical report must be forwarded directly to MISSA or to the ME.

For treating sources outside the Marshall Islands, MISSA shall not require the standard Medical Report form to be used. However, the medical report must contain all the information required enumerated above. The name, address, telephone/fax number and e-mail address of the hospital or clinic where the physician is currently working must also be indicated. Further, the treating source has to fill up and sign the Medical Source Statement Form (this form will only be required if claimant cannot present

him/herself in person to the designated ME and may be faxed by MISSA to the off-island treating source) and send it to MISSA together with the medical report and other supporting documents.

To ensure that no alterations were made, MISSA shall require that the original copy of the medical report is submitted. For treating sources from Ebeye and outside the Marshall Islands, the medical report may be mailed or sent through a courier addressed to MISSA (e.g. DHL or FedEx). However, to facilitate fast processing of the claim, MISSA may accept in advance photo or fax copies. But the release of the initial and succeeding payments shall be put on hold until the original medical report is received by MISSA. In the event that MISSA finds any significant alterations in the photo, fax or original copy of the medical report, this will result to an immediate denial of the disability claim.

RECOMMENDATION BY TREATING SOURCE

After giving full consideration to the medical examination conducted and evaluation of laboratory test results, the physician will provide his own opinion whether the ailment/impairment is severe enough to make the claimant unable to engage in the continued performance of his duties and such ailment/impairment is expected to last for a continuous period of not less than 12 months.

Although the treating source's recommendation will be given full consideration, the MISSA Administrator, upon the recommendation of the ME, may still deny the claim, if, in their own judgment and based on the available evidence, the claimant is not considered disabled.

MEDICAL RECORDS OF CLAIMANT

To support the disability claim, the patient will be required by MISSA to sign the "Authorization to Disclose Medical Information to MISSA" form, addressed to the claimant's treating source, asking for copies of medical records to be provided directly to MISSA or its designated ME. These documents shall form part of the claimant's file and MISSA shall keep them permanently. Original results like X-ray plates and ultra sound pictures may be requested, if necessary, but shall be returned to the treating source subsequently.

Upon the request of the claimant, MISSA may allow him to see the medical record or other evidence used to evaluate his application which is normally not available to the general public. However, MISSA reserves the right not to allow the claimant to see the medical evidence, if, upon the judgment and recommendation of the ME, release of the said medical record directly to the claimant might have an adverse effect on that individual.

ASSESSMENT BY MEDICAL EXAMINER

Although MISSA assumes that the claimant's treating source has conducted the medical examination in a professional way and all the basic procedures and tests were done, it is still imperative that such examination be reviewed independently by another physician *WHO IN TURN WILL GIVE A SECOND OPINION*. This will ensure that the claimant has passed all the medical requirements for disability benefits.

MISSA shall appoint a chief ME, a local physician who is licensed to practice his or her profession in the Marshall Islands, who shall perform the following functions and responsibilities:

- Review the medical report and recommendation from the treating source, including laboratory and diagnostic results;
- Conduct his own medical re-examination on the claimant, taking particular note of the major ailment that resulted to his or her alleged disability;
- Perform his own laboratory or diagnostic tests, as he deems necessary;
- Conduct interview using the interview guide being used by the US Social Security System;
- Communicate directly to the claimant's treating source(s) when necessary (if the claimant is from Ebeye or residing off-island);
- Prepare his own medical assessment (Medical Examiner Assessment Report), stating the following details:
 - (i) detailed description of the claimant's ailment/disability and present physical condition;
 - (ii) comments about the medical report from the treating source
 - (iii) additional evidence, diagnostic or laboratory tests, if necessary
 - (iv) recommended treatment, therapy or medication
 - (v) opinion about what the patient can still do despite his or her impairment (e.g. the individual's ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling.)
 - (vi) recommendation whether the claim is to be approved or not
- Refer to the Listing of Impairments in the US Social Security blue book;
- Submit to MISSA his own medical assessment report, together with the treating source's medical report and copies of medical records of the claimant; and
- Present and discuss to the Administrator the results of his assessment, if required by MISSA.

BACK-UP MEDICAL EXAMINER

A back-up examiner shall also be appointed to conduct the assessment and medical re-examination of the claimant, in case the chief ME is not available. The back-up ME shall have exactly the same functions and responsibilities as the chief ME.

REQUEST FOR ASSESSMENT

The CBS will require the claimant to submit the Medical Report (and Medical Source Statement Form if treating source is based off-island) before he is referred to the ME. The CBS then will fill up the "request for assessment" form and have it approved by the Administrator or her authorized representative. The CBS has to hand-deliver it to the ME together with the medical report of the treating source (and the Medical Source Statement Form if treating source is based off-island).

The ME will not perform any medical assessment unless a formal request duly signed by the MISSA Administrator or her authorized representative is received by him.

INTERVIEW QUESTIONARE

An interview guide (currently used by the US Social Security System) will be made available to the ME. This guide consists of series of questions covering different ailments and impairments that are commonly acceptable as causes of disability.

MEDICAL CRITERIA AND IMPAIRMENTS ELIGIBLE FOR DISABILITY BENEFITS

In the absence of a detailed listing of impairments, the ME has the discretion to exercise his own judgment, whether to consider the claimant as disabled or not. He may also refer to the Listing of Impairments in the US Social Security blue book, if necessary.

ADDITIONAL EVIDENCE OR SUPPLEMENTAL TESTS

If, after reviewing the medical report from the treating source and results of diagnostic and laboratory tests, the ME still feels that the evidence provided are inadequate to determine if the claimant is disabled, supplemental or additional examination or tests may be required from the claimant. If such examinations or tests are not available on island, it may be referred to off-island treating sources and the claimant shall pay all related costs.

Failure on the part of the claimant to satisfy the above requirement will result to his or her claim being put on hold, or denied.

APPROVAL OR DENIAL BY MEDICAL EXAMINER

Approval or denial by the ME is not yet final until it is finally confirmed by the Administrator. However, in certain cases, the Administrator may overturn the decision of the ME, if she, after a thorough review and full consideration of all evidence presented, considers the ME's decision as wrong.

PROCESSING OF APPLICATION

Upon receipt of the medical examiner assessment report and recommendation of the ME that the claim be approved, the CBS willl formally process the claim. The claim shall not be processed if one or more of the following documents are not submitted to MISSA: (i) Medical Examiner Assessment Report, (ii) the Medical Report from treating source, (iii) Medical Source Statement Form (if treating source is based off-island)

BENEFIT CALCULATION

After the wage history of the claimant has been printed and verified by the CBS, the following reports are generated from the system:

- SS Benefit Calculation Worksheet
- Individual ICE Calculation Worksheet
- Individual Wage Summary

If there is a discrepancy between the quarters from the wage master and quarters counted in wage history, the claimant's wage history is reviewed again to have both records reconcile. The CBS also has to check for possible earned quarters that were not posted to the claimant's wage history.

The CBS then will create a folder for the claimant and assign it with a claim number, indicating the date the claim was entered into the system. The CBS will have to ensure that the onset date of the alleged disability is indicated on SS Benefit Calculation Worksheet. This information will help the Administrator in determining the correct retroactive benefits due to the claimant

CLAIM TRANSMITTAL

The Claim Transmittal Form (CTF) is a checklist that shows in detail all documentary requirements covering retirement, disability, survivor and lump sum benefits. The CTF shall be prepared by the CBS after all required documents are on hand and benefit calculations are completed. The CTF is generally found on the first page of the claim folder.

For control purposes, the date the claim was filed and the date it was routed for initial review by the Deputy Administrator must be indicated in the CTF. It must also be signed by the CBS who processed the claim.

INITIAL REVIEW BY DEPUTY ADMINISTRATOR

The Deputy Administrator will check whether all required documents are on hand and benefit calculations accurate. After the review, she will indicate her recommendation (in the CTF) whether to approve, deny or put on hold the claim. She then will sign and indicate the date.

For control purposes, the claim folder must be forwarded immediately to the Administrator for proper disposition, even if the Deputy Administrator recommends that the claim be denied or put on hold.

FINAL REVIEW AND APPROVAL BY ADMINISTRATOR

After giving full consideration to the present medical condition of the claimant, the medical report by the treating source and the recommendation of the ME, the Administrator will have to make the final assessment. If, in her own judgment, she deems that there is a need for further examination or tests or her to see the claimant in person to erase certain uncertainties, she may require the claimant to do so.

