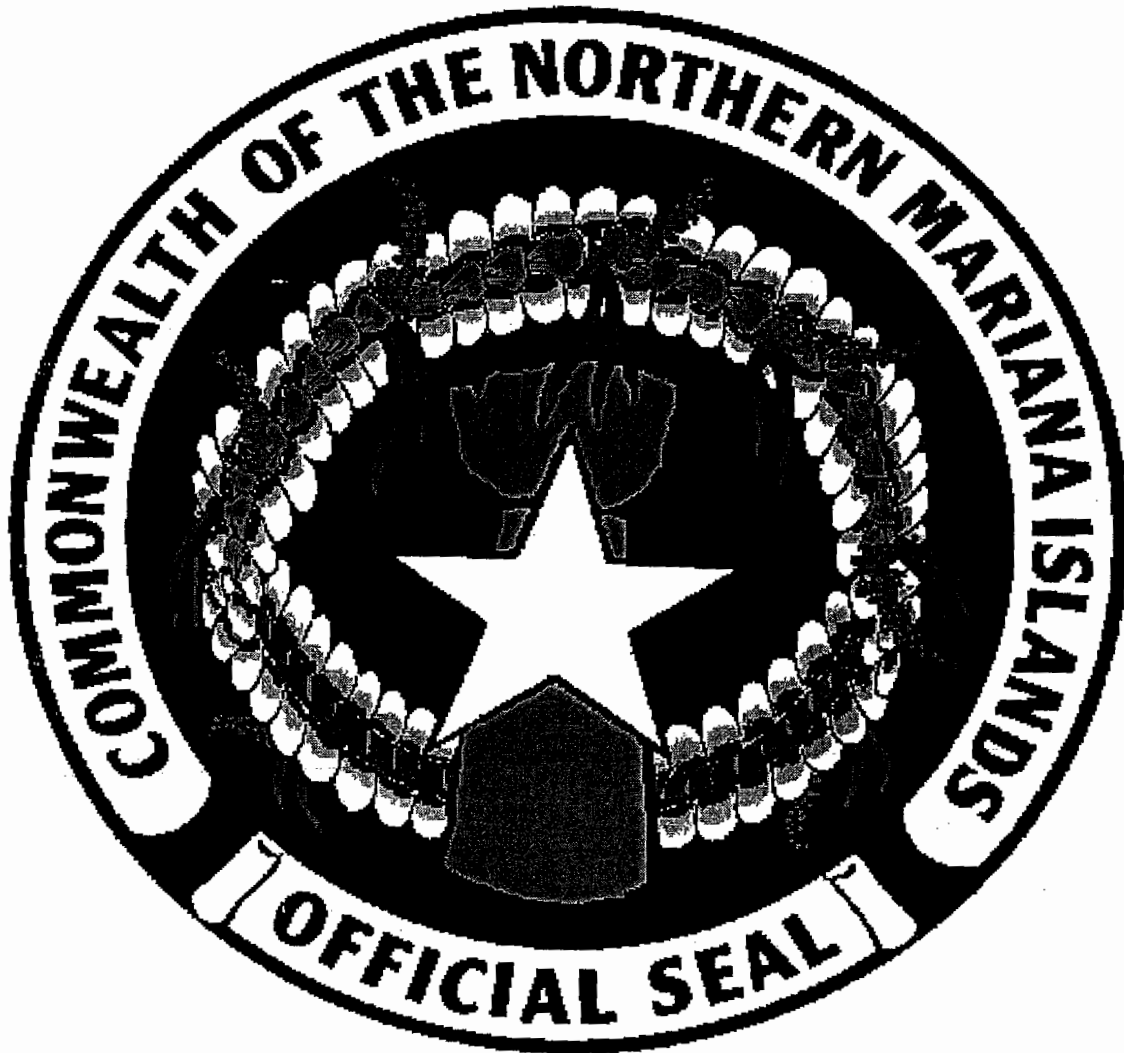


COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
SAIPAN, TINIAN, ROTA and NORTHERN ISLANDS



COMMONWEALTH REGISTER

VOLUME 30
NUMBER 07

July 28, 2008

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TABLE OF CONTENTS

EMERGENCY REGULATIONS:

Extension of Emergency
Office of the Governor/Emergency Management Office..... 28528

Public Notice of Emergency Regulations Which are Amendments
to the Rules and Regulations of the
Department of Finance, Division of Procurement & Supply..... 28529

Notice of Emergency Regulations and Notice of Intent to Adopt
Amendments to the Rules and Regulations Governing the
Northern Mariana Islands Retirement Fund..... 28535

PROPOSED RULES AND REGULATIONS:

Public Notice of Proposed Rules and Regulations Which
are Amendments To the Rules of the
Department of Finance, Division of Procurement & Supply..... 28554

Public Notice of Proposed Rules and Regulations
Which are Amendment to the Rules and Regulations of the
Commonwealth Zoning Board..... 28563

