



PUBLIC EDUCATION EMPLOYEE
RETIREMENT SYSTEM OF MISSOURI

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Fax: (573) 634-7934
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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 PEERS
- Must be less 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 the termination of employment

Step 1 Complete and return your *Disability Retirement Application*.

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

The *Disability Retirement Application* should be filed 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:** This means the date of your termination of employment with your employer, or if on leave of absence, the ending date of your leave, whichever is later.
- **Beneficiary Designation:** You must designate beneficiaries to become effective at your retirement date.

Failure to submit both pages of the *Disability Retirement Application* prior to the requested date of retirement will delay the effective date of retirement and cause you to lose one or more benefit payments.

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 IRS Form W-4P and *Missouri Tax Withholding Authorization* form. Contact the appropriate taxing agency or a tax specialist if you have questions about your tax liabilities or tax withholding.

IMPORTANT REMINDER

Purchases of service must be paid in full prior to the effective date of your retirement. Failure to complete payment on time will cause you to lose benefits or retire without the purchased service.

DISABILITY RETIREMENT APPLICATION

This application *must* be filed with PEERS prior to your effective retirement date.

- Please complete and return both pages of this application to PEERS at the address above.
- Make sure you sign the application in Sections F and G on page 2.
- 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	
Position Held			
Description of Job Duties			
SECTION C – EFFECTIVE DISABILITY RETIREMENT DATE			
Your effective retirement date must be <i>after</i> 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			
Date Disability Began:			
_____		_____	_____
(month)		(day)	(year)
Description of Disability			

SECTION E – 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 F – 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, or 2. I am employed outside of PEERS and have earnings in excess of the substantial gainful activity limit for non-blind Social Security Disability Insurance (SSDI) benefits, which is set by the Social Security Administration. 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.

Member Signature (REQUIRED)

X

Date

SECTION G – 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, PEERS requires annual earned income verification for continued benefit eligibility. Until I reach age 60, I may also be required to provide medical certification of my disability status, possibly including 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.
- To be eligible for disability benefits, I must be incapable of earning a livelihood in any gainful occupation. A gainful occupation is one that replaces not less than 75% of the average of my last three years of salary and is reasonably found in my geographic area as established by the U.S. Bureau of Labor Statistics.

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 also certify that the information given herein is true and correct.

Member Signature (REQUIRED)

X

Date

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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Completing IRS Form W-4P Frequently Asked Questions

Q: When Do I Need to File IRS Form W-4P?

A. Complete and return IRS Form W-4P when you apply for monthly benefits from PEERS, or to make changes to your previously requested federal tax withholding from PEERS monthly benefits.

Q: What if I don't want any federal income tax withheld?

A. To request no federal tax withholding, write "No Withholding" on Form W-4P in the space below Step 4c. Then, complete Steps 1a, 1b and 5.

Step 4 (optional): Other Adjustments	<p>(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends</p> <p>(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here</p> <p>(c) Extra withholding. Enter any additional tax you want withheld from each payment</p>	4(a)	\$ _____
		4(b)	\$ _____
		4(c)	\$ _____

If you do not want any federal withholding, write "No Withholding" in this space below Step 4c. Then complete Steps 1a, 1b and 5.

Q. What happens if I don't submit an IRS Form W-4P?

- For new monthly payments: If you do not complete and return this form, we are required by the IRS to withhold federal income tax from your monthly payments as if your filing status is single with no adjustments.
- If you are already receiving monthly benefits: Your current withholding election (or your default rate) remains in effect unless you submit a new IRS Form W-4P to advise us of any requested federal tax withholding changes.

Q. How do I know if I need to have federal income tax withheld from my monthly benefits?

A. That depends on your personal financial situation. We recommend that you speak with your tax professional or the IRS to determine the tax withholding strategy best for you. The instructions included with the IRS Form W-4P also include information that may help you make this determination.

Q. How do I request Missouri income tax withholding from my monthly benefits?

A. You can request Missouri income tax withholding from your monthly benefits using the PEERS *Missouri Tax Withholding Authorization for Monthly Benefits* form.



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MISSOURI TAX WITHHOLDING AUTHORIZATION FOR MONTHLY BENEFITS

- See page 2 for instructions and information about this authorization form.
- Return completed authorization form to the Public Education Employee Retirement System of Missouri (PEERS) at the address above.
- Please keep a copy of this form for your records.

SECTION A BENEFIT RECIPIENT INFORMATION				
First Name		Middle Name		Last Name
Member ID (or Last Four Digits of Your Social Security Number)			Account ID	
Mailing Address				
City		County	State	ZIP
Telephone ()			Email Address	
SECTION B MISSOURI TAX WITHHOLDING				
<p>Instructions: Complete only one choice below. NOTE: PEERS cannot withhold income taxes for states other than Missouri. For help determining a withholding amount, visit the Missouri Department of Revenue's website, https://mytax.mo.gov/rptp/portal/home/withholding-calculator.</p>				
<p><input type="checkbox"/> Choice 1: No Missouri Tax Withholding I do not want PEERS to deduct Missouri income tax from my monthly benefits. This choice does not relieve me of any tax liability.</p>				
<p><input type="checkbox"/> Choice 2: Missouri Tax Withholding in a Specified Amount I want PEERS to withhold a specified even dollar amount of \$_____ from each monthly benefit. (The minimum withholding amount is \$10.)</p>				
<p>Effective Date: If your authorization is received by the 15th of the month, it will be processed for the payment issued on the last working day of that month. If you want the change made at a later date, please indicate the date here: _____.</p>				
SECTION C BENEFIT RECIPIENT AUTHORIZATION				
Signature (REQUIRED) X				Date

MISSOURI TAX WITHHOLDING AUTHORIZATION FOR MONTHLY BENEFITS

Use this *Missouri Tax Withholding Authorization* form to authorize the Public Education Employee Retirement System of Missouri (PEERS) to withhold Missouri income tax from the taxable portion of your monthly benefits. Please note the following:

- Once you file an authorization, it remains in effect until you file another. However, if you move out of state, your Missouri tax withholding will automatically stop. You can start, stop or change withholding using this form or Missouri form W-4P.
- If your authorization is received by the 15th of the month, it will be processed for the payment issued on the last working day of that month. If you desire the change to be made at a later date, please indicate the effective date on this form.
- We cannot withhold Missouri income tax unless you reside within the state of Missouri and send to PEERS either a Missouri form W-4P or a PEERS form authorizing such withholding.

PEERS is not attempting to advise you that you should or should not have income tax withheld from your benefits. That decision is yours. We are furnishing this tax information merely to meet the requirements of the law. If tax withholding or your estimated tax payments are not sufficient to meet your tax liability, you may be subject to penalties and interest charges in addition to your tax obligation.

Individuals receiving Social Security benefits, Social Security disability benefits or benefits from a public retirement system (such as PEERS) are allowed to deduct some or all of those benefits from their adjusted gross income for Missouri tax purposes. Individuals must have an adjusted gross income of \$85,000 or less if single or \$100,000 or less if married and filing jointly to qualify for the maximum deduction.

Social Security recipients can deduct their entire benefit, per adjusted gross income level restrictions. Individuals receiving a retirement benefit from a public plan, including PEERS, are allowed to deduct up to the maximum Social Security benefit available for that tax year. The maximum Social Security benefit available is adjusted for inflation every year at the federal level. Those individuals who receive both Social Security benefits and PEERS benefits will deduct their entire Social Security benefit first, then as much of their PEERS benefit until they reach the maximum deduction.

Visit the Missouri Department of Revenue website <http://www.dor.mo.gov> or call (573) 751-3505 for more information.

If you have any questions about completing the *Missouri Tax Withholding Authorization* form, we recommend speaking with a PEERS representative by calling (800) 392-6848. However, any questions about Missouri income taxes or your tax liability should be directed to the Missouri Department of Revenue, or your tax consultant.