Documentation and accuracy of calculation of benefit payments, more particularly retroactive payments, shall also be reviewed by the Administrator. Corrections, if any, must be indicated on the SS Benefit Calculation Worksheet.

After a thorough review, the Administrator will indicate in the CTF whether the claim is approved, denied or put on hold. She then will sign and indicate the date.

RELEASE OF INITIAL DISABILITY BENEFIT PAYMENT

MISSA shall process the claim and release the initial disability benefit payment to the beneficiary within five (5) working days after approval of claim by the Administrator.

CLAIMS PUT ON HOLD

The following situations may result to a claim being put on hold:

- If one or more required document is not submitted to MISSA (e.g. Medical Report from the treating source, Medical Examiner Assessment Report, Medical Source Statement Form, Diagnostic or Laboratory results).
- If the claimant refuses to undergo further examination or diagnostic/laboratory test when required by the medical examiner or MISSA.
- If the claimant has not reached the minimum earned quarters to be eligible to disability benefits.
- If the treating source and/or ME expect that the claimant will recover from his impairment in less than 12 months.

DENIAL OF CLAIM

The following situations may result to a claim being denied:

- If the ailment or impairment of the claimant is not severe enough to make him unable to engage in the continued performance of his duties prior to the determination of the disability.
- If there is any alteration of significant information in the Medical Report, Medical Examiner Assessment Report, Medical Source Statement Form, Diagnostic or Laboratory results and other related documents that is attributed to the claimant which may have a significant impact to the approval of the claim.
- If the claimant is discovered by MISSA to be currently working.
- If the claimant failed to undergo further examination or diagnostic/laboratory test within one year after being required by the medical examiner or MISSA.

NOTICE OF APPROVAL, DENIAL OR CLAIM PUT ON HOLD

Regardless of the Administrator's decision on the claim, a standard, pre-formatted notice shall be provided to the claimant within five working days after the decision was made. If the claim is denied, the reason(s) for the decision is explained in detail. If the claim is put on hold, the reason is likewise explained in detail and the claimant is given a fixed timeframe to comply with the requirement(s). The notice will be signed by the Administrator, or in her absence, the Deputy Administrator.

Claims initially denied by the ME must also be forwarded to the Administrator for review and final confirmation. A notice of denial, signed by the Administrator, will then be given to the claimant.

APPEAL BY CLAIMANT

As a general rule, the decision of the Administrator is deemed final. However, if a claim is denied and subsequently, the claimant presents new evidence that may be considered significant enough to merit reconsideration, then MISSA may request the ME to re-evaluate his case.

If after re-evaluation and consideration to the new evidence, the ME and MISSA Administrator find the claimant as really disabled, then his claim will be approved.

However, if after re-evaluation and consideration to the new evidence, the ME and MISSA Administrator still find the claimant as "able", then his claim shall be finally denied and no more appeal will be accepted thereafter. Appeals should be done

in writing and new evidence presented to the MISSA or ME within 60 days after receipt by the claimant of the notice of denial.

RE-ASSESSMENT OF DENIED CLAIM

After the new evidence is presented, the ME must perform a medical re-examination of the claimant within five working days. If necessary, another diagnostic and laboratory tests may be required. After giving full consideration to the results of the re-examination and the new evidence provided, the ME will determine whether the claimant is really disabled or not. This process will be documented in a revised Medical Examiner Assessment Report (MEAR) and the previous MEAR shall be cancelled. If the claimant is really disabled, he will be referred to MISSA's CBS and the claim shall be processed accordingly. If not, the claimant's file shall be forwarded to the Administrator for final confirmation and a new notice of denial signed by the Administrator will be given to the claimant.

The same procedures apply for off-island appeals. However, as the ME could not physically re-examine the claimant, he may rely mainly on the new evidence presented or communicate directly to the claimant's treating source(s).

PART IV – RE-EXAMINATION OF CURRENT MEDICAL RETIREES

COVERAGE

Unless otherwise waived by the Administrator, at least once in every three (3) year period, MISSA shall require a medical retiree who has been receiving disability benefits for the last three years, including those living permanently off-island, to undergo a medical re-assessment by a physician or physicians selected by MISSA.

