

FILING FOR DISABILITY RETIREMENT

Qualifications for disability retirement:

- Must be incapacitated due to a physical or mental disability that appears to be total and permanent
- Must be incapable of earning a livelihood in any occupation
- Must have a minimum of five years of service with the Public Education Employee Retirement System of Missouri (PEERS)
- Must be younger than age 60
- Must be employed by an employer included in PEERS at the time the disability begins, or the disability occurs within one year after employment, and the condition causing your disability began prior to your termination of employment

Step 1

Complete and return your *Disability Retirement Application*.

Please note that the application is a three-page form. All three pages must be returned to PEERS.

File the *Disability Retirement Application* as soon as you know you will be terminating your services with your employer, or after the ending date of any leave of absence. Disability retirement can be made retroactive up to 60 days before the application filing date, but cannot become effective until your compensated employment or leave of absence ends.

Please note the following:

- **Last Date of Employment/Termination Date (Section B):** This means the date your employment terminated, or if you are on a leave of absence, the ending date of your leave, whichever is later.
- **Disability Information (Section D):** Please indicate whether you have or have not filed for disability benefits with the Social Security Administration.
- **Physician/Facility Information (Section E):** You must list the names, addresses, telephone and fax numbers, and email addresses (if available) for your treating physicians and medical facilities.
- **Beneficiary Designation (Section F):** You must designate beneficiaries to become effective at your retirement date.

Failure to submit all three pages of the *Disability Retirement Application* prior to the requested retirement date will delay your effective retirement date and cause you to lose one or more benefits.

Step 2

Complete and return the *Direct Deposit Authorization* form with a voided check.

Step 3

Submit proof documents.

Please make sure copies are readable.

- A copy of your birth certificate, issued by the city, county or state of birth (unless already submitted)

Step 4

Complete and return the *Tax Withholding Authorization* form.

Contact the appropriate taxing agency or a tax specialist if you have questions about your tax liabilities or tax withholding.

REMINDER

You must pay in full for **service purchases** prior to your effective retirement date. Failure to complete payment on time will cause you to lose benefits or retire without the purchased service.



PUBLIC EDUCATION EMPLOYEE
RETIREMENT SYSTEM OF MISSOURI

PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

DISABILITY RETIREMENT APPLICATION

This application *must* be filed with the Public Education Employee Retirement System of Missouri (PEERS) prior to your PEERS retirement date.

- Please complete and return all three pages of this application to PEERS at the address above.
- Make sure you sign the application in Sections G and H on page 3.
- Please keep a copy for your records.
- PEERS will send an acknowledgement of your *Disability Retirement Application*.

SECTION A – MEMBER INFORMATION

Member's First Name		Member's Middle Name		Member's Last Name	
Member ID (or Last Four Digits of Member's Social Security Number)			Account ID		
Mailing Address					
City		State	ZIP	Telephone ()	
Email Address					

SECTION B – LAST PEERS-COVERED EMPLOYMENT INFORMATION

Last PEERS-Covered Employer		Last Date of Employment/Termination Date	
Additional PEERS-Covered Employer(s) for the Current School Year, if any		Last Date of Employment/Termination Date	

During the current school year, did you, or will you, work summer school? **YES** If yes, please provide Employer name:
 NO

SECTION C – EFFECTIVE DISABILITY RETIREMENT DATE

Your effective retirement date must be *after* your last date of employment/termination date. If you earn a full year of service with PEERS for the school year immediately before your retirement, the earliest your retirement can be effective is July 1.

I request my disability retirement be effective on: _____ 1, _____
(month) (year)

SECTION D – DISABILITY INFORMATION

I have applied for Social Security disability benefits.

YES

NO

Date Disability Began:

_____ (month)

_____ (day)

_____ (year)

Description of Disability

SECTION E – PHYSICIAN/FACILITY INFORMATION

List names, complete addresses, telephone and fax numbers, and email addresses (if available) for all physicians/medical facilities recently consulted.

Physician/Facility Name

Mailing Address

City

State

ZIP

Telephone

()

Fax

()

Email Address

Physician/Facility Name

Mailing Address

City

State

ZIP

Telephone

()

Fax

()

Email Address

Physician/Facility Name

Mailing Address

City

State

ZIP

Telephone

()

Fax

()

Email Address

SECTION F – BENEFICIARY DESIGNATION

Primary Beneficiary

First Name	Middle Name	Last Name
Social Security Number		
Date of Birth	Relationship to You	
Mailing Address		
City	State	ZIP

First Contingent Beneficiary

First Name	Middle Name	Last Name
Social Security Number		
Date of Birth	Relationship to You	
Mailing Address		
City	State	ZIP

Second Contingent Beneficiary

First Name	Middle Name	Last Name
Social Security Number		
Date of Birth	Relationship to You	
Mailing Address		
City	State	ZIP

SECTION G – WORKING AFTER DISABILITY RETIREMENT

You must indicate your understanding of the following laws by signing below:

I understand that:

- Prior to age 60, my disability benefits will stop and I must notify PEERS if 1.) I am employed in any capacity by a PEERS-covered employer, and 2.) I am employed outside of PEERS and have earnings that are considered a livelihood as defined by PEERS. (PEERS currently considers a livelihood as earning \$18,000 or more per year. This amount is subject to change.)
- After reaching age 60, I can work for PEERS-covered employers up to the 550-hour limit, and my work outside of PEERS is unrestricted.

Digital Signatures Not Accepted – Original (Written) Signature Required X	Date
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SECTION H – MEMBER CERTIFICATION

I understand that:

- Upon receipt of this application in the PEERS office, PEERS will contact my employer to verify my employment status.
- My beneficiary designation on this application becomes effective on my retirement date.
- Until I reach age 60, PSRS requires annual certification of my disability status and possibly examinations by physicians designated by PEERS.
- I must contact PEERS and my benefits will stop if I recover from my disability prior to age 60.

I expressly waive all provisions of law forbidding any physician or person who has attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information, which he or she thereby acquired, to PEERS.

I certify that I am incapable of earning a livelihood as defined by PEERS. I also certify that the information given herein is true and correct.

Digital Signatures Not Accepted – Original (Written) Signature Required X	Date
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