

**Florida Retirement System Pension Plan
Application for Disability Retirement**

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

To apply for disability retirement, you must complete and submit the following forms:

FORM FR-13, Application for Disability Retirement - You must provide the Division of Retirement with a properly-signed and completed disability application. Your retirement date is determined by the date the Division receives your disability application. Therefore, you may submit your application prior to submitting the other required forms. Your retirement date will be established as follows:

If you are no longer employed, and your disability application is not received within thirty days of your termination date, your effective retirement date will be the first day of the month following the date we receive your application.

If your disability application is received within thirty days of your termination date, your effective retirement date will be the first day of the month following your termination date.

If you are currently employed in an FRS-covered position, your effective retirement date will be the first day of the month following the date we receive your disability application or the first day of the month following the last month for which salary is reported or creditable service is granted, provided we receive your disability application before such day, and your documented termination date occurs after such day. Your effective retirement date cannot be established until you have officially terminated all FRS-covered employment, and all required documents have been received.

FORM FR-13a, Statement of Disability by Employer - This form must be completed and signed by the designated person in your personnel office.

FORM FR-13b, Physician's Report - As proof of disability, Statute 121.091(4) requires **two** different Florida-licensed physicians who have treated you for your disabling condition to attest to your total and permanent disability.

The Florida Retirement System (FRS) provides two types of disability retirement benefits: in-line-of-duty and regular. You are covered for in-line-of-duty disability retirement from your first day of employment. If your injury or illness arose out of and in the actual performance of your job duties, you may apply for in-line-of-duty disability benefits. Your physicians must attest you are totally and permanently disabled due to an on-the-job injury or illness, and you must provide us with a copy of the Notice of Injury, as filed with Workers' Compensation. You must have eight years of creditable service to be eligible for regular disability retirement. However, if you terminated employment prior to July 1, 2001, you must have ten years of creditable service to be eligible for regular disability.

To qualify for disability retirement benefits provided for by the FRS, a member must be totally and permanently disabled from performing useful and efficient service as an officer or an employee upon termination from FRS-covered employment, as required by Section 121.091(4), Florida Statutes. Approval for Social Security disability or Workers' Compensation does not automatically qualify you for an FRS disability retirement benefit. The unavailability of an employment position that you are physically and mentally capable of performing will not be considered as proof of total and permanent disability.

It must be documented that:

1. Your medical condition occurred or became symptomatic during the time you were employed in an employee/employer relationship with your employer;
2. You were totally and permanently disabled at the time you terminated employment; and
3. You have not been employed with any other employer after such termination.

You are responsible for having all forms completed by the proper persons and submitted to the Division of Retirement. Questions concerning the filing of this application should be directed to the Disability Determination Section. The Administrator is authorized by law to make investigations and require additional information, as needed, to reach a decision on your application. Failure to thoroughly complete all items may delay the processing of your application.

You may obtain the forms from your Personnel Office or by contacting the Disability Determination Section at the Division of Retirement by calling at the numbers above or by e-mailing Disability@dms.myflorida.com. You may also download the forms at www.myfrs.com.

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If approved for disability retirement, all of the following are required before your name can be added to the retired payroll:

1. To receive a disability retirement benefit, you must terminate **all** employment with **all** FRS and non-FRS employers.
2. Please designate your beneficiary on the attached FORM FR-13, *Application for Disability Retirement*. All previous beneficiary designations are null and void.
3. **A properly completed Option Selection for FRS Members, FORM FRS-11a** - You may select an option when you submit your disability application or you may wait until an estimate of benefits is provided. A disability estimate will be provided if you are approved for disability benefits. However, in the event of your death prior to filing an Option Selection Form, by law your option selection will default to Option 1, which does not provide a benefit to your beneficiary. If you select an option, you may change the option selection at any time until a benefit payment has been cashed or deposited. Read carefully the description of each option. You must provide us with your joint annuitant's date of birth to have Options 3 and 4 calculated.

Option 1 is a monthly benefit payable for your lifetime. Upon your death, the monthly benefit will stop, and your beneficiary will receive only a refund of any contributions you have paid, which are in excess of the amount you received in benefits. Option 1 does not provide a continuing benefit to your beneficiary.

Option 2 is a reduced monthly benefit payable for your lifetime. If you die prior to receiving 120 monthly payments, your designated beneficiary will receive a monthly benefit in the same amount as you were receiving until the monthly benefits payable to both you and the beneficiary equal 120 monthly payments. If you die after you have received 120 monthly payments, there is no continuing benefit to the beneficiary. Anyone can be named as a beneficiary under Option 2, such as charities, organizations, or your estate or trust.

Option 3 is a reduced monthly benefit, payable to you while you and your joint annuitant are living. Upon your death, your joint annuitant, if living, will receive a lifetime monthly benefit payment in the same amount as you were receiving.

Option 4 is an adjusted monthly benefit, payable to you, while you and your joint annuitant are living. Upon the death of either you or your joint annuitant, the monthly benefit, payable to the survivor, is reduced to two-thirds of the monthly benefit received when both were living.

