



Employees' Retirement System of Rhode Island

July 15, 2014

92 7199 9991 7032 9570 2184

Via First Class U.S. Mail & Certified Return Receipt

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Frank J. Karpinski
Executive Director

MICHAEL L. WILLIAMS

ASHAWAY, RI 02804

Re: Disability Retirement Allowance & IME Update

Dear Mr. Williams:

Thank you for submitting your *Annual Continuing Statement* and a copy of your 2013 federal tax return as well as an executed *Authorization for Release of Protected or Privileged Information* form. We write as a follow up to the documentation that you submitted and to provide you with an update regarding our intention to send you for an independent medical examination (IME) pursuant to Rhode Island General Laws (RIGL) § 36-10-17.

Following a review of your earnings documentation, the Employees' Retirement System of Rhode Island (ERSRI) has determined that you exceeded the earnings limitations during 2013. As of June 30, 2014, you owe ERSRI a minimum of \$50,086.78 for exceeding the earnings limitations pursuant to RIGL § 36-10-17. Please see the enclosed breakdown detailing the monies owed. Please be advised that your monthly disability retirement allowance will continue to be suspended in order to recoup the monies owed to ERSRI.

We also write to provide you with an update regarding our intention to send you for an IME pursuant to RIGL § 36-10-17. Please note that as authorized by your *Authorization for Release of Protected or Privileged Information* form, we requested Blue Cross Blue Shield of Rhode Island for your medical records and claims history report for the period of 01/01/2011 through 4/21/2014. However, Blue Cross Blue Shield of Rhode Island requires execution of the enclosed form in order to provide your medical records and claims history report to ERSRI. Please execute the enclosed *Authorization to Disclose Confidential Health Care Information* form and return to ERSRI by August 15, 2014. After we receive and review your medical records as well as your outside employment information that

50 Service Avenue 2nd Floor, Warwick, RI 02886-1021 (401) 462-7600 Fax: (401) 462-7691

E-Mail: ersri@ersri.org Web Site: www.ersri.org

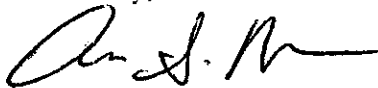
Page 2 of 2
July 15, 2014

we requested from the Ashaway Fire District, we anticipate that you will be assigned for an IME. When ERSRI assigns you to an IME, we will provide you with formal notification via separate correspondence.

We thank you for your cooperation and patience as we ensure compliance with RIGL § 36-10-17.

Should you have any questions or concerns, please do not hesitate to contact me at 401.462.7637 or at amarcaccio@ersri.org.

Sincerely,



Andrew S. Marcaccio, Esq.
Legal Counsel / Regulatory Affairs

Enclosures

MICHAEL L. WILLIAMS

As of June 30, 2014

2013 Overearnings

2013 Retirement Allowance	2013 Outside Earnings	2013 Projected Salary as Crash Rescue Crewman	2013 Overearnings
\$ 37,059.96	\$ 74,908.00	\$ 64,267.28	\$ 37,059.96

Overearnings History

Year	Overearnings	Notes
2014	TBD	
2013	\$ 37,059.96	
2012	\$ 37,059.96	
2011	\$ 35,980.56	
2010	\$ 4,841.23	
Totals	\$ 114,941.71	Balance as of July 1, 2014 is \$50,086.78

Repayment History & Schedule

Month	Year	Scheduled Retirement Allowance	Suspended Amount Applied Against Monies Owed	Amount Received by Member
October	2012	\$ 3,088.33	\$ 3,088.33	\$ -
November	2012	\$ 3,088.33	\$ 3,088.33	\$ -
December	2012	\$ 3,088.33	\$ 3,088.33	\$ -
January	2013	\$ 3,088.33	\$ 3,088.33	\$ -
February	2013	\$ 3,088.33	\$ 3,088.33	\$ -
March	2013	\$ 3,088.33	\$ 3,088.33	\$ -
April	2013	\$ 3,088.33	\$ 3,088.33	\$ -
May	2013	\$ 3,088.33	\$ 3,088.33	\$ -
June	2013	\$ 3,088.33	\$ 3,088.33	\$ -
July	2013	\$ 3,088.33	\$ 3,088.33	\$ -
August	2013	\$ 3,088.33	\$ 3,088.33	\$ -
September	2013	\$ 3,088.33	\$ 3,088.33	\$ -
October	2013	\$ 3,088.33	\$ 3,088.33	\$ -
November	2013	\$ 3,088.33	\$ 3,088.33	\$ -
December	2013	\$ 3,088.33	\$ 3,088.33	\$ -
January	2014	\$ 3,088.33	\$ 3,088.33	\$ -
February	2014	\$ 3,088.33	\$ 3,088.33	\$ -
March	2014	\$ 3,088.33	\$ 3,088.33	\$ -
April	2014	\$ 3,088.33	\$ 3,088.33	\$ -
May	2014	\$ 3,088.33	\$ 3,088.33	\$ -
June	2014	\$ 3,088.33	\$ 3,088.33	\$ -