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DIRECT DEPOSIT AUTHORIZATION

FOR ELECTRONIC FUNDS TRANSFER OF MONTHLY BENEFIT PAYMENTS

Instructions: Use this form to authorize direct deposit of your Public Education Employee Retirement System of Missouri (PEERS) benefits to a financial institution. Missouri law requires all PEERS benefit payments to be electronically transferred to your bank or financial institution.

- Attach a voided check for a checking account or a voided deposit slip for a savings account. If the account is a revocable trust account, please attach a copy of the trust document.
- Return the completed form to PEERS at the address above.
- Authorization forms received by the 15th of the month are processed in the month received. You will receive written confirmation when your authorization is processed.

If you have more than one membership with the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS), you must submit a separate *Direct Deposit Authorization Form* for each membership. This authorization applies only to benefits you are eligible to receive or are already receiving from your PEERS membership with the Account ID number shown in Section A below. If you have questions, please call our office.

SECTION A BENEFIT RECIPIENT INFORMATION			
First Name		Middle Name	Last Name
Member ID (or Last Four Digits of Your Social Security Number)		Account ID	Telephone
Mailing Address		City	State ZIP
Email Address			
SECTION B BANK/FINANCIAL ACCOUNT INFORMATION			
Name(s) Listed on Account			
Type of Account (select one)			
<input type="checkbox"/> Checking Account (attach voided check)	Routing Number on Account (See page 2)		Account Number
<input type="checkbox"/> Savings Account (attach voided deposit slip)	Routing Number on Account		Account Number
Is the account above a revocable trust account?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy of the trust. Irrevocable trusts cannot be accepted.
SECTION C BANK/FINANCIAL INSTITUTION INFORMATION			
Name of Bank/Financial Institution			Telephone
Mailing Address		City	State ZIP
SECTION D BENEFIT RECIPIENT CERTIFICATION AND AUTHORIZATION			
I hereby appoint the bank/financial institution designated above as my agent to receive and collect the amount payable to me from PEERS for the purpose of making an electronic funds transfer to my account in that institution. This authorization is not an assignment of my rights to receive such payment. I certify that my name, or the name of my revocable trust is on the account listed, and I have direct access to the funds held in my account in the financial institution. This authorization is to remain in full force and effect until PEERS has received notification from me of its termination or revocation in such time and in such manner as to afford PEERS and the financial institution a reasonable opportunity to act on it. I understand that my authorization cannot be revoked by contacting the financial institution. I also permit the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to PEERS.			
Digital Signatures Not Accepted – Original (Written) Signature Required X			Date

DIRECT DEPOSIT AUTHORIZATION

HOW TO FIND YOUR BANK ROUTING NUMBER AND ACCOUNT NUMBER

Your request cannot be processed without confirmation of the routing number of your bank/financial institution and your account number, which are printed on your check.

The sample check below shows where to locate the required bank information to complete your *Direct Deposit Authorization* form.

Sample Check

Name 72-74/893
9255254 1152
Address
City, State, ZIP DATE _____

_____ | \$
PAY TO THE ORDER OF DOLLARS

Bank of Anytown
123 Main Street

MEMO _____

+ 00 186 286 2: 925 525 4: 1152

9-Digit Bank Routing Number Payee's Account Number Check Number

NOTE: Check styles may vary in the placement of routing and account numbers. Please check with your bank if you need clarification.



**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

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

SECTION A – MEMBER INFORMATION

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

SECTION B – HIPAA AUTHORIZATION FOR CARE PROVIDERS AND CONSULTANTS

I hereby authorize the use and disclosure of protected health information (PHI) about me for the purpose of my application for PEERS disability benefits as described below.

