



Disability Benefits



The 11-member OPERS Board of Trustees is responsible for the administration and management of OPERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, and miscellaneous employees, and retirees); the Director of the Department of Administrative Services for the State of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate.

For a current listing of OPERS Board members, please visit www.opers.org

It is your responsibility to be certain that OPERS has your current address on file. If OPERS is not made aware of address changes, we cannot guarantee that you will receive important information pertaining to your OPERS account.

This booklet is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for the federal or state law, namely the Ohio Revised Code, the Ohio Administrative Code, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Ohio General Assembly, regulation of the Ohio Public Employees Retirement Board, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney. OPERS is not required to provide health care coverage to retirees or their dependents and will only do so at the discretion of the Board of Trustees.

Disability Benefits

OPERS members who participate in the Traditional Pension Plan and Combined Plan may be eligible for disability benefits under the original or revised disability plans based on date of hire (before or after 1992). OPERS members who participate in the

Member-Directed Plan are not eligible for disability benefits. The vested portion of the individual account would be available through a refund after OPERS-covered employment is terminated.

Important Considerations before Applying for a Disability Benefit

- Please read this entire leaflet before completing and filing your disability benefit application. To receive an estimate of your disability benefit prior to applying, call OPERS at [1-800-222-7377](tel:1-800-222-7377) to speak with a member services representative in person or by phone. Our representatives can assist you with making your decision to apply for a disability benefit and answer any questions you may have after reading this leaflet.
- Disability benefits are not a guaranteed benefit for life. If your application is approved by the OPERS Board of Trustees, you will be required to meet OPERS' definitions of disability throughout your benefit term.
- When evaluating your application for disability benefits the only disabling condition(s) that will be considered are those listed on the *Report of Physician* form. If a disabling condition is found to be ineligible it will be excluded from review.
- All medical information that you wish to submit in support of your application for disability benefits must be received by OPERS no later than the end of the business day immediately prior to your first or only medical examination.
- If you apply for a disability benefit, you are also required to submit a *Report of Physician* form (DR-APS) from an MD or DO. Your physician must indicate on the form that you are permanently disabled, the date on which the illness or injury occurred, as well as the date your medical condition became permanently disabling.
- If your application for disability benefits is approved by the OPERS Board, you will be required to comply with all OPERS requests for medical information as well as medical examinations while you are receiving a disability benefit.
- If your application for disability benefits is approved by the OPERS Board, all non-law enforcement members who are eligible to apply for Social Security Disability Insurance (SSDI) will be required to do so within 90 days of the Board's approval of your application. If you are receiving both an OPERS and SSDI benefit your OPERS disability benefit may be reduced.

To receive an estimate of your disability benefit, call OPERS at 1-800-222-7377 to speak with a member services representative.

Disability Benefits

Important Considerations before Applying for a Disability Benefit *Continued*

- Eligibility for the OPERS health care program is limited to the first five years of your disability benefit if your application is approved by the OPERS Board with an effective date on or after Jan. 1, 2014. After five years, a recipient must meet minimum age and service health care program requirements or be enrolled in Medicare due to a disability to remain enrolled in the OPERS health care program. Therefore, we strongly encourage you to check with the Centers for Medicare and Medicaid Services (CMS) to find out if you qualify for Medicare due to a disability. You may qualify for coverage through CMS even if you are not eligible to apply for a SSDI benefit. Please refer to the *OPERS Health Care Program Guide* or opers.org/health-care for details.
- If you begin receiving a disability benefit and later wish to terminate your benefit, you will be required to submit a *Disability Benefit Termination Request* form to OPERS. You will need to be found no longer disabled through an independent medical review process for the OPERS Board to approve termination of your benefits.
- OPERS has established a Rehabilitative Services program with the goal of maximizing disability benefit recipients' employability through clinical and vocational rehabilitative services to enable them to seek employment in the competitive labor market. If you would like to participate in Rehabilitative Services you must make your selection no later than six months prior to your third benefit anniversary. Members are encouraged to indicate on their disability benefit application whether they would like to engage in rehabilitative services.