July	2014	\$	3,088.33	\$	3,088.33	\$	-
August	2014	\$	3,088.33	\$	3,088.33	\$	-
September	2014	\$	3,088.33	\$	3,088.33	\$	-
October	2014	\$	3,088.33	\$	3,088.33	\$	-
November	2014	\$	3,088.33	\$	3,088.33	\$	-
December	2014	\$	3,088.33	\$	3,088.33	\$	-
January	2015	\$	3,088.33	\$	3,088.33	\$	-
February	2015	\$	3,088.33	\$	3,088.33	\$	-
March	2015	\$	3,088.33	\$	3,088.33	\$	-
April	2015	\$	3,088.33	\$	3,088.33	\$	-
May	2015	\$	3,088.33	\$	3,088.33	\$	-
June	2015	\$	3,088.33	\$	3,088.33	\$	-
July	2015	\$	3,088.33	\$	3,088.33	\$	-
August	2015	\$	3,088.33	\$	3,088.33	\$	-
September	2015	\$	3,088.33	\$	3,088.33	\$	-
October	2015	\$	3,088.33	\$	3,088.33	\$	-
November	2015	\$	3,088.33	\$	673.50	\$	2,414.83
December	2015	\$	3,088.33	\$	-	\$	3,088.33
Totals		\$	120,444.87	\$	114,941.71	\$	5,503.16

** Suspension Period will be prolonged if the member has overearnings for 2014.



Authorization to Disclose Confidential Health Care Information

Member Name (including any former names): _____ Date of Birth: _____

Address: _____ Subscriber ID: _____

_____ Last 4-digits of SSN: _____

Authorization for disclosure:

I, _____, hereby authorize the use or disclosure of the information
MEMBER'S NAME
below for the purposes described below by Blue Cross & Blue Shield of Rhode Island ("BCBSRI") to:

The type and amount of information to be used or disclosed:

Confidential Health Care Information in connection with the health insurance issued to the Member:

- medical claims history dental claims history prescription drug claim history
- explanation of benefits other (specify): _____

For the period covering: from: _____ to: _____

The type and amount of information not disclosed (if not checked, these records will be disclosed):

- substance abuse information (chemical and/or alcohol dependency)*
- mental and/or behavioral health information*
- sexually transmitted disease diagnosis/treatment*
- AIDS/HIV testing*

Purpose(s) for disclosure: _____

Withdrawal/Expiration of Authorization:

I understand that I may withdraw this Authorization for the disclosure of my Confidential Health Care Information, at any future time by notifying BCBSRI in writing, at the following address: Blue Cross & Blue Shield of Rhode Island, 500 Exchange Street, Providence, Rhode Island 02903, Attn: Legal Department. However, my withdrawal/revocation will not affect the rights of anyone acting in reliance on this Authorization prior to notice of the withdrawal/revocation. I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this Authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event, or condition, this Authorization will remain valid for not more than twenty-four (24) months from the date this Authorization was signed.

*Federal Law (42 CFR Part 2) and Rhode Island General laws prohibit further disclosure of this information without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state or federal law. A general authorization is NOT sufficient for this purpose.

By: _____
Member/ Parent/ Legal Guardian/ Personal Representative*

Date: _____

*The personal representative must provide sufficient proof of authority.