EXEMPTION

As a general rule, each medical retiree who has been receiving disability benefits for the last three years will be required to undergo medical re-assessment. However, the Administrator, upon the recommendation of the Medical Examiner, may waive such requirement if the beneficiary, for very obvious reasons, could not physically present himself personally to the treating source or medical examiner. This includes:

- A beneficiary who has reached the age of 60 years, as he is already qualified to receive normal retirement benefits.
- A beneficiary who is bedridden and could no longer rise up without the help of another person. (The claimant will still be subject to physical verification by MISSA.)
- A beneficiary who could no longer walk by himself without an assistive device like crutches and is confined to a wheelchair already for a long time.
- A beneficiary who was amputated from shoulder down or hip down. Other cases of amputation will be dealt with differently on a case-by-case basis, at the discretion of the Medical Examiner.
- A beneficiary whose both eyes are totally blind or both ears could no longer hear. However, the Administrator may still require the beneficiary to see an eye or ear specialist in case of uncertainty about his visual and hearing ability.
- A beneficiary who is known to have lost sanity and evidently deranged.

PROOF OF EXEMPTION

For record purposes, the following documents must be completed and attached to the claim folder of each medical retiree exempted from medical re-examination:

- Medical Retiree Re-examination Form, wherein the exemption is recommended by the Deputy Administrator and approved by the Administrator.
- Medical certificate signed by claimant's treating source or MISSA's medical examiner, if applicable.
- Full body picture, at least two different positions. Those living in Ebeye and outside the Marshall Islands will also be required to submit pictures.

NOTIFICATION

A complete listing of current medical retirees, more particularly those receiving benefits for the last three years and are below sixty (60) years of age, will be submitted to the Administrator for initial review. Then a final list will be sent to the Medical Examiner. The list shall also include a full description of the impairment of each beneficiary. Those who will be required to undergo medical re-assessment will be

notified in writing. Likewise, a general announcement will be published in the Marshall Islands Journal and aired on the radio for at least two consecutive weeks.

COMPLIANCE PERIOD

Any retiree required to undergo medical re-assessment must report to MISSA as soon as possible, then to the treating source and subsequently, to the Medical Examiner upon receipt of the notification. If the beneficiary is living permanently off-island, he must submit to MISSA by mail, fax or e-mail attachment, the medical report from his treating source as soon as possible.

Disability benefits of all beneficiaries required to undergo medical re-assessment shall be put on hold starting the month following the month the notification was sent to them. This will only be reinstated upon completion of the medical re-assessment and final approval of the Administrator. If non-compliance continues for six (6) months, all rights to the disability benefit shall be permanently revoked.

HOW THE RE-ASSESSMENT IS CONDUCTED

Upon receipt of MISSA's notification, the medical retiree must present himself personally and immediately to the Claims and Benefits Specialist (CBS). If not possible, he or his representative must notify MISSA in writing or by telephone, and state the reason(s) why he can not do so. Once notified, MISSA shall send its representative to visit personally the medical retiree in his place of residence to verify and confirm whether the reason is acceptable to MISSA. At least two (2) full body pictures will be taken as evidence. If the medical retiree is living permanently off-island, MISSA will still require him to submit a recent Medical Report and Medical Source Statement Form

When the medical retiree reports to MISSA's CBS, he will be required to sign in the "Medical Re-assessment Log" and indicate the date he reported. If the beneficiary can not sign, an X mark shall be written on the space provided and at least one witness will be required to sign on his behalf. One set of blank Medical report form will then be provided to him that he will present to his treating source during medical examination. Subsequent procedures will be similar to the procedures on new disability benefit claimants.

It is important to note that even if the treating source finds the medical retiree as having fully recovered from his disability, he will still be required to see the medical examiner appointed by MISSA to confirm the findings and recommendation of the treating source.

REVIEW OF DOCUMENTS

After the medical re-examination by the treating source was completed and the medical examiner has determined that the claimant is still "*disabled*", all documents (e.g. Medical Report, Medical Examiner Re-assessment report, laboratory and diagnostic results, etc.) will be reviewed by the CBS.

The "*Medical Retiree Re-examination Form*" must be completely filled up by the assigned CBS and attached to the claim folder. If everything is in order, the file is then forwarded to the Deputy Administrator for initial review. Final review and approval is done by the Administrator.