PROPOSED ADOPTION OF AMENDMENTS:

Notice of Proposed Adoption of Amendments to
Gambling Event Certificate Regulations..... 28580

NOTICE AND CERTIFICATION OF ADOPTION OF AMENDMENTS:

Notice and Certification of Adoption of Amendments to Regulations Regarding
Board of Education Head Start Certification and Compensation..... 28598

PUBLIC NOTICE:

Public Notice of Immigration Regulation on Excluded Locations
Office of the Attorney General, Immigration Division..... 28610



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Timothy P. Villagomez
Lieutenant Governor

EXTENSION OF EMERGENCY Volcanic of Anatahan

WHEREAS, On May 13, 2003, a Declaration of Emergency was issued with respect to volcanic activity on the island of Anatahan; and

WHEREAS, said Declaration declared the island of Anatahan as unsafe for human habitation and restricted all travel to said island with the exception of scientific expeditions; and

NOW, THEREFORE, I, BENIGNO R. FITIAL, by the authority vested in me as Governor, and pursuant to Article III, Section 10 of the Commonwealth Constitution and 3 CMC §5121, and in accordance with the Emergency Management Office, Commonwealth of the Northern Mariana Islands and US Geological Survey, do hereby extend a state of disaster emergency in the Commonwealth with the respect of the island of Anatahan under the same terms and conditions as are contained in the original Declaration.

This Extension of Emergency shall remain in effect for thirty (30) days, unless the Governor shall, prior to the end of the 30-day period, notify the Presiding Officers of the Legislature that the state of emergency has been revoked or further extended for a like term, and giving reasons for extending the emergency.

Dated this 23th of July 2008.


BENIGNO R. FITIAL
Governor

Cc: Lt. Governor (Fax: 664-2311)
Senate President (Fax: 664-8803)
House Speaker (Fax: 664-8900)
Mayor of the Northern Islands (Fax: 664-2710)
Executive Assistant for Carolinian Affairs (Fax: 235-5088)
Attorney General (Fax: 664-2349)
Secretary Of Finance (Fax: 664-1115)
Commissioner of Public Safety (Fax: 664-9027)
Special Assistant for Management and Budget (Fax: 664-2272)
Special Assistant for Programs and Legislative Review (Fax: 664-2313)
Press Secretary (Fax: 664-2290)
United States Coast Guard (236-2968)

Commonwealth of the Northern Mariana Islands
Department of Finance

Eloy S. Inos, Secretary
Department of Finance, Division of Procurement & Supply, PO Box 510008 CK
Lower Base, Across from Power Plant #1, Saipan MP 96950

tel 670.664.1500; fax:670.664.1515
procurement@pticom.com

**PUBLIC NOTICE OF EMERGENCY REGULATIONS
WHICH ARE AMENDMENTS TO THE RULES AND REGULATIONS OF
THE DEPARTMENT OF FINANCE, DIVISION OF PROCUREMENT & SUPPLY**

EMERGENCY ADOPTION AND IMMEDIATE EFFECT: The Commonwealth of the Northern Mariana Islands, Department of Finance, Division of Procurement & Supply ("the Secretary") finds that:

(1) the attached rules and regulations regarding the procurement for the purchase and/or licensing of computer software and hardware, shall be adopted immediately on an emergency basis because the public interest so requires, for the reasons stated below (1 CMC § 9104(b), (c); 1 CMC § 9105(b)(2)); and

(2) the same rules and regulations shall be adopted, after a proper notice and comment period, as permanent regulations pursuant to the attached Notice of Proposed Rules and Regulations and the Administrative Procedure Act, 1 CMC § 9104(a).

AUTHORITY: The Secretary is empowered by the Legislature to adopt rules and regulations for the administration and enforcement of the statute governing his activities. 1 CMC §§ 2553(j)(procurement and supply function), 2557(rules and regulations). See *also* Executive Order 94-3 (effective August 23, 1994, reorganizing the Executive branch).

The Administrative Procedure Act provides that an agency may adopt an emergency regulation upon fewer than 30 days' notice if it states its reasons in writing:

(b) If an agency finds that the public interest so requires, or that an imminent peril to the public health, safety, or welfare requires adoption of a regulation upon fewer than 30 days' notice, and states in writing its reasons for that finding, it may, with the concurrence of the Governor, proceed without prior notice or hearing or upon any abbreviated notice and hearing that it finds practicable, to adopt an emergency regulation. The regulation may be effective for a period of not longer than 120 days, but the adoption of an identical regulation under subsections (a)(1) and (a)(2) of this section is not precluded.

(c) No regulation adopted is valid unless adopted in substantial compliance with this section. . . .

1 CMC § 9104(b), (c).

THE TERMS AND SUBSTANCE: These Rules and Regulations provide for the

procurement of certain computer software and hardware. Specifically, they provide that updates, continued licenses and continued maintenance may be contracted for without further competitive activity and that computer hardware and software subject to federal General Services Administration ("GSA") contracting may be procured without further competitive actions.

