

Application For Disability Retirement

In accordance with the provisions of the Seattle Municipal Code Chapter 4.36, I hereby make application for disability retirement from active service.

This disability is not due to willful misconduct or violation of law.

I hereby agree to report any gross monthly income from gainful employment.

- My disability is related to an on-the-job injury and I authorize the Retirement Office to obtain copies of the related records from the City Workers Compensation files. _____ *(signature required)*
- My disability is caused by the following medical condition(s). If more than one condition exists, specify each of them. Explain when you became disabled and how your medical condition(s) affect your ability to work. Attach an additional page to this application if necessary. _____

(You must provide the Retirement Office records of your medical history, and have your physicians submit a statement as to why you are now unemployable and your physicians description of any treatment and rehabilitation plans.)

The beneficiary I hereby nominate to receive the benefit payable after my death is:

Beneficiary Name and Phone:	Beneficiary Address:
Beneficiary Relationship:	
Contingent Beneficiary Name and Phone:	Contingent Beneficiary Address:
Beneficiary Relationship:	

Death Benefit System - Please check one:

- I **DO NOT** elect to continue in the Death Benefit System.
- I **DO** elect to continue in the Death Benefit System and hereby nominate my beneficiary:

Beneficiary Name and Phone:	Beneficiary Address:
Beneficiary Relationship:	
Contingent Beneficiary Name and Phone:	Contingent Beneficiary Address:
Beneficiary Relationship:	

Date of Application:	Signature:
	Printed Name:
Department:	Address:
Title of Position:	City: State: Zip:
Date Separated:	Telephone #:
Retno: <small>Office Use Only</small>	Social Security #:

Seattle City Employees' Retirement System

720 3rd Ave., Suite 900, Seattle, WA, 98104 Telephone: (206)386-1293, Fax: (206)386-1506