Exhibit A

MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com



MEDICAL REPORT

PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE: The Marshall Islands Social Security Administration (MISSA) is authorized to collect the information on this form under section 45(8) of the Social Security Act. The information on this is needed by MISSA to complete processing of the named patient's claim for disability benefits. While giving us the information on this form is voluntary, failure to provide the requested information may prevent an accurate or timely decision on the named patient's claim. Although the information you furnish on this form is almost never used for any purpose other than making a determination about disability, such information may be disclosed by MISSA to another person or governmental agency only with respect to Social Security programs requiring the exchange of information between MISSA and another agency.

TIME NEEDED TO COMPLETE THIS FORM: We estimate that it will take you about 30 minutes to complete this form. This includes the time needed to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions about this form, please write to the Marshall Islands Social Security Administration, P.O. Box 175, Majuro MH 96960, attention of Claims and Benefits Department.

Patient's name (Last, First, Middle):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: In cm: In inches:
Patient's address:	Age:	Weight: In lbs. In kgs.
Highest Educational Attainment:	Nature of current/latest work:	Employer name:
Other skills/profession:	Position title at current/latest work:	Employer address:

Notice to Physician: Please include sufficient details of history, physical and diagnostic finding, clinical course, therapy and response, to enable the reviewing medical examiner make an independent determination as to the severity and duration of the impairment.

1. HISTORY:

Claimant's alleged onset date of disability:	Date you first examined patient:	Date of most recent examination:

<p>HISTORY (continued from page 1):</p>		
<p>2. PHYSICAL & DIAGNOSTIC FINDINGS (Please give detailed description)</p>		
<p>3. LABORATORY AND SPECIAL STUDIES (Give results of all pertinent laboratory tests and other studies with dates. In case of ECG, X-Ray, Biopsy, etc., please give detailed description, with dates.</p>		

4. DIAGNOSIS: (Please indicate also if disability is expected to result in death or to last at least 12 months)

5. TREATMENT AND RESPONSE:

6. DOCTOR'S OPINION about what the patient can still do despite his or her impairment (e.g. the individual's ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling.)

Doctor's opinion....

7. MEDICAL RECOMMENDATION:

Note: MISSA reserves the right not to allow the patient to see this medical report and results of diagnostic and/or laboratory tests, if, upon the judgment and recommendation of the attending physician and/or the medical examiner, release of this report directly to the patient may have an adverse effect on that individual.

Please provide the original copy of this medical report to Dr. _____, MISSA's designated Medical Examiner.

Physician's name (Last/First /Middle) (Type or Print)	Signature:
Position /Title:	Date:
Name & Address of Hospital	Telephone no: E-mail address:

Exhibit B



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com

REQUEST FOR MEDICAL ASSESSMENT

Date _____

Dr. Alexander Pinano
Medical Examiner
P.O. Box 79, Majuro
Marshall Islands MH 96960

Subject: _____
(Name of claimant)

Dear Dr. Pinano,

The Marshall Islands Social Security Administration (MISSA) has received an application for disability insurance benefits from the abovementioned claimant, citing _____ as the main cause of his/her impairment.

In this connection, please perform the necessary medical assessment in accordance with the guidelines set forth by MISSA. If you need further information about his/her medical history, you may contact his/her treating source, Dr. _____ of Majuro Hospital.

Please find the following documents in support of his/her claim:

- ☐ Medical Report
- ☐ Medical source statement
- ☐ Laboratory results (specify)

☐ Others (specify)

Sincerely,

Saane K. Aho
MISSA Administrator

Cc: Claims & Benefits Department file

Exhibit C



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION
P.O. Box 175, Majuro, Marshall Islands, MH 96960
Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com

REQUEST FOR MEDICAL RE-ASSESSMENT

Date _____

Dr. Alexander Pinano
Medical Examiner
P.O. Box 79, Majuro
Marshall Islands MH 96960

Subject: _____
(Name of claimant)

Dear Dr. Pinano,

The Marshall Islands Social Security Administration (MISSA) requires Mr/Ms. _____, a current medical retiree, to undergo medical re-assessment, as more than three years have passed since his/her initial medical examination was conducted. Pertinent information about him/her follows:

Date of initial medical examination : _____
Initial treating source : _____ of Majuro Hospital
Most recent medical examination : _____
Most recent treating source : _____ of Majuro Hospital
Date claim was approved : _____
Nature of impairment : _____

In this connection, please perform the necessary medical assessment in accordance with the guidelines set forth by MISSA. If you need further information about his/her medical history, you may contact his/her treating source.