Employees' Retirement System of Rhode Island

June 19, 2014

Via First Class U.S. Mail & Certified Return Receipt

ERSRI Board:

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Jean Rondeau

Frank J. Karpinski
Executive Director

MICHAEL WARNER

91 7199 9991 7032 9570 2122

HOPE VALLEY, RI 02832

Re: Disability Retirement Allowance & Assignment of IME

Dear Mr. Warner:

Thank you for submitting your *Annual Continuing Statement* and a copy of your 2013 federal tax return. We write as a follow up to the information that you submitted and to provide you with an update regarding our intention to send you for an independent medical examination (IME) pursuant to Rhode Island General Laws (RIGL) § 36-10-17.

Following a review of your earnings documentation, ERSRI has determined that you did not exceed the earnings limitations during 2013. As of June 30, 2014, you owe the Employees' Retirement System of Rhode Island (ERSRI) a minimum of **\$41,484.47** pursuant to RIGL § 36-10-17 for exceeding the earnings limitations during 2010, 2011, and 2012. Please be advised that your monthly disability retirement allowance will continue to be suspended in order to recoup the monies owed to ERSRI. Please see the enclosed breakdown detailing the monies owed and repayment schedule.

We also write to provide you with an update regarding our intention to send you for an IME pursuant to RIGL § 36-10-17. Please note that we are in the process of assembling and reviewing your medical records and assigning a physician to your matter. Through separate correspondence, we will provide you with formal notification of your IME.

We thank you for your cooperation as we ensure compliance with RIGL § 36-10-17. Should you have any questions or concerns, please do not hesitate to contact me at 401.462.7616 or at gmambro@ersri.org.


[Signature page follows]

50 Service Avenue 2nd Floor, Warwick, RI 02886-1021 (401) 462-7600 Fax: (401) 462-7691

E-Mail: ersri@ersri.org Web Site: www.ersri.org

Page 2 of 2
June 19, 2014

Sincerely,



Gayle C. Mambro-Martin, Esq.
Legal Counsel / Policy Analyst

Enclosures

MICHAEL WARNER

As of June 30, 2014

Year	Overearnings	Notes
2014	TBD	2014 Earnings Information not due until 2015
2013	\$ -	
2012	\$ 32,824.83	
2011	\$ 34,065.00	
2010	\$ 33,072.84	
2009	\$ -	
Totals	\$ 99,962.67	Balance as of June 30, 2014 is \$41,484.47

Month	Year	Scheduled Retirement Allowance	Suspended Amount Applied Against Monies Owed	Amount Received by Member
November	2012	\$ 2,923.91	\$ 2,923.91	\$ -
December	2012	\$ 2,923.91	\$ 2,923.91	\$ -
January	2013	\$ 2,923.91	\$ 2,923.91	\$ -
February	2013	\$ 2,923.91	\$ 2,923.91	\$ -
March	2013	\$ 2,923.91	\$ 2,923.91	\$ -
April	2013	\$ 2,923.91	\$ 2,923.91	\$ -
May	2013	\$ 2,923.91	\$ 2,923.91	\$ -
June	2013	\$ 2,923.91	\$ 2,923.91	\$ -
July	2013	\$ 2,923.91	\$ 2,923.91	\$ -
August	2013	\$ 2,923.91	\$ 2,923.91	\$ -
September	2013	\$ 2,923.91	\$ 2,923.91	\$ -
October	2013	\$ 2,923.91	\$ 2,923.91	\$ -
November	2013	\$ 2,923.91	\$ 2,923.91	\$ -
December	2013	\$ 2,923.91	\$ 2,923.91	\$ -
January	2014	\$ 2,923.91	\$ 2,923.91	\$ -
February	2014	\$ 2,923.91	\$ 2,923.91	\$ -
March	2014	\$ 2,923.91	\$ 2,923.91	\$ -
April	2014	\$ 2,923.91	\$ 2,923.91	\$ -
May	2014	\$ 2,923.91	\$ 2,923.91	\$ -
June	2014	\$ 2,923.91	\$ 2,923.91	\$ -
July	2014	\$ 2,923.91	\$ 2,923.91	\$ -
August	2014	\$ 2,923.91	\$ 2,923.91	\$ -
September	2014	\$ 2,923.91	\$ 2,923.91	\$ -
October	2014	\$ 2,923.91	\$ 2,923.91	\$ -
November	2014	\$ 2,923.91	\$ 2,923.91	\$ -
December	2014	\$ 2,923.91	\$ 2,923.91	\$ -
January	2015	\$ 2,923.91	\$ 2,923.91	\$ -
February	2015	\$ 2,923.91	\$ 2,923.91	\$ -
March	2015	\$ 2,923.91	\$ 2,923.91	\$ -