Changing Retirement Plans

Executing a retirement plan change affects your eligibility to apply for a disability benefit.

Member-Directed Plan

For those who change plans from Member-Directed to either the Traditional Pension or Combined plan, one year must pass from your plan change effective date before you can apply for disability benefits in the Traditional Pension or Combined plan.

Traditional Pension Plan

If you have at least five years of contributing service credit in the Traditional Pension Plan at the time you make a plan change to the Member-

Directed or Combined plan, you may still apply for a disability benefit under the Traditional Pension Plan within two years of the plan change effective date.

Combined Plan

If you have at least five years of contributing service credit in the Combined Plan at the time you make a plan change to the Traditional Pension or Member-Directed plan, and you leave your accrued service behind in the Combined Plan, you may still apply for a disability benefit under the Combined Plan within two years of the plan change effective date.

Disability Benefits

Disability Benefits

While there are features common to both disability plans, a number of provisions are specific to the original plan or revised plan. The following is a summary of features for the two disability plans under the Traditional Pension and Combined plans.

Eligibility - Common Features Applicable to Members Who Applied for Benefits on or After Jan. 7, 2013

1. You must have at least five years of contributing service credit in the Traditional Pension Plan or Combined Plan. This requirement may consist solely of contributing service, the combination of contributing and purchased service, or certain other types of credit.
2. For members in the law enforcement division of the Traditional Pension Plan, eligibility for disability coverage is available immediately after membership is established for any on-duty illness or injury.
3. A member who applies for a disability benefit is initially evaluated under an own occupation disability standard, meaning the member is physically or mentally incapable of performing the duties of his/her last public employment position.
4. A disabling condition is considered permanent if it is expected to last for a continuous period of at least one year following the filing of a *Disability Benefit Application* (DR-1).
5. Disability coverage only extends to illnesses and injuries that occur before a member terminates his or her contributing service, as well as illnesses and injuries that result from the member's contributing service but do not become evident for up to two years after the member terminates contributing service. Application for a disability benefit must be made within two years from the date contributing service terminated unless at the end of the two-year period you were physically or mentally incapacitated and unable to file an application as proven by medical records
6. You must not be receiving a retirement benefit under any of the OPERS retirement plans.
7. Disability coverage does not extend to illnesses or injuries caused by elective cosmetic surgery, other than reconstructive surgery.
8. Disability coverage does not extend to illnesses or injuries caused by the commission of a felony.
9. For members who apply for a joint disability benefit with Ohio PERS and the State Teachers Retirement System (STRS) and/or School Employees Retirement System (SERS), the disability determination will be made by the retirement system that would be responsible for calculating and paying the benefit.

Disability Benefits

Disability Benefits *Continued*

Eligibility – Specific Features

Under the original plan, members in Groups A and B must file an application for disability benefits and terminate public service before age 60. Members in Group C must file an application for disability benefits and terminate public service before age 62. Under the revised plan, members can apply at any age.

Applying for Disability Benefits Under Both Disability Plans

You are responsible for filing the *Disability Benefit Application* (DR-1) along with reports by your employer and your physician(s).

The *Disability Benefit Application* (DR-1) must be completed by you. The *Report of Physician* (DR-APS) is to be completed by your physician. It must describe in detail the disability on which the application is based. You must sign the DR-APS form authorizing your physician to make a report to the OPERS Board of Trustees. If you have more than one physician you may submit multiple reports. Only primary disabling conditions listed on the DR-APS form will be considered when determining whether or not you are permanently disabled.

The *Report of Employer for Disability Benefit Applicant form* (DR-4) is to be completed by your employer and the payroll officer for the department in which you were employed. A written job description must be submitted by the employer along with their completed form.

After we have received all three forms, a HIPAA Authorization form, and your proof of date of birth you will be subject to a medical evaluation conducted by OPERS' third party administrator who will evaluate your condition(s) and the

medical information submitted with your application in order to render an opinion as to whether you are or are not considered to be disabled from the duties of your most recent public employment position. OPERS' third party administrator may determine that additional information or an in-person Independent Medical/ Psychiatric Evaluation (IME/ IPE) is necessary. If additional medical documents are needed, the HIPAA Authorization will be used to request those documents. Any charges related to the release of medical documents will be your responsibility.