THE SUBJECTS AND ISSUES INVOLVED: These rules and regulations:

1. Address the extension, update, and/or continued maintenance of previously procured software without further advertisement or other competitive procurement activity.
2. Provide for purchasing through the GSA's blanket contracts for software and hardware.

ADOPTION OF EMERGENCY REGULATIONS FOR 120 DAYS: The Secretary has followed the procedures of 1 CMC § 9104(b) to adopt these Proposed Regulations on an emergency basis for 120 days.

REASONS FOR EMERGENCY ADOPTION: The Secretary finds that the public interest requires adoption of these regulations on an emergency basis, for the following reasons:

1. The Commonwealth employs complex software packages for many functions, including the Department's JD Edwards finance and accounting software. This software typically must be updated, corrected, maintained and otherwise improved, while the Government has no intention of changing software or retraining its many staffers to use new software.
2. Following detailed procurement requirements which are intended to enhance competition in purchasing would be irrelevant to the continued ownership of such software. This is particularly so for the continuation and smooth functioning of the Commonwealth's finances. Further, putting such software, its updates, or maintenance, out to re-bid would be extraordinarily disruptive to the Department's functions, and could irreparably damage the Department's ability to timely pay CNMI employees, contractors and vendors.
3. The old, present regulations, if applied in the immediate future, would cause such disruption. Further, changing the old regulations by following the "standard" form of publishing a notice of proposed rules and regulations would delay the date of revising the regulations. This delay would enable, not avoid, the disruption.
5. The Commonwealth's attempts to purchase specialized, federally financed software

and hardware have almost failed due to the old, present regulations' failure to allow expedited purchasing in recognition of the fact that such software and hardware often is negotiated for prices and terms that the federal government, with its enormous buying power, can negotiate, but the CNMI cannot. Adopting the regulations on this emergency basis will permit such procurements to go forward.

DIRECTIONS FOR FILING AND PUBLICATION: These Proposed Rules and Regulations shall be published in the Commonwealth Register in the section/s on emergency and proposed regulations (*see* 1 CMC § 9102(a)(1)) and posted in convenient places in the civic center and in local government offices in each senatorial district. (1 CMC § 9104(a)(1))

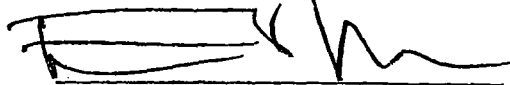
The Secretary shall take appropriate measures to make these Rules and Regulations known to the persons who may be affected by them (1 CMC 9105(b)(2)).

IMMEDIATE EFFECT: These emergency rules and regulations become effective immediately upon filing with the Commonwealth Register and delivery to the Governor. (1 CMC § 9105(b)(2)) This is because the Secretary has found that this effective date is required by the public interest or is necessary because of imminent peril to the public health, safety, or welfare. (*Id.*)

TO PROVIDE COMMENTS: No comments are required for these emergency rules and regulations. However, the related Notice of Proposed Rules and Regulations will specify comment procedures. Please see the notice regarding these emergency regulations being presented as proposed regulations, in the July, 2008, Commonwealth Register.

These emergency regulations were approved by the Secretary on July 3, 2008.

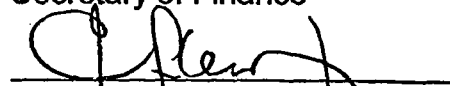
Submitted by:



Eloy S. Inos
Secretary of Finance

7/3/08
Date

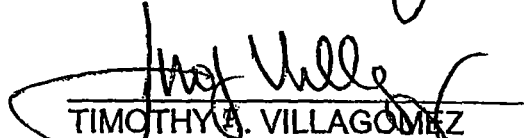
(Received by



Esther S. Fleming
Special Asst for Administration

7/03/08
Date

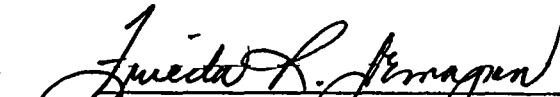
Concurred by:



TIMOTHY A. VILLAGOMEZ
Acting Governor

7/03/08
Date

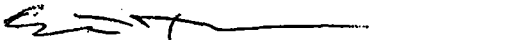
Filed and
Recorded by:


for BERNADITA B. DE LA CRUZ
Commonwealth Register

7/08/08
Date

Pursuant to 1 CMC § 2153(e) (AG approval of regulations to be promulgated as to form) and 1 CMC § 9104(a)(3) (obtain AG approval) the proposed regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General and shall be published (1 CMC § 2153(f) (publication of rules and regulations)).

Dated the 3rd day of July, 2008.


MATTHEW T. GREGORY,
Attorney General

0 NOPR Emergency Regs Software Hardware.wpd

Part 300: Procurement of Construction and Architect-Engineer Services, Professional Services, Vehicles and Special Conditions for Computer Software and Hardware.