April	2015	\$	2,923.91	\$	2,923.91	\$	-
May	2015	\$	2,923.91	\$	2,923.91	\$	-
June	2015	\$	2,923.91	\$	2,923.91	\$	-
July	2015	\$	2,923.91	\$	2,923.91	\$	-
August	2015	\$	2,923.91	\$	2,923.91	\$	-
September	2015	\$	2,923.91	\$	549.73	\$	2,374.18
October	2015	\$	2,923.91	\$	-	\$	2,923.91
November	2015	\$	2,923.91	\$	-	\$	2,923.91
December	2015	\$	2,923.91	\$	-	\$	2,923.91
Totals		\$	111,108.58	\$	99,962.67	\$	11,145.91

* Total overearnings and suspension period may be increased and adjusted depending on the member's 2014 earnings.



Employees' Retirement System of Rhode Island

June 11, 2014

Via First Class U.S. Mail & Certified Return Receipt

ERSRI Board:

Gina M. Raimondo
General Treasurer
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William B. Finelli
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John J. Meehan

Thomas A. Mullaney

Claire M. Newell

Louis M. Prata

Jean Rondeau

Frank J. Karpinski
Executive Director

PAUL H. SMITH

91 7108 2133 3938 6357 9480

MAPLEVILLE, RI 02839

Re: Disability Retirement Allowance & Assignment of IME

Dear Mr. Smith:

Thank you for submitting your *Annual Continuing Statement* and copies of your 2005, 2006, 2008, 2009, 2010, and 2013 federal tax returns as well as an executed U.S. Treasury Form 4506 which permits ERSRI to request copies of your 2003 and 2004 federal tax returns from the IRS. We write as a follow up to the documentation that you submitted and to provide you with an update regarding our intent to send you for an independent medical examination (IME) pursuant to Rhode Island General Laws (RIGL) § 45-21-23 as referenced by § 45-21.2-7.

In addition to the documentation referenced above, you provided us with check #121 in the amount of \$100.00 made payable to the U.S. Treasury representing the required payment for requesting copies of your 2003 and 2004 federal tax returns from the IRS. Please note that ERSRI will pay the U.S. Treasury for the costs associated with our request to the IRS for copies of your 2003 and 2004 tax returns. Accordingly, we have shredded your check # 121. Upon receipt, we will provide you with copies of any 2003 and 2004 tax documents that we receive from the IRS. However, please note that copies of tax returns dating back more than seven years may not be available.

Following a review of your earnings documentation, ERSRI has determined that you exceeded the earnings limitations for each of the following years: 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013. As of June 30, 2014, you owe ERSRI a minimum of \$ 15,812.30 for exceeding the earnings limitations pursuant to RIGL § 45-21-24 as referenced by § 45-21.2-7. Please see the enclosed breakdown detailing the monies owed. Please be advised that your monthly disability retirement

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E-Mail: ersri@ersri.org Web Site: www.ersri.org

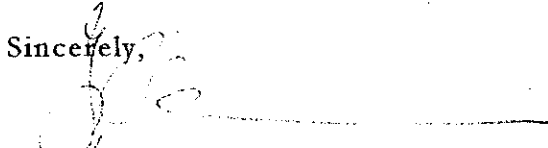
allowance will continue to be suspended in order to recoup the monies owed to ERSRI.

We also write to provide you with an update regarding our intention to send you for an IME pursuant to RIGL § 45-21-23 as referenced by § 45-21.2-7. Please note that as authorized by your *Authorization for Release of Protected or Privileged Information* form, we requested Blue Cross Blue Shield for your medical records and claims history report for the period of 01/01/2010 through 05/22/2013. However, both Blue Cross Blue Shield of Rhode Island and Massachusetts were unable to find any medical records for you from 01/01/2010 through 05/22/2013. If you have any medical records that you wish to submit to ERSRI prior to your assignment for an IME, please submit them to my attention at ERSRI by **August 1, 2014**. You may also execute and provide us with the enclosed *Authorization for Release of Protected or Privileged Information* form by **July 11, 2014** and we will make an additional attempt to obtain copies of your medical records on your behalf. Please be sure to indicate the specific healthcare provider(s) that you had from 2010- present. Should you be assigned for an IME, we will provide you with formal notification via separate correspondence.