OPERS pays the fee for this medical evaluation including the IME/IPE, if necessary. The IME/ IPE is performed by a licensed and credentialed medical provider (IME/IPE Examiner) who performs an independent evaluation of the disabling condition(s). To ensure a complete and accurate evaluation process, all medical records and diagnostic studies from the past 12 months should be provided to our third party administrator. A summary of these medical records will be sent to the IME/IPE Examiner in advance of the appointment.

As an applicant for disability benefits, it is your responsibility to make sure medical records are submitted. Providing a complete medical claim file is necessary to ensure an accurate decision is made regarding your application. After the medical evaluation is complete, our third party administrator will provide a recommendation to OPERS regarding the disability application. An OPERS medical consultant reviews the recommendation from our third party administrator and then makes a final recommendation to the OPERS Board.

Disability Benefits

Receiving Disability Benefits

1. All disability benefit applications are subject to approval by the OPERS Board. If the Board approves your application, the disability benefit is effective the first day of the month following the later of: 1) the last day for which compensation was paid, or 2) the attainment of eligibility.
2. Prior to the approval of a disability benefit application, members participating in the Combined Plan must agree to transfer their individual defined contribution account and any amounts paid to purchase service credit to the Traditional Pension Plan for the payment of benefits. On such a transfer, any amounts the member rolled over into the Combined Plan and any amounts paid as voluntary deposits will be credited to the Additional Annuity Program in the Traditional Pension Plan. All service credit earned under the Combined Plan is treated as if the credit was earned or purchased in the Traditional Pension Plan.
3. A disability benefit that has been granted, but has not yet begun, will not be paid if the member returns to work with the same employer in the same position (or another position with similar duties) as the position the member held at the time the disability benefit was granted.
4. Eligibility for the OPERS health care program may be limited to the first five years of your disability benefit if your application is approved by the OPERS Board with an effective date on or after Jan. 1, 2014. After five years, a recipient must meet the minimum age and service credit requirements for health care program eligibility or be enrolled in Medicare due to a disability to remain enrolled in the OPERS health care program. Health care program eligibility is effective the first day of the month in which OPERS receives your disability benefit application or your disability benefit effective date, whichever is later. Please refer to the *OPERS Health Care Program Guide* or opers.org/health-care for more detailed information.
5. An annual cost-of-living adjustment will be paid after the first 12 months of receiving a benefit.
6. Members receiving an OPERS disability benefit must file the *Statement of Employment and Earnings After Receipt of a Disability Benefit* form each year to report other sources of income. You will complete this form and upload any supporting documents by logging in to your OPERS online account.
7. Members must terminate public employment by the end of the month following the month of the Board's decision. If members do not terminate public employment within this time frame, their application will be voided, their disability benefit will not be paid and will be forfeited. And, if eligible, members will be required to re-apply for a disability benefit.

