District of Columbia Retirement Board (DCRB)
Benefits Department
900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Reconsideration of DCRB's Decision
Earned Income Review

Instructions

The District of Columbia Retirement Board (DCRB), the Plan Administrator, issued a decision:

- Terminating your disability annuities

DCRB's decision is explained in the attached letter. If you disagree with this decision, you may request reconsideration in writing by completing this form or by attaching a statement to the completed form. DCRB's reconsideration rules are at DC Code §1-751(d).

General Instructions

1. Please read all items carefully.
2. Type or print in ink.
3. Complete all items on the form. If a question does not apply, answer "No" or "None". Do not leave it blank. If answers require additional space, you may attach additional sheets of paper. Include your name and date in the upper right corner of each additional sheet of paper.
4. Sign and date this form in **Section III**.
5. Return the reconsideration request by mail, hand delivery, or fax.

   By mail:

   DC Retirement Board
   Attn: Chief Benefits Officer
   900 7th Street, NW 2nd Floor
   Washington, DC 20001

   If your reconsideration request is returned by mail, it must be **postmarked** within 60 calendar days after receipt/notification of DCRB's decision letter (DC Code §1-751(d)(2)).

By hand delivery to:

DC Retirement Board
Attn: Chief Benefits Officer
900 7th Street, NW 2nd Floor
Washington, DC 20001

If your reconsideration request is hand delivered it must be **received** no later than 60 calendar days after receipt/ notification of DCRB's initial decision (DC Code §1-751(d)(2)).

By fax to: (202) 566-5001

If your reconsideration request is delivered by fax, it must be **received** no later than 60 calendar days after receipt/ notification of DCRB's initial decision (DC Code §1-751(d)(2)).

You may lose your right to reconsideration if you do not respond to DCRB within 60 days or obtain an extension of this deadline. If you need more time, please explain why in writing to DCRB by mail or fax.

Detailed Instructions

Most of the items on the form are self-explanatory. Instructions are provided below for those items identified which may require further explanation.

Section I – Personal Data

Items 1 through 6: Provide your name, address, birth date, and other personal information.

Section II – Basis for Your Reconsideration Request

In order to succeed in your reconsideration request, you must explain the reason for the reconsideration and you will have to prove that the facts on which DCRB based its decision were incorrect or that DCRB misinterpreted the laws that apply to the calculation of your benefit.

The initial decision will stand unless you are able to prove that it is incorrect. To prove your case, it will be best if you have documents that support your position. If you do not have documents, but believe that the Retirement Plan, the District of Columbia government, or another government agency, such as the Office of Personnel Management (OPM), has a copy of such documents, you are entitled to obtain a copy of those documents and review them before completing your request for reconsideration.

continued back page ☞

Reconsideration of DCRB's Decision

Earned Income Review

Form

Section I: Personal Data

Name: _____
First *Middle* *Last*

Date of Birth: _____ Telephone Number: _____ - _____ - _____

Mailing Address: _____
Street *City* *State* *Zip Code*

Section II: Basis for Your Reconsideration Request

In the box below, give a detailed explanation of the reason you are requesting reconsideration of the initial decision. Please attach additional pages for your explanation, if necessary.

☐ My benefit was improperly terminated or reduced.
☐ Other

Explanation:

Section III: Certification

I understand that this information is being submitted by me to the District of Columbia Retirement Board. I further understand that any knowingly false or frivolous statements, representations, or evidence may subject me to civil liability, including treble damages, under the False Claims Act, 31 USC 3729-3731 and criminal penalties under 18 USC 1001, 1002, 286 and 287 and under applicable District of Columbia law. I state under penalty of perjury that the foregoing is true and correct.

_____ _____ _____
Your Signature Date (dd/mm/yyyy) Number of Pages Attached

900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov