

Application for Occupational Disability Retirement



MEMBER INFORMATION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

_____			TMRS Identification Number (not required)
Member's Name (first, middle, last)	_____		Social Security Number
Mailing Address	_____		
_____	_____	_____	Daytime Phone Number
City	State	Zip	Employing City

I certify that I was / was not a Public Safety Employee when I separated from service from the employing city listed below.
(Public Safety Employee is defined in the instructions provided with this form.)

I hereby make formal application for occupational disability retirement benefits in accordance with the provisions of the TMRS Act. Subject to a medical examination and approval by the Board of Trustees, this retirement to be effective on the last day of _____
Date (MM/YYYY)

Note: The retirement date must be the last day of the calendar month, cannot precede the date you terminate employment, and cannot precede the date you file this application. By signing the application below, you agree to waive any requirement to file the application at least 30 days before the effective date of your retirement. In addition, your city may have specific notification requirements. Please check with your city personnel office to ensure all city requirements have been satisfied.

I do / I do not elect to receive a partial lump-sum distribution upon my retirement.
(You may elect to receive a partial lump-sum distribution only if you are eligible for a service retirement benefit.)
All lump-sum distributions will be made as a one-time payment, payable at the same time as the first monthly annuity payment. Election of the partial lump-sum distribution will reduce my monthly annuity payment.

MEMBER CERTIFICATION

I understand that once each year, until I attain the age of 60, I may be required to report to the TMRS Board the amount of any income I receive subject to taxation under the Federal Insurance Contribution Act (FICA). If the sum of my other income and the amount of my monthly occupational disability annuity exceeds the average compensation I received from the city during the highest 12 consecutive months of the 36 months preceding the year of my retirement, my monthly occupational disability will be reduced.

_____	_____
Member's Signature	Date Signed (MM/DD/YYYY)

EMPLOYER CERTIFICATION

I certify that the above named applicant is known to me and that he/she has been an employee of this city. I further certify that this applicant's employment with the city has terminated/will terminate on _____ and that all of the applicant's retirement
Date (MM/YYYY)
contributions will have been submitted to TMRS with the city's payroll report for the **month of retirement**.

_____	_____
Signature of City Official	Date Signed (MM/DD/YYYY)

_____	_____
Printed Name and Title	Employing City

Please read the instructions provided with this form.



THE APPLICATION PROCESS

- The retirement date must be the last day of the calendar month, cannot precede the date you terminate employment, and cannot precede the date you file this application. Normally a member must apply for retirement not less than 30 days nor more than 90 days before the retirement date. By signing this application, you agree to waive any requirement to file the application at least 30 days before the effective date of your retirement.
- Your employing city may have specific requirements for you to notify them of your retirement. Notifying your city and applying to TMRS for retirement are two separate processes. Please coordinate your retirement with your city personnel office to ensure you have met the city's requirements.
- You must complete the following forms prior to the application being sent to the TMRS Medical Board for consideration:
 - Application for Occupational Disability Retirement • to be completed by you and certified by your employer
 - City Statement for Occupational Disability • to be completed by your employer
 - Member's Statement for Occupational Disability • to be completed by you
 - Physician's Statement for Occupational Disability • to be completed by your attending physician
 - A photocopy of your official job description
- You must complete the following forms before TMRS issues your first payment:
 - Selection of Retirement Plan
 - Your proof of birth (photocopy)
 - Proof of birth for your designated beneficiary — only if you choose one of the Retiree Life with Survivor Benefits options
NOTE: *If the birth name on the proof of birth is different from the names provided on your application (for you or your beneficiary), a Name Certification form (TMRS-30) will need to be completed*
 - Electronic Direct Deposit Authorization — Retiring members must have their monthly annuity payments electronically deposited to their financial institutions

IF YOU ARE ELIGIBLE FOR SERVICE RETIREMENT

- In many cases, you should consider applying for Service Retirement rather than Occupational Disability. The benefits are equal, and Service Retirement places no restrictions on your earnings. An exception to this might occur if disability retirement would help your eligibility for early Medicare or similar benefits. You should contact TMRS for further information.
- You may choose to receive a Partial Lump Sum Distribution if you are eligible for a service retirement. If you choose to receive a Partial Lump Sum Distribution, you must also complete the Selection of Partial Lump Sum Distribution form and submit the form to TMRS before TMRS issues your first payment.

RETURNING TO WORK

An Occupational Disability retiree may return to work either for the city or some other employer. However, your monthly benefit will be reduced if you are less than age 60 and if your earnings after retirement plus the disability retirement benefit exceed your compensation at the time of retirement. The monthly benefit will not be reduced below the amount of annuity that your own contributions would provide. Occupational Disability retirees may be required to submit yearly proof of any money received as salary, wages or other earnings along with federal tax form(s) W-2 or 1099.

IMPORTANT NOTE: *If you return to work in a position that is the same type of position you held when you retired, your monthly annuity will be discontinued and your account reinstated (example: a retired patrol officer cannot go back to work as a patrol officer).*

WHEN TO EXPECT PAYMENT

Retirement payments will begin the last day of the month following the effective date of retirement, if the TMRS Medical Board approves your application.

NOTE: *Monthly payments will be electronically deposited to your financial institution.*

PUBLIC SAFETY EMPLOYEE

Under the 2006 Pension Protection Act, the 10% early withdrawal tax is waived for distributions made to public safety employees who separate from service during or after attaining age 50. A "qualified public safety employee" is defined as any employee of a state (or political subdivision) whose principal duties include services requiring specialized training in the area of police protection, fire-fighting services, or emergency medical services for any area within the jurisdiction of the state (or political subdivision). TMRS will require city certification from the city of last employment to qualify for this waiver. A certification form will be provided directly to the city once TMRS is notified that an employee may qualify.

TMRS WILL NOT ACCEPT

- Illegible forms. All forms should be typed. Handwritten forms will be accepted only if legible and if completed in black ink
- Alterations without initials
- An incomplete form or any attempt to change its provisions

INFORMATION ABOUT HEALTH CARE ENHANCEMENT FOR LOCAL PUBLIC SAFETY (HELPS)

The Pension Protection Act of 2006 allows retired or permanently disabled public safety officers (defined below) to elect an amount to be deducted from their TMRS benefit payment to pay for health or long-term care premiums in order to reduce their taxable income. The health insurance or long-term care insurance can include the member, spouse, and dependents. Any amount may be deducted that does not exceed the net monthly annuity. However, the amount that may be excluded from taxable income cannot exceed \$3,000 per year. Qualified employees who wish to participate in this deduction program should contact TMRS for an application.

A public safety officer has the same meaning as under Section 1204(9)(A) of the Omnibus Crime Control and Safe Streets Act of 1968, which includes:

- An individual involved in crime and juvenile delinquency control or reduction, or enforcement of the criminal laws (including juvenile delinquency), including, but not limited to police, corrections, probation, parole, and judicial officers
- Professional firefighters
- Officially recognized or designated:
 - Public employee members of a rescue squad or ambulance crew
 - Chaplains or fire departments and police departments