

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 School Retirement System of Missouri (PSRS)
- Must be younger than age 60
- Must be employed by an employer included in PSRS 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 PSRS.

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.
- **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.

Step 5

Complete and return the *\$5,000 Death Benefit Beneficiary Designation* form.

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.

SECTION D – DISABILITY INFORMATION

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 PSRS if 1.) I am employed in any capacity by a PSRS-covered employer, and 2.) I am employed outside of PSRS and have earnings that are considered a livelihood as defined by PSRS. (PSRS 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 PSRS-covered employers up to the 550-hour and 50% salary limits, and my work outside of PSRS is unrestricted.

Digital Signatures Not Accepted – Original (Written) Signature Required

X

Date

SECTION H – MEMBER CERTIFICATION

I understand that:

- Upon receipt of this application in the PSRS office, PSRS 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 PSRS.
- I must contact PSRS 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 PSRS.

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

Digital Signatures Not Accepted – Original (Written) Signature Required

X

Date