

STATE AND COUNTY OFFICERS' AND EMPLOYEES RETIREMENT SYSTEM
APPLICATION FOR DISABILITY RETIREMENT

PO Box 9000
Tallahassee, FL 32315-9000
(850) 488-2968
Toll Free: 1-877-738-3725

SSN: _____

Date: _____

In accordance with the provisions of the law governing the operation of the State and County Officers' and Employees' Retirement System of Florida, the undersigned, a member of the System, does hereby make application for disability retirement.

Present (or last) Employer: _____

Name of Position Held: _____ Date of Birth: _____

_____ Option 1 (Maximum Benefit with no Refund to Beneficiary)

_____ Option 2 (Maximum Benefit with Lump Sum Refund to Beneficiary of Excess Contributions Over Total Benefits Paid)

The beneficiary whom I should like to receive the benefit or refund under the option selected at my death is my (a beneficiary should be designated regardless of the option selected).

(Relationship)

(Name of Beneficiary)

(Date of Birth)

(Address)

My services terminated or will terminate _____.

Signed (DO NOT PRINT): _____

Address for Check: _____

Approved by Personnel Director _____
(Name) (Title)

Applicant Signature (*Sign in presence of Notary Public*): _____

Notary:

State of _____, County of _____. The above named person who has sworn to and subscribed before me this _____ day of _____ 20____ and who is personally known _____ or produced _____ identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

Optional Benefits
Chapter 122, Florida Statutes, 1955

Optional Benefits: A member who retires on disability may elect to receive his benefits under the terms of this chapter according to the provisions of any one of the following options:

1. Option 1: He may elect to receive maximum benefits in a retirement allowance payable throughout his life with no further payment due beneficiary except the amount accrued in benefits since the date of the last retirement check.
2. Option 2: He may elect to receive on retirement a reduced benefit, and upon the death of the member, his beneficiary will receive the balance if any, between the amount paid to the retirement fund and the amount already received in benefits.

Instructions for Executing Application for Disability Retirement

1. Sign in the presence of a notary public after necessary data has been inserted on the application, form **SR-13**. You should also complete **SR-13a**. Form **SR-13b** should be completed by your physician. Make sure all items are completed.
2. Obtain the signature of your Personnel Director. He must know that you are retiring.
3. Your check will be drawn in your favor but it can be mailed to your bank. Endorsement by the bank will be honored by the State Treasurer.