

# City Statement of Occupational Disability



**A copy of this completed form MUST be attached to the Member and Physician statements.**

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

Member's Name (first, middle, last)	_____	Social Security Number	_____
Mailing Address	_____	Daytime Phone Number	_____
City	_____	State	_____
	_____	Zip	_____
		Employing City	_____

**JOB DESCRIPTION** • *Provide a brief statement of job description and job duties and also **attach a photocopy of the employee's job description.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF ACTIVITIES CUSTOMARILY REQUIRED FOR THIS POSITION**

*Include information regarding the following: **how often** (never, occasionally, or frequently), and for **how long** at a time, does the position require:*

	Frequency	Duration		Frequency	Duration
Lifting or carrying 1-10 lbs.	_____	_____	Driving equipment/vehicles	_____	_____
Lifting or carrying 11-20 lbs.	_____	_____	Working with machinery	_____	_____
Lifting or carrying 21-40 lbs.	_____	_____	Climbing ladders, stairs, etc.	_____	_____
Lifting or carrying more than 40 lbs.	_____	_____	Walking	_____	_____
Bending or stooping	_____	_____	Standing	_____	_____
Reaching above shoulder level	_____	_____	Sitting	_____	_____

*Provide any other required activities that would be applicable in determining whether the member is capable of performing the customary duties of this position:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITY OFFICIAL CERTIFICATION**

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the City to complete this form.

Signature of City Official	_____	Date Signed (MM/DD/YYYY)	_____
Printed Name and Title	_____	City Name	_____

**Please read the instructions provided with this form.**



## NOTES TO CITY CORRESPONDENT

- If a member of TMRS becomes disabled, he or she may be entitled to regular disability or occupational disability — depending upon the benefit plan adopted by the employing city.
- The test for occupational disability is a finding by the TMRS Medical Board that
  - The member is physically or mentally disabled for further performance of the duties of his/her occupation;
  - The disability is likely to be permanent; and
  - The member should be retired.
- The City Statement for Occupational Disability form must be completed by the member's employing city and should be attached to a photocopy of the member's job description.
- A photocopy of the completed City Statement for Occupational Disability form must be attached to both the Member's Statement for Occupational Disability form and the Physician's Statement for Occupational Disability form.

## THE APPLICATION PROCESS

- The retirement date must be the last day of the calendar month, cannot precede the date the member terminates employment, and cannot be before the date the member files 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 the application, the member agrees to waive any requirement to file the application at least thirty days before the effective date of retirement.
- The following forms must be completed prior to the application being sent to the TMRS Medical Board for consideration:
  - Application for Occupational Disability Retirement — to be completed by the member and certified by the member's employing city
  - City Statement for Occupational Disability — to be completed by the member's employing city
  - Member's Statement for Occupational Disability — to be completed by the member
  - Physician's Statement for Occupational Disability — to be completed by the member's attending physician
  - A photocopy of the member's official job description
- The following forms must be completed before TMRS issues your first payment:
  - Selection of Retirement Plan
  - The member's proof of birth (photocopy)
  - Proof of birth for the designated beneficiary — only if a Retiree Lifetime with Survivor Benefits option is selected.

**NOTE:** *If the birth name on the proof of birth is different from the names provided on the application (for the member or the beneficiary), a Name Certification form must be completed (TMRS-30)*

  - Electronic Direct Deposit Authorization- Retiring members must have their monthly annuity payments electronically deposited to their financial institutions

## IF THE MEMBER IS ELIGIBLE FOR SERVICE RETIREMENT

- It is recommended that members who are eligible for service retirement apply for Service Retirement benefits rather than Occupational Disability Retirement benefits — the benefits are equal, and there are no restrictions placed on the member's earning capacity. An exception to this might be if the disability retirement would cause the member to be eligible for early Medicare or similar benefits. You should contact TMRS for further information.
- Members who are eligible for service retirement are also entitled to receive a Partial Lump Sum Distribution. If a member elects to receive the partial lump-sum distribution, the Selection of Partial Lump Sum Distribution form will also need to be completed and submitted 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, the monthly benefit will be reduced if the retiree is less than age 60 and if the earnings of the retiree plus the disability retirement benefit exceed the member's compensation at the time of retirement. The monthly benefit will not be reduced below the amount of annuity that the member's own contributions would provide. Occupational Disability retirees may be required to submit yearly proof of any amount received as salary, wages or other earnings along with federal tax form(s) W-2 or 1099.

**IMPORTANT NOTE:** *If the retiree returns to work in a position that is the same type of position when he or she retired, the monthly annuity would be discontinued and the 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 the application.

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

## TMRS WILL NOT ACCEPT

- Illegible forms
- Alterations without initials
- Incomplete forms or any attempt to change its provisions