



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

Application for Weekly Workers' Compensation (WWC) Credit

For Public School Employees Who Received WWC Before July 1, 1992

MEMBER'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	MEMBER ID OR SSN
MAILING ADDRESS	ANTICIPATED RETIREMENT DATE:	DAYTIME PHONE NUMBER
CITY, STATE, ZIP CODE	PREVIOUS NAMES USED	
EMAIL ADDRESS		

Complete this form only if you received WWC before July 1, 1992. See the back side for eligibility requirements.

Section I – Applicant's Certification

Employing educational agency at the time of injury: _____

☐ I received weekly workers' compensation payments. A copy of the records is attached.

☐ A Redemption Order, Voluntary Payment Agreement, Opinion/Order or other litigated decision was filed as a result of the injury. A copy of the records is attached.

I certify that I received weekly workers' compensation payments and have attached the necessary documentation.

Applicant's Signature _____

Date _____

Section II – Educational Agency Certification

To be completed by the payroll or personnel officer at the educational agency where the injury occurred.

1. Were weekly workers' compensation payments received before July 1, 1992? ☐ YES ☐ NO ☐ NA

2. Were weekly workers' compensation payments received after July 1, 1992 reported to ORS?

☐ YES ☐ NO ☐ NA

If NO, please refer to the Reporting Instruction Manual (RIM) for assistance in reporting weekly workers' compensation payments. *Note: A Redemption Order, Voluntary Payment Agreement, Opinion/Order or other litigated decision must be reviewed by this office. Please submit a copy of the records.*

3. Was there an employee/employer relationship in effect during the entire time period that WWC was received, as indicated on the attached documentation?

☐ YES ☐ NO

If NO, the relationship terminated on: _____

4. Did the applicant's injury or illness, as indicated on the attached WWC documentation, occur while employed at this educational agency?

☐ YES ☐ NO

By my signature below, I certify that the above applicant received weekly workers' compensation payments and that the above statements are true to the best of my knowledge and belief.

Certifying Official's Signature _____

Title _____

Date _____

Certifying Official's Name (Print) _____

Certifying Educational Agency Name _____

Phone Number _____

Certifying Educational Agency Address _____

City _____

State/Zip _____

Upon certifying this form, the certifying educational agency should return this form to:

Office of Retirement Service, P.O. Box 30171, Lansing MI 48909-7671.



WWC Requirements

Use this form to request service credit for weekly workers' compensation (WWC) paid to you before July 1, 1992 only.

Note: If you received WWC payments *after* July 1, 1992, contact your payroll office to verify that the service was reported to ORS. If it was not, your payroll office must take action to correct the service for it to be credited to your account.

Eligibility

As an active member in a defined benefit plan of the Michigan Public School Employees Retirement System, service credit will be given for periods during which you received WWC benefits as the result of an illness or injury. You cannot initiate a purchase if you converted to the Defined Contribution plan as part of 2012 pension reform.

Conditions

- Credit can be granted only as long as an employee-employer relationship exists.
- Credit is granted when you pay the costs, if any, for weekly workers' compensation payments you received.
- You may use WWC credit to satisfy the vesting requirements.

Cost

Your cost is calculated based on the amount of WWC you received and the contribution schedule in effect at the time, plus interest. The schedule for pre-July 1, 1992, WWC periods is as follows:

Contributory Period WWC you received before July 1, 1977. Your cost will be based on the actual WWC payments you received and the retirement contribution schedule in effect for those years, plus interest.

Noncontributory Period, WWC you received between July 1, 1977, and December 31, 1986. Retirement credit is granted at no cost.

Basic Plan, WWC you received between January 1, 1987 and June 30, 1992. If you are in the Basic Plan, retirement credit is granted at no cost. *WWC received after July 1, 1992* should have been reported by your employer and is also granted at no cost.

Member Investment Plan, WWC you received between January 1, 1987 and June 30, 1992: If you are in the Member Investment Plan (MIP), your cost is calculated based on WWC payments you received and the MIP contribution schedule in effect for those years, plus interest. *WWC received after July 1, 1992* should have

been reported by your employer and your cost is based on the same MIP formula.

If the credit you are requesting requires a member payment, ORS will bill you. Retirement credit will be granted upon payment in full. Compound interest will be charged semiannually on the unpaid balance.

Application Process

If you began receiving weekly workers' compensation *before* July 1, 1992, follow the steps below.

1. Complete Section I of this application and attach a photocopy of your WWC payment records (e.g., MDL 101, 102, 701 and/or various documents from litigation). These records must indicate your date(s) of injury, payment beginning and ending dates, and the amount paid weekly (check stubs are not acceptable). The records should span the entire period of WWC.

If a *Redemption Order* or other *litigated decision* occurred, a copy of the order or decision is required.

If your payment record copies are not available, you may obtain these records (i.e., MDL 101, 102, 701 and/or various documents from litigation) by contacting the educational agency payroll office where the injury occurred, or write to:

Michigan Department of Labor
Bureau of Worker's Compensation
Claims Processing Division
P.O. Box 30016
Lansing, MI 48909
Fax: (517) 322-1808

Requests for complete records should include your full name, previous names, social security number, employing educational agency at the time of injury, date(s) of injury, and whether the claim has ever been litigated.

2. Forward this application and payment records to the educational agency where the injury occurred for completion of Section II.
3. After completing Section II, the educational agency must submit the completed application and attachments to:

Office of Retirement Services
P.O. Box 30171
Lansing, MI 48909-7671

4. ORS will notify you when your completed application has been reviewed. If your application or WWC records are incomplete, processing will not continue until appropriate documentation is received.