70-30.3-320 Computer software and hardware

- (a) Notwithstanding any other provision of these regulations, commercial computer software, including documentation, and hardware may be procured pursuant to this part.
- (b) Commercial computer software, including commercial computer software documentation, may be acquired under a license customarily provided to the public to the extent such license is lawful and satisfies the Government's needs.
- (c) In acquiring commercial software, the Government shall not generally require offerors and contractors to:
 - (1) Furnish technical information related to commercial computer software or commercial computer software documentation that is not customarily provided to the public;
 - (2) Transfer intellectual property rights or otherwise relinquish to, or otherwise provide, the Government the rights to use, modify, reproduce, release, perform, display, or disclose commercial computer software or commercial computer software documentation, except as mutually agreed to by the parties. With regard to commercial computer software and commercial software documentation, the Government shall have only those rights specified in the license therefor.
- (d) Competitive bidding, or competitive procurement shall not be required for commercial software upon a showing that:
 - (1) the software is advertised for sale to the public at prices which are readily determinable from public sources, including but not limited to, sources on the internet;
 - (2) proof of contemporaneous pricing which is actually available to CNMI purchasers is supplied in the contract package; and
 - (3) the other prices shown are within 10 % of the pricing selected, or, the selected vendor will provide support for the software of a value which compensates for the difference in price.
- (e) Competitive bidding, or competitive procurement shall not be required with respect to software for the following:

- (1) software purchased is an updated version of software previously purchased;
 - (2) an extension of the license for previously-purchased software;
 - (3) an extension of maintenance services for previously-purchased software; or
- (f) The purchase of computer hardware, software, and/or related services, which is/are purchased pursuant to a US General Services Administration (GSA) blanket contract which had been negotiated by the federal government, shall be presumptively concluded to be in compliance with the competitive procurement requirements of these Regulations. This presumption shall apply not only to commercially available products, but also to products which are designed, manufactured and/or assembled according to GSA specifications.

0 DoF reg for software hardware procurement.wpd

**NOTICE OF EMERGENCY REGULATIONS AND NOTICE OF INTENT
TO ADOPT AMENDMENTS TO THE RULES AND REGULATIONS
GOVERNING THE NORTHERN MARIANA ISLANDS RETIREMENT FUND**

EMERGENCY: The Fund's Board of Trustees, tasked with administration of the Northern Mariana Islands Retirement Fund, finds that, pursuant to 1 CMC § 9104(b), the public interest and imminent peril to the public welfare requires the adoption, on an emergency basis, of amendments to the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund, as published in the Commonwealth Register Volume 27, Number 09, at pages 25043 to 25141, on October 24, 2005 and in Volume 27, Number 11 at pages 25529 to 25567, on December 30, 2005, and adopted and published in Volume 28, Number 03, at pages 25529 to 25567, on March 30, 2006 (effective date April 9, 2006), and in Volume 30, Number 05, at pages 28507 to 28514, on May 27, 2008, and adopted and published in Volume 30, Number 06 at page 28527, on June 27, 2008 (effective date July 7, 2008).

The Board finds that the public interest and this imminent peril to the public welfare mandates adoption of these amendments to the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund upon fewer than thirty (30) days notice, and that these amendments shall become effective immediately after filing with the Secretary for the Commonwealth Register, subject to the approval of the Attorney General and concurrence of the Governor and shall remain effective for a period of 120 days, unless sooner adopted as permanent regulations.

REASONS FOR EMERGENCY: Pursuant to Public Law 6-17, as amended by Public Law 13-60, and Part 4, Section 4.05 of the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund, the Board of Trustees has a fiduciary duty to properly administer the program. This authority includes promulgating rules and regulations necessary for such proper administration of the program.

I. The Board of Trustees has determined that there are *critical, significant, and severe* deficiencies in the Fund's policies and procedures with respect to processing of Disability Benefits applications.

Failure to immediately implement these interim Rules and Regulations will result in:

1. Loss of sustainable income for members who have been terminated from employment while awaiting determination and approval of their Application for Disability.
2. Confusion to Member Services staff regarding processing of Applications.
3. Duplication of efforts should the Rules and Regulations be implemented at a later date, resulting in additional costs and further deterioration of the financial condition of the program, and unnecessary appeals through the administrative process.
4. Potential liability for the Northern Mariana Islands Retirement Fund and/or the Government due to the failure to implement appropriate policies and procedures expeditiously.

II. These amendments to the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund will implement the Policy and Procedures for Disability Benefits.

CONTENTS: The adoption of these amendments to the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund will *effectuate critical changes* to the Northern Mariana Islands Retirement Fund program, *crucial to the proper operation* and the public interest, and will serve the best interests of the members and public and to ensure proper and appropriate procedures are in place pursuant to applicable law.

