

# City Statement For 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 occupational disability.
- 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 must attach 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 his/her Application for Occupational Disability Retirement. 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 the first payment to the retiring member:
  - 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 (TMRS-30) must be completed*

  - 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

- Since the benefits are equal and no medical examination or medical information is required, it is recommended that members who are eligible for service retirement apply for Service Retirement benefits rather than Occupational Disability Retirement benefits.
- Members who are eligible for Service Retirement are also entitled to receive a Partial Lump Sum Distribution. If a member is eligible for Service Retirement and 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 the first payment to the retiring member.

## RETURNING TO WORK

- An Occupational Disability retiree may return to work either for the city or some other employer; however, if the retiree is younger than age 60 and he or she returns to work in a position that is similar to the position the retiree held prior to receiving an Occupational Disability, the retiree may jeopardize his or her Occupational Disability retirement benefits.

## MEDICAL EXAMINATIONS/SUSPENSION OF BENEFITS

- TMRS may require an Occupational Disability retiree younger than age 60 to submit to additional medical examinations and provide current medical and other relevant information to confirm the status of the retiree as continuing to meet the TMRS requirements for Occupational Disability.
- If an Occupational Disability retiree refuses to submit to a medical examination or provide the requested information, TMRS may suspend payments of the disability annuity until the earlier of the date the retiree attains age 60 or submits to the medical examination and provides the requested information. For further information, please contact TMRS.

## 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 the retiree's financial institution.*

## TMRS WILL NOT ACCEPT

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