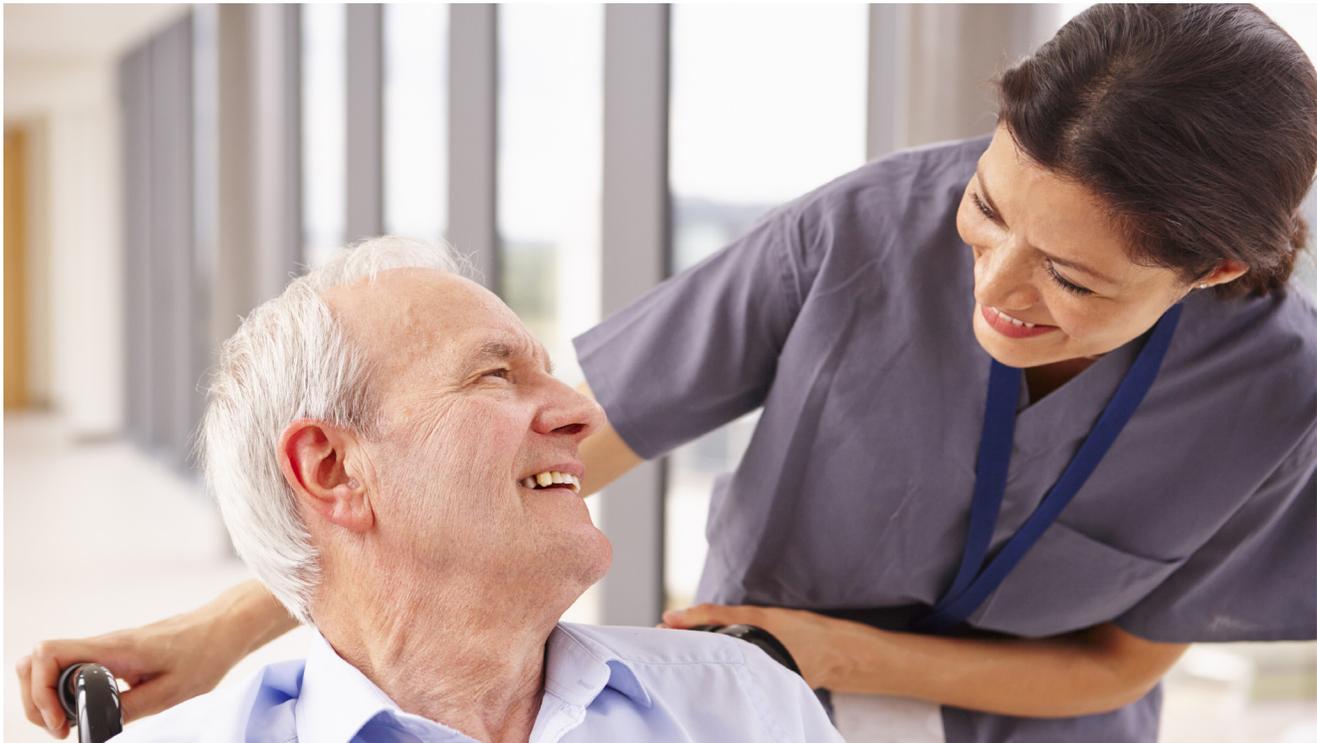


You must file the *Statement of Employment and Earnings After Receipt of a Disability Benefit* form each year via your OPERS online account to report other sources of income.

Disability Benefits

Social Security Disability Insurance Benefits – Applicable to Members who Apply for Benefits on or After Jan. 7, 2013

1. Members whose applications are approved by the OPERS Board to receive disability benefits and are eligible for Social Security Disability Insurance (SSDI) must apply for SSDI within 90 days of the OPERS Board's approval of the member's disability benefit application. The member must provide OPERS with a copy of the SSDI application as evidence of compliance with this requirement. Failure to comply with this requirement will result in suspension of the disability benefit until compliance.
2. Members receiving an OPERS disability benefit and a SSDI benefit must report the SSDI benefits on their annual *Earnings and Employment Statement*. These members must also provide a copy of their annual SSDI award letter.
3. If in any year the sum of a member's OPERS disability benefit and SSDI benefit exceeds his/her inflation-adjusted final average salary (FAS), the member's OPERS disability benefit will be offset so the total of the benefits equals the inflation-adjusted FAS. The inflation-adjusted FAS will be determined by annually increasing the FAS by the percentage increase in the consumer price index (CPI), not to exceed 3 percent.
4. The SSDI offset does not apply to members in the OPERS Law Enforcement Division and members who have at least five years of service credit for periods during which the member had earnings from other employment that was subject to Social Security taxes.