Please find the following documents in support of his/her claim:

- ☐ Medical Report
- ☐ Medical source statement
- ☐ Laboratory results (specify)

☐ Others (specify) _____

Sincerely,

Saane K. Aho
MISSA Administrator

Cc: Claims & Benefits Department file

Exhibit D

MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com



MEDICAL EXAMINER ASSESSMENT REPORT

1. PERSONAL INFORMATION ABOUT THE CLAIMANT

Name:			Social Security Number:	Citizenship:
Last name First name Middle name			04 -	
Date of birth:		Age:	Weight (without shoes):	Height:
Address:			Telephone number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. MEDICAL HISTORY:

- (i) Describe the illness, injury or disability of the claimant. How does it limit the claimant's ability to work?
- (ii) When did the illness, injury or disability first bother the claimant?
- (iii) When did claimant become unable to work because of the illness, injury or disability?
- (iv) Did the claimant work at any time after the date of the illness, injury or disability?
☐ Yes ☐ No
- (v) If yes, did the claimant's illness, injury or disability cause him or her to:
 - ☐ work fewer hours? ☐ Yes ☐ No
 - ☐ change his or her job duties? ☐ Yes ☐ No
 - ☐ make any job-related changes such as attendance, help needed, or employers?
☐ Yes ☐ No

Explain further:

- (vi) Is the claimant working now? ☐ Yes ☐ No
- (vii) If no, when did the claimant stop working?
- (viii) Why did claimant stop working?

3. INFORMATION ABOUT THE CLAIMANT'S WORK:

(i) Details of jobs in the last 10 years before claimant become unable to work because of the illness, injury or disability:

Dates worked (from-to)	Job title/nature of work	Type of business	Hours worked Per week	Rate per hour or gross bi-weekly pay

(ii) Describe in detail the longest job held by the claimant; what did he or she do all day?

(iii) In this job (the longest), did the claimant:

Use machines, tools, or equipment? ☐ Yes ☐ No If yes, what it is? _____

Use technical knowledge or skills? ☐ Yes ☐ No If yes, what it is? _____

Do any writing or reports? ☐ Yes ☐ No

(iv) In this job, how many total hours in one work-day did the claimant do the following:

Walk: _____ Stand: _____

Sit: _____ Climb: _____

Stoop (bend down & forward at waist): _____

Kneel (bend legs to rest on knees): _____

Crouch (bend legs & back down & forward): _____

Crawl (move on hands and knees): _____

Handle, grab or grasp big objects: _____

Reach: _____

Write, type or handle small objects: _____

(v) Lifting and carrying (on the job):

What is the heaviest weight lifted? _____

What weight was frequently lifted (1/3 to 2/3) of the workday? _____

4. **INFORMATION ABOUT WHAT THE CLAIMANT CAN DO AT PRESENT, DESPITE HIS OR HER ILLNESS, INJURY OR DISABILITY:** (Note: The Medical Examiner should not indicate what the claimant states he/she can do, but what the Medical Examiner feels he/she can do.)

A. Are LIFTING/CARRYING affected by the impairment(s)? ☐ Yes ☐ No

(if no, skip to C)

B. What is the patient maximum capacity to LIFT and/or CARRY?

Occasionally (up to 1/3 [cumulative not continuous] of an 8 -hour workday.)

☐ less than 10 pounds

☐ 10 pounds

☐ 20 pounds

☐ 50 pounds

☐ 100 pounds

On which of your findings have you based this conclusion?

Frequently (1/3 2/3 [cumulative not continuous] of an 8 -hour workday.)

☐ less than 10 pounds

☐ 10 pounds

☐ 20 pounds

☐ 50 pounds

☐ 100 pounds

On which of your findings have you based this conclusion?

C. What is the patient's ability to STAND and/or WALK, with normal breaks?

☐ less than 2 hours in an 8-hour workday

☐ at least 2 hours in an 8-hour workday

☐ about 6 hours in an 8-hour workday

On which of your findings have you based this conclusion?

