

# Member's Statement for Occupational Disability



## 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 _____

### Do not complete this form if a copy of the city statement is not attached.

## DISABILITY INFORMATION • You may attach additional pages if necessary to answer any question below.

- Describe fully your present disability and its causes with a complete history to date (attach additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
- Date of injury or beginning of illness leading up to disability: \_\_\_\_\_
- Date of leaving job due to disability: \_\_\_\_\_
- Employing city and department at the time of disability: \_\_\_\_\_
- Does the information furnished by the City on the **attached form TMRS-40/OA** (*City Statement for Occupational Disability*) correctly state your job description, duties, and activities?  yes  no (*check one*) If no, please state any matters on which you disagree:  
\_\_\_\_\_  
\_\_\_\_\_
- Which of the duties and/or activities listed on the **attached form TMRS-40/OA** (*City Statement for Occupational Disability*) do you believe you cannot perform?  
\_\_\_\_\_
- Is your condition getting worse, is it stable, or is it improving? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- List all physicians who have attended you during your present disability (attach additional pages if necessary):

Physician's Name	Address	Dates Attended
_____	_____	_____
_____	_____	_____
- Have you received any treatment at a hospital or clinic since the beginning of the disability?  yes  no (*check one*)  
If yes, please provide the name(s) of the institutions and dates treated:

Institution Name	Dates Treated
_____	_____
_____	_____

## MEMBER CERTIFICATION

I hereby certify that I am a member of the Texas Municipal Retirement System; that I waive all provisions of law binding any physician or other person who has attended or examined me from disclosing any knowledge or information which he/she thereby acquired; that I hereby consent to an authorized and full disclosure to the Texas Municipal Retirement System of any such knowledge or information; that the above statements were made by me, that they were each and all complete and true to the best of my information, knowledge, and belief, and that they are made for the purpose of securing disability retirement benefits from the Texas Municipal Retirement System.

Member's Signature _____	Date Signed (MM/DD/YYYY) _____
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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 will need to be completed (TMRS-30)*
  - 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 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.*

## 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