Disability Benefits

Disability Benefit Amounts and Taxability – Specific Features For Members Who Apply On or After Jan. 7, 2013

Original Plan

1. Retirement group determination is based on age and service credit at the time of the effective date of disability. The amount of your disability benefit is based on your FAS and years of service credit in the plan. For members in Groups A and B, your FAS is the average of your three highest years or last 36 months of earnable salary. For members in Group C, your FAS is the average of your five highest years or last 60 months of earnable salary.
2. The disability benefit amount cannot be less than 30 percent or exceed 75 percent of FAS.
3. The benefit payment is fully taxable until minimum retirement age, at which time a specified dollar amount, representing the return of taxed contributions, is provided on a monthly tax-free basis. Law enforcement and public safety officers participating in the Traditional Pension Plan who are disabled due to an on-duty injury or illness receive a portion of their disability benefit payments tax-free.

Revised Plan

1. Retirement group determination is based on age and service credit at the time of the effective date of disability. The amount of your disability benefit is based on your FAS and years of service credit in the plan. For members in Groups A and B, your FAS is the average of your three highest years or last 36 months of earnable salary. For members in Group C, your FAS is the average of your five highest years or last 60 months of earnable salary.
2. The disability benefit amount cannot be less than 45 percent or exceed 60 percent of FAS.
3. The benefit payment is fully taxable as long as it is received. Law enforcement and public safety officers participating in the Traditional Pension Plan who are disabled due to an on-duty injury or illness receive a portion of their benefit payments tax-free.

Disability Benefits

Continuing Benefits and Termination of Benefits

Common Features of Original and Revised Plans

1. A disability benefit may terminate under the following situations: **a)** if after re-examination you are found to be no longer disabled; **b)** at the end of your benefit period (Revised Plan only); **c)** you return to public employment or service as an elected official; **d)** at your request and you are found to no longer be disabled following re-examination; or **e)** upon your death. Additionally, OPERS has the right to seek repayment of any disability benefits you received but were not entitled to receive.
2. You may be required to have periodic medical reviews; you will be notified by OPERS if such medical review is required. The medical review will be based on one of the following two standards

1. Members who applied for disability benefits prior to Jan. 7, 2013 and those still covered by the leave of absence provision, will continue to be evaluated under the own occupation standard which means the member is physically or mentally incapable of performing the duties of his/her last public employment position.
2. Members who applied for disability benefits on or after Jan. 7, 2013 will be evaluated under the own occupation standard during their first three years receiving a disability benefit. At the end of the third year and thereafter, these members will be evaluated under the any occupation standard. The OPERS Board may extend the own occupation standard for up to five years if the member is receiving rehabilitative services acceptable to the Board's physician. The any occupation standard for terminating a benefit is the member is no longer physically or mentally incapable of performing the duties of any position which meets the following criteria:
 - a. The salary of the position replaces at least 75 percent of the member's inflation-adjusted FAS;
 - b. The position is reasonably found in the member's regional job market;
 - c. A position for which the member is qualified to do based on his/her education or experience.

3. In the event OPERS waives the requirement that you submit to a periodic medical examination, OPERS reserves the right to have you submit to subsequent medical examinations.
4. If it is determined that you are no longer disabled, your benefit will be terminated within three months of the Board's official decision.

Disability Benefits

Continuing Benefits and Termination of Benefits Continued

5. Members who applied for disability benefits prior to Jan. 7, 2013, retain OPERS membership status and are considered on leave of absence during their first five years receiving a disability benefit. If you received a disability benefit for less than five years and your disability benefit is terminated, OPERS will certify to your previous public employer that you are capable of returning to work. At that time, your employer should restore you to your previous, or similar, position and salary unless you were dismissed or resigned in lieu of dismissal for dishonesty, misfeasance, malfeasance or conviction of a felony.
6. Members who applied for disability benefits on or after Jan. 7, 2013, retain OPERS membership status and are considered on leave of absence during their first three years receiving a disability benefit or up to five years for members who are receiving rehabilitative services acceptable to the Board's physician. OPERS will certify to your previous public employer that you are capable of returning to work if your disability benefit is terminated during the leave of absence period. At that time, your employer should restore you to your previous, or similar, position and salary unless you were dismissed or resigned in lieu of dismissal for dishonesty, misfeasance, malfeasance or conviction of a felony.
7. If you return to public service and contribute to the Traditional Pension Plan for two years, you will be entitled to receive up to a maximum of five years of service credit for the period of time you received a disability benefit.
8. Undertaking employment with a private sector employer may affect your continuing receipt of a disability benefit. You should contact OPERS for a review regarding your intent to seek employment in the private sector. Please complete and submit a *Employment Review for a Disability Benefit Recipient (DR-2)* and include a job description for the position you wish to undertake. This information may be used in the determination of your continued eligibility for a disability benefit.
9. A member's right to receive a disability benefit can be forfeited by court order if the court finds the disabling condition was caused by the commission of a felony. OPERS would terminate the member's disability benefit as required by the court order. Any disability benefit payments made prior to the termination of the benefit may be recovered in accordance with the law. The member may withdraw his/her remaining accumulated contributions, provided the member is not subject to other forfeiture provisions, a restitution withholding order, or a federal garnishment order.