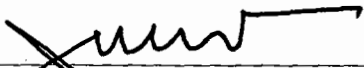
NOTICE OF INTENT TO PERMANENTLY ADOPT: It is the intention of the Board of Trustees to adopt these emergency amendments as permanent amendments to the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund with such adoption pursuant to 1 CMC §§ 9104(a)(1) and (2). Therefore, publication in the Commonwealth Register of these amendments, this Notice, and an opportunity for public comment pursuant to the requirements of the CNMI Administrative Procedures Act are hereby provided.

- I. Copies of the Rules and Regulations will be available at the Northern Mariana Islands Retirement Fund office, located on the first floor of the Retirement Fund Building, Capitol Hill, Saipan, MP 96950.
- II. Written comments on the Rules and Regulations should be addressed and submitted to the Administrator, Northern Mariana Islands Retirement Fund ("Fund"), P.O. Box 501247 CK, Saipan, MP 96950, or may be delivered to the Administrator at the Fund office on Capitol Hill.
- III. Written comments must be received by the Administrator of the Fund not later than thirty (30) days from the date of this publication.

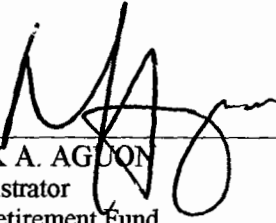
AUTHORITY: The Board of Trustees is authorized to promulgate, publish and adopt these regulations pursuant to Public Law 6-17, as amended.

By signature below, we certify that the Rules and Regulations Governing the Northern Mariana Islands Retirement Fund attached hereto are the true, correct, and complete Rules and Regulations Governing the Northern Mariana Islands Retirement Fund hereby adopted as emergency regulations by the Board of Trustees, and further request and direct that this Notice of Adoption be published in the Commonwealth Register.

Dated this _____ day of _____ 2008.

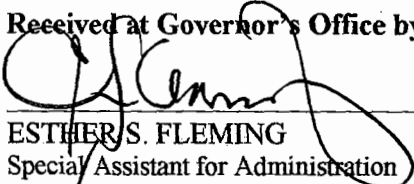


 JUAN T. GUERRERO
 Chairman, Board of Trustees
 NMI Retirement Fund



 MARK A. AGOON
 Administrator
 NMI Retirement Fund

Received at Governor's Office by:



 ESTHER S. FLEMING
 Special Assistant for Administration

Date: 7/23/08

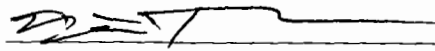
Concurred by:



 BENIGNO R. FITIAL
 Governor

Date: 7/22/08

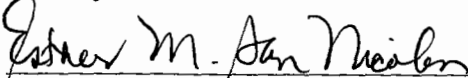
Pursuant to 1 CMC § 2153, as amended by P.L. 10-50, the emergency Rules and Regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General's Office.



 MATTHEW T. GREGORY
 Attorney General

Date: 7/23/08

Filed by:



 for BERNADITA B. DELA CRUZ
 Secretary, Commonwealth Register

Date: 07.23.08

**EMERGENCY AMENDMENTS TO THE RULES AND REGULATIONS
GOVERNING THE NORTHERN MARIANA ISLANDS RETIREMENT FUND**

CITATION OF AUTHORITY:

The Board of Trustees ("Board") of the Northern Mariana Islands Retirement Fund has statutory power to promulgate and effect Rules and Regulations pursuant to 1 CMC § 8315(f).

STATEMENT OF GOALS AND OBJECTIVES:

The Rules and Regulations provide guidelines for the Board to manage the government retirement program, as well as provide government employees and retirees information on how the program functions. The primary goals and objectives of the proposed amendments are to include within the Rules and Regulations the Disability Benefits Policy and Procedures.

SUMMARY OF AMENDMENTS:

These proposed amendments to the Rules and Regulations would provide for comprehensive policy and procedures for members applying for Disability Benefits.


FOR FURTHER INFORMATION:

Contact Mark A. Aguon, Administrator, NMI Retirement Fund, by telephone (670) 322-3863 or facsimile (670) 664-8080.

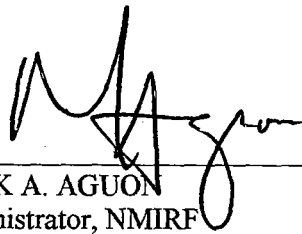
CITATION OF RELATED AND/OR AFFECTED STATUTES, REGULATIONS AND ORDERS:

Public Law 6-17, as amended, and Public Law 13-60; Section 4.05 of the Fund Administrative Rules and Regulations; Commonwealth Register, Volume 27, Number 09, dated October 24, 2005, and Volume 27, Number 11, dated December 30, 2005, and adopted and published in Volume 28, Number 03, dated March 30, 2006, effective April 9, 2006, and Volume 30, Number 05, dated May 27, 2008, and adopted and published in Volume 30, Number 06, dated June 27, 2008, effective July 7, 2008.

Dated this _____ day of _____ 2008.