We thank you for your cooperation as we ensure compliance with RIGL §§ 45-21-23, 45-21-24 and 45-21.2-7.

Should you have any questions or concerns, please do not hesitate to contact me at 401.462.7616 or a gmambro@ersri.org.

Sincerely,



Gayle C. Mambro-Martin, Esq.
Legal Counsel / Policy Analyst

Enclosures

Paul H. Smith
Breakdown of Overearnings as of June 11, 2014

Year	Projected Salary for North Cumberland Firefighter*	ERSRI Retirement Allowance	Outside Earnings **	Overearnings	Suspension Amounts	Balance Owed to ERSRI***
2005	\$45,163.92	\$5,421.36	\$56,200.86	\$5,421.36	\$0.00	\$5,421.36
2006	\$45,163.92	\$5,421.36	\$56,200.86	\$5,421.36	\$0.00	\$5,421.36
2007	\$45,163.92	\$5,421.36	\$64,765.61	\$5,421.36	\$0.00	\$5,421.36
2008	\$45,163.92	\$5,421.36	\$64,765.61	\$5,421.36	\$3,162.46	\$2,258.90
2009	\$50,177.84	\$5,421.36	\$70,852.00	\$5,421.36	\$5,421.36	\$0.00
2010	\$50,177.84	\$5,421.36	\$64,565.46	\$5,421.36	\$5,421.36	\$0.00
2011	\$50,177.84	\$5,421.36	\$67,000.00	\$5,421.36	\$5,421.36	\$0.00
2012	\$50,667.60	\$5,421.36	\$68,182.80	\$5,421.36	\$5,421.36	\$0.00
2013	\$51,661.87	\$5,421.36	\$75,763.98	\$5,421.36	\$5,421.36	\$0.00
2014 (as of June 30)		\$2,710.68			\$2,710.68	
Totals				\$48,792.24	\$32,979.94	\$15,812.30

* 2005, 2006, 2007, 2009, and 2010 projected salaries represent high estimates. Member's outside earnings are substantially over the limit by more than his pension amount so the exact amount is not needed.

** 2006 and 2008 W-2s were not submitted to ERSRI. Accordingly ERSRI was unable to confirm which wages were attributable to the member. However, based on the member's Line 7 total wages, ERSRI determined that the member's wages remained similar to the previous year. If you believe that the wages should be attributable to your spouse, please provide ERSRI with the verifying wage attachments.

*** Balance of monies owed to ERSRI may increase upon ERSRI receiving and analyzing the member's earnings information for 2003, 2004, and 2014.

**AUTHORIZATION FOR RELEASE OF PROTECTED
OR PRIVILEGED INFORMATION**

I, _____, whose D.O.B. is _____, do hereby authorize the release of health information including copies of my medical records and billings records to the:

Employees' Retirement System of Rhode Island
50 Service Avenue, 2nd Floor
Warwick, RI 02886

Concerning my treatment for the period of: 01/01/2010 through 06/11/2014

I understand that:

- I may withdraw my authorization at any time by submitting a written request to ERSRI.
- Authorization may be withdrawn except for the following:
 - to the extent that action has been taken in reliance on this statement
- I may refuse to sign this authorization.
- I understand that even if I do not withdraw consent that this statement shall expire in: (please check one): ___ in 3 months ___ in 6 months in 1 year from this date.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Health Care Provider requires physicians to fully document my medical history, current condition, treatment plan and all treatment rendered, including the results of all tests, procedures, and therapies. This information is required to be maintained by the organization in a safe and secure way to insure privacy and confidentiality.

I understand that other health care information, whether stored on paper, computer, film, or other medium is available to Health Care Provider and facilities now and in the future on a Need-to-Know basis to health workers involved in my care, teaching, Institutional Review Board approved research, and/or internal utilization management and quality review.

I understand that my records are protected under the Federal Confidentiality Regulations and under the General Laws of Rhode Island and cannot be disclosed without my written consent except as otherwise specifically provided by the law.

Member Signature

Date

Witness

Print Witness Name _____

Please indicate your Health Care Provider(s)