D. What is the patient's ability to SIT, with normal breaks?

☐ less than 2 hours in an 8-hour workday How many hours? _____

☐ at least 2 hours in an 8-hour workday

☐ about 6 hours in an 8-hour workday

On which of your findings have you based this conclusion?

E. Are there any environmental restrictions caused by the patient's impairment?

Heights ☐ Yes ☐ No

Moving machinery ☐ Yes ☐ No

Temperature extremes ☐ Yes ☐ No
 Chemical ☐ Yes ☐ No
 Dust ☐ Yes ☐ No
 Others (specify) ☐ Yes ☐ No _____

On which of your findings have you based this conclusion?

F: Which of the following can the patient do now?

	<u>Frequently</u> (1/2 to 2/3 of day)	<u>Occasionally</u> (up to 1/3 of day)	<u>Never</u>		<u>Unlimited</u>	<u>Limited</u> <u>Right</u> <u>Left</u>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingering	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seeing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
				Speaking	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If there are any restrictions, please give the degree of limitation and supportive evidence:

G. What is the prognosis and recommendation for treatment?

5. EDUCATION/TRAINING INFORMATION

(i) Highest grade of school completed:

Approximate date completed:

(ii) Did the patient complete any type of special job training, trade or vocational school?

☐ Yes ☐ No

If yes, what type? _____ Date completed: _____

FINAL RECOMMENDATION BY MEDICAL EXAMINER:

Name and signature of Medical Examiner:

Date this form was completed:

Address:

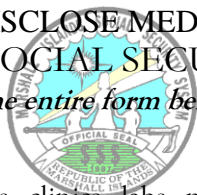
Telephone:

E-mail address:

Exhibit G

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION TO THE MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

(Please read the entire form before signing below)



To:

- All medical/treating sources (hospitals, clinics, labs, physicians, psychologist, etc.) including mental health, correctional, addiction treatment and other health care facilities;
- All educational sources (schools, teachers, record administrators, counselors, etc.);
- Social workers and rehabilitation counselors;
- Consulting Medical Examiner(s) appointed by the Marshall Islands Social Security Administration;
- My present and previous Employers; and
- Others who may know about my physical and medical condition (family, neighbors, friends, public officials)

I, _____, voluntarily authorize and request disclosure (including paper, oral and electronic interchange) of all my medical records to the Marshall Islands Social Security Administration (MISSA) and/or to MISSA's designated Medical Examiners, at P.O. Box 175, Majuro, Marshall Islands, MH 96960. This includes specific permission to release:

1. All records and related information regarding my treatment, hospitalization and outpatient care for my impairment(s), including, but not limited to:
 - Physical, psychological, psychiatric or other mental impairment(s)
 - Drug abuse, alcoholism and other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or sexually transmitted diseases which may include, but are not limited to, hepatitis, syphilis, gonorrhea and HIV/AIDS.
 - Gene-related impairment, including genetic test results
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living and my ability to work.
3. Copies of educational tests or evaluations, including individualized education programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observation and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

The purpose of this disclosure is to determine my eligibility to disability benefits, including looking at the effect of my impairment that by itself would or would not meet MISSA's definition of disability. This authorization is valid for 12 months from the date stated below my signature:

Individual authorizing disclosure: SIGN ➡	Name & signature of parent/guardian/representative, if subject is a minor or incapacitated:
Date:	Date:
Address:	Address:
Telephone:	Telephone:

Exhibit I

MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com



NOTICE OF APPROVAL

Date:

Name of Claimant

Complete address of claimant

Subject: Disability claim no. _____

Dear Mr./Ms. _____

After giving full consideration to the recommendations of your physician and our medical examiner, and based on the medical evidence presented to MISSA, we are pleased to inform you that your claim was approved.

Based on our calculation, you will be entitled to receive an initial benefit check amounting to \$_____ and subsequent benefit checks of \$_____ per month, to start effective _____, 2006.

You may claim your initial benefit check from our Accounting Department on _____, 2006. If you have questions regarding your claim, don't hesitate to call our Claims and Benefits Department at 625-3101 or personally visit us at our offices in Majuro or in Ebeye, Kwajalein.