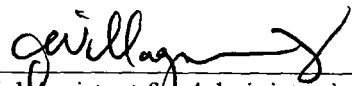


JUAN T. GUERRERO
Chairman, Board of Trustees, NMIRF



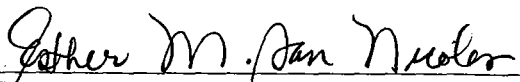
MARK A. AGUON
Administrator, NMIRF

RECEIVED BY:



Special Assistant for Administration
Date: 07-23-08

FILED AND RECORDED BY:



Secretary, Commonwealth Register
Date: 07.23.08

**Emergency Amendments to the
NORTHERN MARIANA ISLANDS RETIREMENT FUND
ADMINISTRATIVE RULE AND REGULATIONS**

To incorporate as part of the Administrative Rules and Regulations the "Disability Benefits Policy and Procedures" as follows:

I. POLICY

A. All full-time defined benefit plan members ("regular employees") disabled from an occupational cause are eligible for consideration for Disability benefits. All regular employees allegedly disabled from a non-occupational cause who had been a member prior to December 5, 2003 with more than 18 months of membership service and who did not refund their contributions are eligible for consideration of non-occupational Disability Benefits. All regular employees allegedly disabled from a non-occupational cause who became a member after December 5, 2003 with more than five years of membership service and who did not refund their contributions are eligible for consideration for non-occupational Disability Benefits. Disability Benefits shall be based on applicable law at the time of a Board finding of disability, pursuant to 1 CMC § 8347.

B. Benefits are available only to a regular employee who is under a duly licensed physician's care, and as certified by the Board of Trustees. The Board of Trustees shall certify a List of Physicians, Specialists, and/or Vocational Rehabilitation Counselors. The Physicians to certify the starting, continuing, and ending dates of the employee's disability on the Disability Certification Form may not be the Applicant's primary care physician. The Vocational Rehabilitation Counselor must also, certify, with limited exception, that the member is totally and permanently disabled for the further performance of the duties of any assigned position in the service of the government. The Administrator retains authority to prescribe applicable forms for Disability Applicants and to further request information/medical reports.

C. Reconfirmation of disability by the certifying Physicians, Specialists, and/or Vocational Rehabilitation Counselors will be required by the Fund annually for a five year period, and once for every following three year period, unless a certified Physician or Specialist in the hemodialysis field certifies the Applicant is diagnosed with End Stage Renal Disease with permanent hemodialysis as the only treatment plan.

D. Following five years of continuous disability, an assessment will be made to see if the employee qualifies for disability benefits as a Long-Term Disability Applicant. In the event the qualification for Long Term Disability is met, a reconfirmation of the disability by the certifying Physicians, Specialists, and/or Vocational Rehabilitation Counselors will be required by the Fund once for every following three year period, with limited exceptions as noted *supra*, which may be elaborated based on Board Resolution.

E. Under no circumstances will the combined benefits from a Disability Plan or the Disability program exceed the highest salary received by the member prior to the Board finding of disability.

II. RESPONSIBILITIES

A. The Member is responsible for completing his/her section of the Disability Certification Form and for obtaining the necessary information from the certifying Physicians, Specialists, and/or Vocational Rehabilitation Counselors, if applicable. These certifying Physicians and/or Specialists must certify the nature, extent of illness or injury and projected duration of the disability on the Disability Certification Form.

B. The Member is responsible for completing the annual certification of disability during the first five years of the disability period. In the event the Member is certified as a Long-Term Disability Annuitant, the Member is responsible for complying with the certification process once every following three year period. The certifying Physicians and/or Specialists must also certify the nature, extent of illness or injury during each following three year period of the Member's disability on Disability Certification Forms.

III. PROCEDURES

A. The Member obtains applicable physicians' statements (Disability Certification Forms), certifying the nature, extent and duration of illness/disability and forwards it to the Administrator or the Administrator's designee, for initial review and compliance, and accompanies these Forms with Certification from a Vocational Rehabilitation Counselor, unless the Board makes a finding of *in extremis* or grave and exceptional circumstances.

- The physician must fill out the form by printing the information if it cannot be typed, to include height, weight and blood pressure of the patient. Submissions that are illegible or incomplete will be returned to the patient who has the obligation to see that the information is supplied in satisfactory format. The employee then obtains the certification of a Vocational Rehabilitation Counselor pursuant to applicable law.
- The physician must sign a disclaimer that if the information provided is knowingly false or misleading, in an attempt to defraud the CNMI government, they may be guilty of a misdemeanor under applicable Commonwealth or Federal law.
- The Member applying for disability on the basis of End Stage Renal Disease that will be starting on hemodialysis must submit a treatment plan from an attending physician with a certification as a specialist or work assignment in the Hemodialysis Unit.
- If the disability is related to a disease that required surgery, or was caused as a complication of surgery, the Operative Report must be submitted along with the application form.
- If the diagnosis related to the primary disability required hospitalization, a copy of the Discharge Summary must accompany the application form.
- The primary diagnosis must be assigned an ICD-9 Code. The ICD-9 Code of any secondary diagnosis that impacts upon the extent or duration of the patient's disability must be included. The Board reserves the policy decision to update ICD Codes in the future.