Disability Benefits

Continuing Benefits and Termination of Benefits Continued

Specific Features – Original Plan

The disability benefit is not restricted to a definite period of time. However the benefit is subject to termination as described in paragraph one of the “Common features” section. If terminated, an age and service retirement benefit under the Traditional Pension Plan may be available if you are otherwise eligible. As an age and service retiree, access to the OPERS health care program is available if you meet the age and service credit eligibility requirement to qualify for the OPERS health care program. You may also be eligible to receive a refund of your account. The refundable amount would be reduced by the amount of the disability benefits you were paid.

Specific Features – Revised Plan

The benefit is payable for only a definite period of time, depending on your age at the effective date of

your benefit (see the chart below). The benefit may be terminated prior to the specified period under the circumstances described in paragraph number one of the “Common Features” section.

When the disability benefit ends or is terminated, you have the opportunity to apply for an age and service retirement benefit under the Traditional Pension Plan or to apply for a refund of your account. If you convert to, or later apply for, an age and service retirement benefit you will need to meet the age and service credit requirements to be eligible for the OPERS health care program.

For more information, refer to the *Retiring From Public Employment - The Traditional Pension Plan* leaflet available at opers.org.

Age at effective benefit date of disability	Period benefit payable
Younger than age 60	Until age 65 for members in age and service retirement transition group A
	Until age 66 for members in age and service retirement transition group B
	Until age 67 for members in age and service retirement transition group C
60-61	60 months
62-63	48 months
64-65	36 months
66-68	24 months
69 or older	12 months

Disability Benefits

Services and Benefits after Board Approval

Rehabilitative Services Program

The goal of the Rehabilitative Services Program is to maximize a disability benefit recipient's employability through clinical rehabilitative services and vocational resources. If you elect to participate in the Rehabilitative Services Program, the medical and vocational information acquired through the Rehabilitative Services Program may be used in the determination of your continued eligibility for a disability benefit.

Clinical Rehabilitative Services

These services are a collaborative approach to ensure disability benefit recipients are undergoing appropriate continued medical treatment, consistent with professional standards of care, to assist recipients in improving their disabling condition(s), and co-morbid condition(s), which are additional medical conditions that impact the disabling condition.

Benefits of Rehabilitative Services

If you are participating in rehabilitative services that are acceptable to the OPERS Board's physician, you will be reviewed under the "own occupation" definition of disability and your leave of absence period can be extended from three years up to a total of five years.

Rehabilitative services strategies focus on addressing your disabling and co-morbid conditions, which maximize your functionality.

You are assigned a Clinical Nurse Case Manager who will contact you to discuss your treatment and to perform ongoing assessments. Your case manager will work closely with you as you coordinate with your attending physician to gather information about your current treatment plan, monitor the progression or deterioration of your medical condition(s), and set expectations for future treatment.

You are provided information and resources for ongoing education and management of your disabling and co-morbid conditions.

You will be provided access to vocational resources in your area that prepare you for potential future employment, offering tools and guidance to help you re-enter the labor market when possible.

Selection of Rehabilitative Services

If you would like to participate in Rehabilitative Services you must make your selection no later than six months prior to your third benefit anniversary. If you elect to withdraw from Rehabilitative Services you will only have one additional opportunity to elect back into the program.