Sincerely,

Saane K. Aho

MISSA Administrator

Exhibit J



MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com

NOTICE OF DENIAL OF DISABILITY INSURANCE BENEFITS

Date:

Name of Claimant

Complete address of claimant

Subject: Disability claim no. _____

Dear Mr./Ms. _____

After giving full consideration to the recommendations of your physician and our medical examiner, and based on the medical evidence presented to MISSA, we are of the opinion that your present medical condition does not qualify you under MISSA's disability benefit program.

BASIS OF OUR DECISION:

1. We have determined that your condition is not severe enough to keep you from engaging in the continued performance of your duties prior to your impairment, as reflected by the following findings:
 - (i) XXXX
 - (ii) XXXX
 - (iii) XXXX
2. We conclude that, despite your impairment, you can still lift or carry _____ pounds occasionally and stand/walk for at least _____ hours a day, with normal breaks. This condition led us to believe that you can still perform your previous job as a _____.
3. Your present impairment does not restrict you from performing the job of a XXXXXX, one of the jobs you have done in the past.
4. Your physician and our medical examiner expect that you will recover from your impairment in less than a year.

ELIGIBILITY REQUIREMENTS FOR DISABILITY BENEFITS:

To qualify for benefits under MISSA's disability program, you must meet the following criteria:

1. You must be or have been unable to engage in the continued performance of your duties because of a mental or physical impairment;
2. Your disability is expected to result in your death or to last at least 12 months.

HOW DO WE MEASURE YOUR ABILITY TO ENGAGE IN THE CONTINUED PERFORMANCE OF YOUR DUTIES?

In general, “continued performance of someone’s duties” refers to a condition wherein a worker or a self-employed individual continues to receive a reasonable amount of remuneration or earnings, in cash or in kind, in return for services or work rendered.

The work that you can still do, despite your impairment, may be slightly or totally different from what you have been doing in the past. It may also not be as hard to do and the earnings may be less as before. However, under MISSA’s criteria, we believe that you can still engage in the continued performance of your duties.

If a person is self-employed, we also consider the kind and value of that individual’s work, including his or her part in the management of the business, as well as the gross revenue of the business, to decide if he or she can still engage in the continued performance of his or her duties.

APPEAL

If you disagree with our decision, you have the right to appeal. However, you have to submit new and significant medical evidence or proof that would make your claim as being disabled much stronger. After the new evidence is presented, our medical examiner shall re-evaluate your case and perform another examination or further tests deemed necessary under the circumstances.

You are given 60 days after receipt of this letter to make a formal appeal in writing and submit new evidence supporting your appeal. In the absence of such written appeal and evidence, MISSA shall deem this decision as final and irrevocable.

In case your medical condition gets worse in the future, you may file another application for disability benefits. However, you will be required to undergo the same sequential evaluation process gain.

Sincerely,

Saane K. Aho
MISSA Administrator

cc: Claims and Benefits Department, File

Exhibit K

MARSHALL ISLANDS SOCIAL SECURITY ADMINISTRATION

P.O. Box 175, Majuro, Marshall Islands, MH 96960

Phone: (692) 625-3101 *** Fax: (692) 625-4570 *** E-mail: missa3@ntamar.com



NOTICE

Date:

Name of Claimant

Complete address of claimant

Subject: Disability claim no. _____

Dear Mr./Ms. _____

While in the process of evaluating your claim for disability benefits, we found out that you have not yet submitted/complied with the following requirement(s) marked X:

- ☐ Medical Report
- ☐ Medical Examiner Assessment Report (Pls. see Dr. Alex Pinano)
- ☐ Authorization to Disclose Medical Information to MISSA
- ☐ Laboratory test (specify) _____
- ☐ Diagnostic test (specify) _____
- ☐ X-Ray
- ☐ ECG/EKG
- ☐ Medical Source Statement Form
- ☐ Application for Disability Insurance Benefits Form
- ☐ You still lack at least ____ quarters of contributions
- ☐ Special Power of Attorney to _____
- ☐ Affidavit (specify) of _____

As we consider the abovementioned requirement(s) significant in determining whether you qualify to receive disability benefits or not, your failure to submit or any delay in the submission of such requirement will result to your claim being put on hold.

In the event that the abovementioned requirement(s) is/are not met within five months after alleged onset date of impairment without any valid reasons, MISSA will be constrained to deny your application.

Sincerely,

Saane K. Aho
MISSA Administrator

cc: Claims and Benefits Department, File