- If the condition(s) causing the disability require standard radiologic examination (X-ray) or imaging examinations (CT scan, Magnetic Resonance Imaging, ultrasound, echocardiography, angiography, bone density scans, etc.) or any other examination modality, a copy of those reports must accompany the initial application for disability.
- Disability upon a psychiatric diagnosis must include an evaluation by a licensed and board certified psychiatrist or licensed clinical psychologist with specialized training/certification in the disability asserted.
- Disability related to physical limitations must be documented by an evaluation by the Vocational Rehabilitation Counselor or an Occupational Therapist and/or licensed Physical Therapist.
- Disability related to malignant disease must be accompanied by a pathology report if any surgery or biopsies were used to establish the diagnosis.
- Presumptive disability such as sudden blindness, bilateral amputations, major organ transplant (e.g. heart/lung), severe burns over 70% of the body, etc. must be accompanied by medical records justifying such presumptive disability, and/or grave and exceptional circumstances.

B. The Administrator, the Benefits Branch Director, or the Administrator's designee, reviews the documentation and may request additional information or request additional medical reports from the applicable physician to confirm illness/disability before forwarding this information to the Board for its review and/or approval or disapproval.

C. The Administrator, the Benefits Branch Director, or the Administrator's designee, in the event the Board makes a finding of disability, initiates a Status Change Form authorizing Short-Term Disability benefits, and obtains the Applicant's signature on it.

D. The Administrator, the Benefits Branch Director, or the Administrator's designee, estimates the benefit amount the employee is expected to receive from the Short-Term Disability annually during the five-year period of the Short-Term Disability.

E. The Administrator, the Benefits Branch Director, or the Administrator's designee, may terminate the Short-Term Disability benefits when the member's illness/disability prognosis improves, or at the end of the initial five-year period unless a duly licensed Physician or Specialist in Nephrology certifies the Applicant is diagnosed with End Stage Renal Disease requires chronic hemodialysis as the only treatment plan for their disease. Other diagnoses by a duly licensed Physician or Specialist of terminal conditions such as terminal Cancer or diseases like Cystic Fibrosis, Myasthenia Gravis, etc. may be considered a permanently disabling condition/disease.

F. The Member obtains applicable physician's statements (Disability Certification Form), certifying nature, extent and duration of a long term illness/disability and forwards it to the Administrator or the Benefits Branch Director, or the Administrator's designee, for initial review and compliance with Long-Term Disability Benefits.

G. The Administrator, the Benefits Branch Director, or the Administrator's designee, reviews the documentation and may request additional information or request additional

medical reports from the applicable physician to confirm illness/disability before forwarding this information to the Board for its review and approval or disapproval.

H. The Administrator, the Benefits Branch Director, or the Administrator's designee, in the event the Board makes a finding of long-term disability, initiates a Status Change Form authorizing Long-Term Disability benefits, and obtains the Applicant's signature.

I. The Administrator, the Benefits Branch Director, or the Administrator's designee, estimate the annual benefit amount expected to be received from Long-Term Disability.

J. The Administrator forwards this estimated annual Long-Term Disability Annuity Form to the Board for its review and approval and certification of expenditure of funds.



Northern Mariana Islands
R E T I R E M E N T F U N D

"Investing For The Future Financial Security Of Our Members"

DISABILITY REPORT FORM

SECTION 1 – INFORMATION ABOUT THE DISABLED PERSON

Please mark the box with an X or ✓ if this form is being completed by someone else because the Applicant cannot read or understand English. Indicate accordingly in Section H below.

A. NAME (First, Middle Initial, Last) _____

B. SOCIAL SECURITY NUMBER _____

C. DAYTIME TELEPHONE NUMBER (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)

Area Code _____ Number _____ Your Number Message Number None

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries or conditions and can help you with your claim.

NAME _____ RELATIONSHIP _____

ADDRESS _____

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City _____ State _____ ZIP _____ DAYTIME PHONE _____ Area Code _____ Number _____

E. What is your height without shoes? _____ feet _____ inches

F. What is your weight without shoes? _____ pounds

G. Do you have a medical assistance card? (For Example, Medicaid or Aetna) If "YES," show the number here: YES NO

H. Can you speak and understand English? YES NO If "NO," what is your preferred language? _____

NOTE: If you cannot speak and understand English, we will provide an interpreter, free of charge.

If you cannot speak and understand English, is there someone we can contact who speaks and understands English and will give you messages? YES NO (If "YES," and that person is the same as in "D" above show "SAME" here. If not, complete the following information.)