- The following specific person/class of person/facility is authorized to disclose PHI about me to PEERS and its Medical Advisor, Managed Medical Review Organization (MMRO): Any health care provider, hospital, medical facility, clinic, laboratory, rehabilitation center, or similar organization.
- The following person, class of persons, or entity may receive disclosure of PHI about me: PEERS, MMRO, any independent medical examiners and consultants retained by PEERS or MMRO.
- The following PHI may be disclosed: All records and other information with respect to any physical or mental condition or treatment of me, including, but not limited to, information regarding AIDS/HIV infection or treatment, communicable diseases, alcohol/substance abuse and treatment, mental health/psychiatric care, and gene-related impairments (including genetic test results).

SECTION C – AUTHORIZATION FOR PEERS AND MMRO TO RELEASE INFORMATION

I authorize PEERS and MMRO to provide PHI and other information on my disability file to any independent medical reviewer/examiner/consultant retained by PEERS or MMRO. I understand that such information may ultimately be used by the PEERS/PEERS Board of Trustees and circuit/appellate court judges in the event of any Board appeal or litigation related to my disability retirement application.

SECTION D – MEMBER SIGNATURE

- Except to the extent that action has already been taken in reliance on this authorization, I understand that I may revoke this authorization by notifying PEERS in writing of my desire to revoke it.
- This authorization expires one year from the date of my signature or upon the final determination of my eligibility for PEERS disability benefits, whichever is later. I authorize the use of a copy (including an electronic copy) or facsimile of this form.
- I understand that if I authorize release of my PHI to a person or organization that is not subject to federal law governing privacy, and that person or organization re-discloses my PHI, my PHI may no longer be protected by federal privacy laws.
- I understand that I have the right to request a copy of this authorization.

I certify that I have read, understand and agree to the above authorizations to release information.

Signature of Member (REQUIRED) X	Date
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Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

}

ATTENDING PHYSICIAN STATEMENT- to be completed by your physician(s)

*Please provide a copy of this statement to all of your treating physicians *

Physician(s) must complete and send this form directly to PEERS with copies of medical and clinical records for the past three years or from the onset of the medical condition, whichever is longer.

It is your responsibility to contact your physicians to ensure all relevant medical records are forwarded to PEERS.

MEMBER INFORMATION		
Name - Last	First Name, MI	Person Account ID
Date of onset of current medical condition or injury:		
PRESENT CONDITION OF MEMBER		
Chief Complaints:		
Subjective symptoms:		
DIAGNOSIS		
Diagnosis 1:		
Objective Examination Findings 1:		
Diagnostic Test – Dates and Findings:		
Diagnosis 2:		
Objective Examination Findings 2:		
Diagnostic Test – Dates and Findings:		

Restrictions

What are the member's physical limitations and work restrictions?

Please address all below if applicable:	Max*	Not Applicable	Occasional 0 to 2.6 hours/day	Frequent 2.7 to 5.3 hours/day	Constant 5.4 to 8 hours/day
Low Lift (floor to knuckle)					
Mid Lift (knuckle to shoulder)					
Full Lift (floor to shoulder)					
Carrying					
Pushing					
Walking	N/A				
Climbing	N/A				
Balance	N/A				
Stoop	N/A				
Kneeling	N/A				

Other Comments:

MEMBER INCAPACITY

Name - Last	First Name, MI	Person Account ID
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To qualify for a disability retirement, the member must meet the legal standard under Missouri law which provides,

Disability, as a basis for retirement, shall render the individual incapable of earning a livelihood in any occupation and shall be of such a nature as to warrant the assumption that it will be permanent.

Based on the standard above, is the member disabled from working any job?

Yes No

If so, please explain why.

Last date you have seen the claimant:

Do you anticipate improvement that will permit the member to return to employment?

If so, please explain.

REQUIRED SIGNATURE

I certify that the information provided is correct to the best of my knowledge.

*I have provided all necessary **medical records** to PSRS/PEERS.*

Physician's printed name	Type of practice/specialty	
Physician's signature	Date Signed	Telephone Number ()
Address		
City	State	Zip Code