Seattle Retirement
Seattle City Employees' Retirement System

Application for Disability Retirement

Use this form to apply for disability retirement benefits with the Seattle City Employees' Retirement System. Please help us serve you by printing legibly. Once completed and signed, you may return the form with any applicable attachments to our offices at 920 5th Avenue, Suite 500, Seattle, WA 98104. You may also return the forms by faxing them to our secure fax at 206.470.6767, mailing them to Seattle Retirement, ATTN: SCERS, 920 5th Avenue, Suite 500, Seattle, WA 98104 or sending them via secure message on your Member Self-Service account. **To protect your personal information, please do not email the form.**

Member Information

Name (First, MI, Last):_____ Employee Number:_____

Last 4 digits of SSN:_____ Home Telephone Number:_____

Department:_____ Position Title:_____

Home Mailing Address:_____

Personal E-Mail Address:_____

Please check one:

❒ My disability is related to an on-the-job injury, and I authorize the Retirement System to obtain copies of the related records from the City worker's compensation files. ***Requires signature***.

Signature:_____

❒ 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. Please attach an additional page to this application if necessary.

_____

_____

***Please note**: You must provide records of your medical history to the Retirement System. You must also have your physician submit a statement as to why you are now unemployable and a description of any treatment and rehabilitation plans. Failure to provide a complete medical history will delay review of your application.*

Beneficiary Nomination to receive the benefit payable after my death

☐ **Primary** _____% **Name (Last, First) or Full Name of Entity**:_____

Relationship:_____Last 4 Digits of SSN:_____Date of Birth:_____

Mailing Address (include zip code):_____

☐ **Primary** _____% ☐ **Contingent** _____%

Name (Last, First) or Full Name of Entity:_____

Relationship:_____Last 4 Digits of SSN:_____Date of Birth:_____

Mailing Address (include zip code):_____

☐ **Primary** _____% ☐ **Contingent** _____%

Name (Last, First) or Full Name of Entity:_____

Relationship:_____Last 4 Digits of SSN:_____Date of Birth:_____

Mailing Address (include zip code):_____

Death Benefit – Please Check One

☐ I **DO NOT** elect the death benefit ☐ I **DO** elect the death benefit and hereby nominate my beneficiary.

☐ **Primary Name (Last, First)**:_____

Mailing Address (include zip code):_____

Relationship:_____Last 4 Digits of SSN:_____Date of Birth:_____

☐ **Contingent** **Name (Last, First)**:_____

Mailing Address (include zip code):_____

Relationship:_____Last 4 Digits of SSN:_____Date of Birth:_____

Required Signature on Page 3 of Application

Signature and Date of Application

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.

Member's Signature:_____ Date:_____