NAME _____ RELATIONSHIP _____

ADDRESS _____

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City _____ State _____ ZIP _____ DAYTIME PHONE _____ Area Code _____ Number _____

I. Can you read and understand English? YES NO

J. Can you write more than your name in English? YES NO

SECTION 2
YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the illnesses, injuries or conditions that limit your ability to work? _____

B. How do your illnesses, injuries or conditions limit your ability to work? _____

C. Do your illnesses, injuries or conditions cause you pain or other symptoms? YES NO

D. When did your illnesses, injuries or conditions first bother you?

Month	Day	Year
-------	-----	------

E. When did you become unable to work because of your illnesses, injuries or conditions?

Month	Day	Year
-------	-----	------

F. Have you ever worked? YES NO (If "NO," go to Section 4.)

G. Did you work at any time after the date your illnesses, injuries or conditions first bothered you? YES NO

H. If "YES," did your illnesses, injuries or conditions cause you to: (check all that apply)

- work fewer hours? (Explain below)
- change your job duties? (Explain below)
- make any job-related changes such as your attendance, help needed, or employers? (Explain below)

I. Are you working now? YES NO

If "NO," when did you stop working?

Month	Day	Year
-------	-----	------

J. Why did you stop working? _____

SECTION 3 - INFORMATION ABOUT YOUR WORK

A. List all the jobs that you had in the 15 years before you became unable to work because of your illnesses, injuries or conditions.

JOB TITLE <i>(Example: Cook)</i>	TYPE OF BUSINESS <i>(Example: Restaurant)</i>	DATES WORKED <i>(month & year)</i>		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY <i>(Per hour, per week, month, or year)</i>	
		From	To			\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

B. Which job did you hold or perform the longest? _____

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.) _____

D. In this job, did you:

- Use machines, tools or equipment? YES NO
- Use technical knowledge or skills? YES NO
- Do any writing, complete reports, or similar duties? YES NO

E. In this job, how many total hours each day did you:

- Walk? _____ Stoop? *(Bend down & forward at waist.)* _____ Handle, grab or grasp big objects? _____
- Stand? _____ Kneel? *(Bend legs to rest on knees.)* _____ Reach? _____
- Sit? _____ Crouch? *(Bend legs & back down & forward.)* _____ Write, type or handle small objects? _____
- Climb? _____ Crawl? *(Move on hands & knees.)* _____

F. Lifting and Carrying *(Explain what you lifted, how far you carried it, and how often you did this.)*

G. Check **heaviest** weight lifted:

- Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs Other _____

H. Check weight **frequently** lifted: *(By frequently, we mean from 1/3 to 2/3 of the workday.)*

- Less than 10 lbs 10 lbs 20 lbs 50 lbs 100 lbs Other _____

I. Did you supervise other people in this job? YES *(Complete items below)* NO *(If NO, go to J.)*

- How many people did you supervise? _____
- What part of your time was spent supervising people? _____
- Did you hire and fire employees? YES NO

J. Were you a lead worker? YES NO

SECTION 4 – INFORMATION ABOUT YOUR MEDICAL RECORDS

A. Have you been seen by a **doctor/hospital/clinic** or anyone else for the illnesses, injuries or conditions that limit your ability to work? YES NO

B. Have you been seen by a **doctor/hospital/clinic** or anyone else for emotional or mental problems that limit your ability to work? YES NO

If you answered "NO" to both of these questions, go to Section 5.

C. List other names you have used on your medical records. _____

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. List each **DOCTOR/HMO/THERAPIST/OTHER**. Include your next appointment.

1.

NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>	PATIENT ID # (if known)		NEXT APPOINTMENT	
REASONS FOR VISITS _____ _____				
WHAT TREATMENT WAS RECEIVED? _____ _____				

2.

NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>	PATIENT ID # (if known)		NEXT APPOINTMENT	
REASONS FOR VISITS _____ _____				
WHAT TREATMENT WAS RECEIVED? _____ _____				

SECTION 4 – INFORMATION ABOUT YOUR MEDICAL RECORDS (Continuation)

DOCTOR/HMO/THERAPIST/OTHER

3.

NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE <small>Area Code Phone Number</small>		PATIENT ID # (if known)		NEXT APPOINTMENT
REASONS FOR VISITS _____				

WHAT TREATMENT WAS RECEIVED? _____				

If you need more space, use Remarks, Section 9.

E. List each HOSPITAL/CLINIC. Include your next appointment.

1.

HOSPITAL/CLINIC				TYPE OF VISIT		DATES	
NAME				<input type="checkbox"/> INPATIENT STAYS <small>(Stayed at least overnight)</small>	DATE IN	DATE OUT	
STREET ADDRESS							
CITY				<input type="checkbox"/> OUTPATIENT VISITS <small>(Sent home same day)</small>	DATE FIRST VISIT	DATE LAST VISIT	
STATE	ZIP						
PHONE <small>Area Code Phone Number</small>				<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISIT		

Next appointment _____ Your hospital/clinic number _____

Reasons for visits _____

What treatment did you receive? _____

What doctors do you see at this hospital/clinic on a regular basis? _____