Exception to Options 3 and 4: The benefit paid to a joint annuitant under age 25, who is not your spouse, will be your Option 1 benefit amount. The benefit will stop when your joint annuitant reaches age 25, unless disabled and incapable of self-support, in which case, the benefit will continue for the duration of the disability. If you are naming someone other than a spouse under Options 3 or 4, please obtain the *Joint Annuitant Information Form, JAD*, from the Division of Retirement. The amount of reduction for Options 3 or 4 depends on your age and the age of your joint annuitant.
4. A check payable to the Florida Retirement System for any amount you owe, or a written statement that you do not wish to claim the service. Please put your social security number on the face of the check. Or, you can roll over funds from a qualified plan (IRA, deferred compensation, etc.) to pay the amount due, except for upgraded service. The *Pretax Direct Rollover Form, FORM PRO-1*, must be received with the payment. This form can be obtained from our office or the Web page. Otherwise, a written statement must be provided, stating that you do not wish to claim the service.
5. Proof of your birth date. If you select Option 3 or 4, you must also submit birth date verification for your beneficiary. We will accept legible photocopies of **one** of the following:
 - a. Birth Certificate
 - b. Delayed birth certificate
 - c. Census report more than 30 years old
 - d. Life insurance policy more than 30 years old
 - e. Letter from the Social Security Administration, stating the date of birth it has established for the payment of benefits
 - f. Certificate of Naturalization
 - g. In the absence of one of the above, a document from **two** of the following categories will be required:
 - (1) Birth certificate of child, showing age of parent (limit one)
 - (2) Baptismal certificate more than 30 years old
 - (3) Hospital record of birth
 - (4) School record at time of entering grammar school
6. A final certification of your earnings by your employer for the last four months of your employment. **Your employer is aware of this requirement.**
7. If you claim military service, you must provide the Division with a copy of your *FORM DD-214* and a *Statement of Military Eligibility, MF-1 or MF-2*.
8. Direct Deposit of your benefit is available through the State's Electronic Funds Transfer (EFT) program. An application will be mailed to you after your name has been added to the Retired Payroll. If you are a State employee, currently on EFT, you will automatically continue on EFT unless you cancel your authorization.

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Please Print or Type

Applicant Name: _____ Applicant SSN: _____

Street/PO Box Address: _____ Birthdate: _____

_____ E-Mail: _____

City/State/Zip: _____ Phone: _____ / _____

Present (or last) employer: _____

Title of position held: _____

Last Day Actually Worked: _____ Last Date in Pay Status: _____ Termination Date: _____

Type of Disability Benefit You Are Applying For: **Regular** **In-Line-of-Duty**

Describe the illness or injury which has caused your disability and how it prevents you from performing your usual job duties.

1. Educational Background--Circle the highest grade level you have completed:

Grammar School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4 Other: _____

2. Work History--List your two previous jobs prior to your current employment:

Job: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Job: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

3. If you have any other physical impairments, please describe them and the length of time they have existed:

4. If you have made any Workers' Compensation claims, please list date(s) of accident(s) and employer(s).

Date: _____ Employer: _____

Date: _____ Employer: _____

List the names, addresses and phone numbers of the physicians currently or most recently treating you:

A. Name of Physician & Address:

B. Name of Physician & Address:

Phone: ____ / ____ / ____

Phone: ____ / ____ / ____

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Applicant Name: _____ Applicant SSN: _____

Authorization for Release of Information:

I hereby apply for disability retirement benefits. This application is being made because of a disability which incapacitates me for the performance of any useful work and I affirm that all information and statements are true and correct to the best of my knowledge.

I hereby authorize any physician, hospital, or clinic to give full and complete information concerning me or my medical condition including any prior history to the Division of Retirement, State of Florida, or its authorized representative.

In addition to the above general medical release, I hereby specifically authorize the release of any records which may exist concerning me, including but not limited to employment or personnel records with previous employers, including records with a School Board, Community College, or Public School System, or records with other Retirement Systems, the Veteran's Administration, Social Security Administration, Workers' Compensation records, or any other records which a personal release signed by me may be required. Please cooperate with the bearer of this release. This Authorization for Release of Information is valid throughout the duration of my claim/retirement.

Date: _____ Applicant Signature: _____

Option Selection:

You may complete an *Option Selection for FRS Members, FORM FRS-110*, and submit it along with your application to select an option; or you may wait until an estimate of benefits is provided. A Disability estimate will be provided if you are approved for disability benefits. However, in the event of your death prior to filing an Option Selection form, your option selection will default to Option 1, which does not provide a benefit to your beneficiary. If you select an option, you may change the option selection at any time until a benefit payment has been cashed or deposited. You must provide us with your joint annuitant's date of birth to have Options 3 and 4 calculated.

Beneficiary Designation:

All previous beneficiary designations are null and void. To designate more than one primary beneficiary, attach a *Beneficiary Designation Form, FST-12*.

Primary _____	Primary SSN _____ / _____ / _____
Relationship _____	Primary Birthdate _____ / _____ / _____
Contingent _____	Contingent SSN _____ / _____ / _____
Relationship _____	Contingent Birthdate _____ / _____ / _____

I understand I must terminate all employment with FRS employers to receive a retirement benefit under Chapter 121, Florida Statutes. I also understand that I **cannot** add additional service, change options, or change my type of retirement (Regular, Disability and Early) once my retirement becomes final. My retirement becomes final when any benefit payment is cashed or deposited. I understand, as a disabled retiree, I cannot work in any capacity and receive a disability benefit. I acknowledge that I have read and understand the instructions on Pages 1 and 2.

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