Ohio Administrative Code

Rule 3307:1-7-01 Disability benefits - definitions.

Effective: July 2, 2026

Chapter 3307:1-7 of the Administrative Code is adopted to establish the definitions, procedures and guidelines needed to fulfill the requirements of sections 3307.48, 3307.62, 3307.63, and 3307.631 of the Revised Code and to assure fair and impartial evaluation of all applications for disability benefits.

As used in Chapter 3307:1-7 of the Administrative Code:

(A) "Applicant" means the member for whom a completed application has been received by the retirement system.

(B) "Application" shall be made on forms provided by the retirement system and includes all of the following:

(1) An application for disability benefits; and

(2) For each physician listed on the application for disability benefits, an attending physician's report based on an in-person examination that was completed within the last two months and includes medical evidence; and

(3) An employer report including an official job description provided by the last employer. The requirement to submit a job description may be waived by the chair of the medical review board.

(C) "Attending physician" means:

(1) For complete applications, an applicant's medical specialist of choice, as defined in paragraph (L) of this rule, or

(2) For reexaminations received by the retirement system, an applicant's physician of choice.

The attending physician shall have established a therapeutic relationship with the applicant and have completed a report and certified on forms provided by the retirement system the attending physician's opinion regarding a recipient's ability to return to employment. The attending physician shall provide standard objective and pertinent medical evidence supporting the opinion.

(D) For purposes of section 3307.48 of the Revised Code, to "perform any teaching service" whether or not such services or positions are performed full-time or part-time, in a public or private employment school or non-school setting, on a volunteer basis or for compensation, in or outside the state of Ohio includes any of the following:

(1) All employment, contracted services or volunteer activities that if performed in an Ohio public school would be considered employment covered by the retirement system as defined in section 3307.01 of the Revised Code.

(2) All teachers, tutors, substitute teachers, electronic classroom instructors, daycare teachers, community school instructors and private-lesson providers whether the service was performed through employment, contracted services, or volunteer activities.

(3) All employment, contracted services, or volunteer activities that encompass the act of teaching, such as, but not limited to, leading workshops, providing training, instructing students of any age, or directing teachers, student teachers or students.

(4) All employment, contracted services, or volunteer activities requiring the same license to perform as the position from which a recipient was found disabled.

(5) Any other service determined by the retirement board to be performing teaching services.

(E) Non-teaching service in a school that is performed as a parent or guardian is permitted.

(F) For purposes of division (B)(2) of section 3307.62 of the Revised Code, "The date on which the member's most recent application for a disability benefit was received by the board" shall occur when an application as defined in this rule is received by the retirement system. In all cases of dispute, the retirement system shall determine when an application is received and its decision shall be final.

(G) For purposes of division (C) of section 3307.62 of the Revised Code, "condition" means a medically determinable physical or mental impairment that results from anatomical, physiological, or psychological abnormalities, which can be shown by standard objective and pertinent medical evidence as defined in this rule. A physical or mental impairment must be established by medical evidence, not only by the applicant's statement of symptoms, but also by symptoms, signs and laboratory findings reported by a physician.

(H) "Independent medical examiner" means a competent non-primary care physician neither involved in a treatment relationship with an applicant or recipient nor otherwise employed by the retirement system, who shall be designated by the chair of the medical review board to conduct an impartial examination.

(I) "Medical examination of the member shall be conducted by a competent, disinterested physician or physicians" under section 3307.62 of the Revised Code, means an examination by an independent medical examiner or independent medical

examiners, a pathology report, a report of ongoing hemodialysis, or a report of long-term coma as determined by the medical review board chair.

(J) "Medical evidence" means current physician examinations, observed clinical findings, laboratory findings, diagnosis, treatment prescribed with response and prognosis, hospital discharge summaries and diagnostic testing relevant to the applicant's claimed disabling condition.

(K) "Medical review board" means the group of independent physicians designated by the retirement board under the direction of a chair appointed by the retirement board to assist in the evaluation of medical examinations and information. The members of the medical review board may be asked in panels of three or more to review any application and provide their conclusions as to whether an applicant will be mentally or physically incapacitated from the performance of duty for at least twelve months.

(L) "Medical specialist" means a non-primary care medical doctor or doctor of osteopathic medicine who has completed further education to specialize in the treatment of a condition, and who has established a therapeutic relationship and provided standard medical care to the applicant. The board or its designee shall have the authority to determine that an applicant's physician of choice may be used as attending physician in place of a medical specialist if the applicant shows good cause exists for such a determination. This determination shall be made at the sole discretion of the board or its designee, and shall be final and non-appealable.

(M) A disabling condition shall be "presumed to be permanent," if it physically or mentally incapacitates an applicant from the performance of regular duty for a period of at least twelve months from the date of the retirement system's receipt of the completed application.

(N) "Recipient" means a member granted disability benefits under section 3307.48, 3307.57, 3307.62, 3307.63, or 3307.631 of the Revised Code.