North Carolina
Retirement Systems

Form 7AR
Medical Report for Disability Re-Examination

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. To Be Completed by Member.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address			Age	Member ID
Position Title			**RSD USE ONLY:** Date of Re-Exam	

Section B. Indicate the Retirement System into which you contributed.

If more than one, you must fill out a separate form for each Retirement System account.

☐	Teachers' and State Employees' Retirement System (TSERS)	☐	Consolidated Judicial Retirement System (CJRS)
☐	Local Governmental Employees' Retirement System (LGERS)	☐	Legislative Retirement System (LRS)

Section C. To Be Completed by Physician.

Instructions to the Licensed Physician

This form is intended to help in the determination of a member's disability. Provide documentation supporting your diagnosis such as you would if another licensed physician were reviewing the patient's case, including but not limited to:

- Surgical, diagnostic, and lab reports
- CAT/MRI scans or other radiology reports (no films or images accepted)
- Examination notes
- Hospitalization records
- Other specialized test results supporting your diagnoses

1.	**Indicate your type of practice or medical specialty.**

2.	Primary/Contributing	Diagnosis (Full Name Required)	Date of Onset (Required)	ICD-10 Code (Required)
	Primary			
	Contributing			
	Contributing			
	Contributing			

3.	**When did the patient become disabled? (MM-DD-YYYY)**

4.	**Date of the patient's most recent visit? (Must be within the past six months)**

Continue to the next page.

Section B. To Be Completed by Physician. (Continued)

5. **Date your practice first saw the patient.**

6. **Does the patient's disability cause him or her to be permanently or temporarily incapacitated from the performance of his or her usual occupation?**

☐ Permanently ☐ Temporarily

6A. **If temporary, what is the estimated recovery date? (MM/DD/YYYY)**

- Give the approximate date the patient will be able to return to work.

7. **In the space below explain:**

- How the disability impacts the patient's normal work activity; and
- Any other restrictions or limitations to the patient's activities.

8. **Given your observations about the patient, can he or she perform any work?**

☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ None

9. **What is the patient's:**

Weight	Height	Blood Pressure

10. **List all surgical procedures related to the disability.**

- Attach all reports and documentation regarding each procedure.

Procedure	Patient Response	Date

11. **List all current medications the patient has been prescribed.**

- If there is not enough room provided, attach a list.

Medication	Duration	Dosage

12. **Describe any other treatment or therapy.**

Member Last Name	SSN

Continue to the next page.

Section C. Physician, tell us about your practice.

Do not send a bill to the Retirement System.

Name of Practice/Facility			
Physician's First Name	M.I.	Physician's Last Name	License Number
Mailing Address		Position Title	
City	State	Zip Code	Phone

Unless otherwise specified, the Retirement System will not assume any responsibility for payment of fees for furnishing the requested information.

Physician's Signature _____ Date _____

Member Last Name	SSN

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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Form 7AR Guides
Medical Report for Disability Re-Examination

Guide A. What is the purpose of the Form 7AR?

The Form 7AR provides the Medical Board with a licensed physician's detailed diagnosis of your disability. The Medical Board is a panel of licensed physicians who review the Form 7AR. They also review supporting medical information to certify that your illness or condition allows you to be eligible for a disability benefit.

Your disability must:

- Occur while you are actively contributing to a North Carolina retirement system;
- Incapacitate you from the performance of your usual occupation; and
- Be determined by a licensed physician.

After the Medical Board has reviewed your form, we will notify you by mail of the decision:

If your application is approved, you will receive a letter providing you with the additional steps you must take so that we can process your disability benefit.

Your application may be rejected for one of the following reasons:

- The Medical Board may request additional information. You will have 90 days to return to your physician, request additional information, and submit it to the Retirement Systems Division; or
- The Medical Board has determined that you are not disabled.

Guide B. What am I responsible for?

You must have visited the licensed physician who signed your Form 7AR within the past six months. You are responsible for your medical bills. The Retirement Systems Division is not responsible for any payment of fees to the physicians providing medical information.

Guide C. What is my health care professional responsible for?

A licensed physician must fill out the Form 7AR completely. The form is designed to allow a licensed physician to provide all medical documentation supporting your diagnosis so the Medical Board can review your application.

A licensed physician should fully document and explain how your disability impairs your ability to perform your usual occupation. A licensed physician will determine if you are capable of performing any other type of work besides your usual occupation and to what degree you may be able to perform work.

These guides are subject to and governed by the General Statutes of the State of North Carolina.

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