Rehabilitative Services Compliance

You are required to follow your physician-directed medical treatment plan inclusive of, but not limited to, doctor appointments, prescribed treatment plans, medication regimen and resource programs.

You are required to respond to your case manager within 14 days from his/her written request for documentation or request for a return phone call.

Disability Benefits

Services and Benefits after Board Approval Continued

Non-Compliance with Rehabilitative Services

*Non-compliance during years **one to three** of your disability benefit anniversary*

- Your disability benefit will be held until you become compliant.
- In addition, OPERS will send a letter to your primary address on file indicating what is needed to become compliant with the program requirements.

*Non-compliance during years **four and five** of your disability benefit anniversary*

- You will be removed from the Rehabilitative Services program.
- You will be subject to the “any occupation” definition of disability.
- You will no longer be covered under the Leave of Absence provision.

Continued Medical Treatment for Non-Participants of the Rehabilitative Services Program

If you choose not to participate in rehabilitative services, you will be required to engage in continued medical treatment if it is recommended by the Board’s physician. If you choose to not participate in Rehabilitative Services, your

Continued Medical Treatment will be managed by OPERS and will consist of semiannual reviews to determine your continued eligibility to receive benefits. These reviews will require your treating physician to complete a Continued Medical Treatment form every six months. The Continued Medical Treatment form will be mailed to you approximately 45 days from the due date and should be completed and returned to OPERS.

Furthermore, you will be required to submit to us an attending physician statement at each scheduled treatment interval. All medical information acquired through continued medical treatment may be used in the determination of your continued eligibility for a disability benefit.

Compliance with Continued Medical Treatment

You are required to follow your physician-directed medical treatment plan inclusive of, but not limited to, doctor appointments, prescribed treatment plans and medication regimen.

You are required to provide your physician statement to us at each scheduled medical treatment interval.

Non-Compliance with Continued Medical Treatment

Your disability benefit will be held if you do not meet the above listed requirements and will not be released until you become compliant.

Disability Benefits

Appeal of, Denial or Termination of Benefits

You have a right to appeal the Board's denial of your application for, or termination of, your disability benefits. You will have 30 days from the date of notice of the Board's action to appeal the decision. If you choose to appeal, you must submit your written request to appeal, preferably on a *Disability Benefits Appeal Request* form, within 30 days of notice of the Board's decision.

Next, you must also submit a completed *Report of Physician* form along with any additional objective medical evidence within 45 days of the date OPERS received your request to appeal. New conditions will not be evaluated during the appeal stage. All medical evidence you submit must be in support of the eligible disabling condition(s) listed by your physician on the *Report of Physician* form at the time of your initial application. If you require additional

time to submit your *Report of Physician* form and any additional objective medical evidence, you may request an extension. You can submit your request for an extension using a *Disability Benefits Appeal Request* form which would give you an additional 45 days to submit a completed *Report of Physician* form and any additional objective medical evidence. The submission of your written notice of intent to appeal and request for extension will not extend the payment of your benefit. Unless your appeal is approved, your benefits will cease as originally determined. If you return to public employment or file a new disability benefit application while your appeal is pending, OPERS will void your appeal and the Board's denial of your application or termination of your benefit will be final.

Survivor Benefits

Common Features

Your beneficiary is determined by specific designation or by automatic succession. If you do not make a designation, automatic succession as set by Ohio law applies. Under current law, automatic succession is as follows:

1. Spouse,
2. Children,
3. Dependent parents,
4. If none of the above, parents share equally in a refund of the account, or
5. If none of the above, a refund of the account may be paid to your estate.

A specific designation is the naming of a primary beneficiary and contingent beneficiary(ies) on a form provided by OPERS.

These beneficiaries could be a person, persons, trust, estate or institution. If you are survived by eligible qualified children, only monthly benefits can be paid. An eligible child is:

A natural or legally adopted child who has never been married, under age 18, or age 22 if a qualified student attending an accredited school on at least two-thirds of a full-time basis the entire school year;

A child of any age who is physically or mentally incapacitated at the time of your death.



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