

**DISABILITY RETIREMENT APPLICATION
APPLICANT ACKNOWLEDGMENT FORM**

PART I - GENERAL INFORMATION AND INSTRUCTIONS - PLEASE READ CAREFULLY

The purpose of this form is to help employees applying for a disability benefit under the Connecticut Municipal Employee Retirement System (MERS) understand the conditions, requirements and responsibilities. All employees who are applying for a disability benefit are required to fill out, execute and return this form with his or her application.

MEMBER'S NAME (Last)	First Name	M.I.	MEMBER ID	DATE OF BIRTH	SOC. SEC. NO.
EMPLOYER		ADDRESS			PHONE NUMBER

PART II - DISABILITY RETIREMENT APPLICATION

The determination of your eligibility for disability retirement benefits is made by the Medical Examining Board (MEB). The MEB will base its decision on the information that you provide. It is your responsibility to obtain and send the following:

- 1) A form CO-649 completed by your treating physician(s).
- 2) Copies of medical progress notes including the reports from any diagnostic testing.

PART III - DISABILITY BENEFIT INFORMATION

If you are approved for disability retirement, the combined income you can receive between your MERS benefit and other types of income is limited. The other types of income that are included in the limits are: Social Security disability payments; Workers' Compensation payments (or Heart and Hypertension payments) other than permanent partial disability and income from employment. You must notify the MERS if you receive any of these types of payments while you are receiving a disability retirement benefit from the MERS.

PART IV - ACKNOWLEDGEMENT

I am applying for a disability retirement from the MERS. I acknowledge that I must notify the MERS in the following situations:

- 1) If I receive any Workers' Compensation benefits (or Heart & Hypertension benefits, if applicable) including any settlements or stipulated agreements.
- 2) If I receive Social Security benefits.
- 3) If I receive any income from employment.

I understand that if I fail to report Workers' Compensation payments, Heart & Hypertension payments, Social Security benefits or income from employment, this may create an overpayment of my MERS retirement benefit; and that the MERS will collect any overpayment through a reduction to my MERS benefit.

SIGNATURE OF MEMBER : _____ DATE : _____

Signature of Witness : _____ DATE : _____