

# Application for Occupational Disability Retirement



## MEMBER INFORMATION

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

Member's Name (first, middle, last) \_\_\_\_\_ TMRS Identification Number (not required) \_\_\_\_\_  
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.

If eligible, 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 partial 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 until I attain the age of 60, I may be required to submit to additional medical examinations or otherwise provide evidence of continued disability, and that if I fail to do so my disability retirement benefits may be suspended.

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 \_\_\_\_\_  
Date (MM/YYYY) and that all of the applicant's retirement 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 \_\_\_\_\_



## 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 your application for Occupational Disability. 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
- If your application for an Occupational Disability is approved, 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 Retirement since the benefits are equal and no medical examination or medical information will be required for a Service Retirement application.
- You may choose to receive a Partial Lump Sum Distribution only if you are eligible for a Service Retirement. If you are eligible for a Service Retirement, and if you choose to receive a Partial Lump Sum Distribution, you must also complete the Selection of Partial Lump Sum Distribution form (available at [www.tmr.com](http://www.tmr.com)) 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, if you are younger than age 60 and you return to work in a position that is similar to the position you held prior to receiving an Occupational Disability, you may jeopardize your 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 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 qualified public safety employees who separate from service 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 or blue ink
- Alterations without initials
- An incomplete form or any attempt to change its provisions