



Seattle City Employees' Retirement System

For office use only.
Retirement number:

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.

Member Information		
Name (First, Middle Initial, Last)	Last 4 digits of your Social Security number:	Employee Number:
Department	Position Title	
Home Mailing Address (Street Address, Apartment Number, City, State, Zip Code)		
Telephone Number	Email 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

<input type="checkbox"/> Primary ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number	Date of Birth	City	State	Zip Code
<input type="checkbox"/> Primary ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
<input type="checkbox"/> Contingent ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number	Date of Birth	City	State	Zip Code
<input type="checkbox"/> Primary ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
<input type="checkbox"/> Contingent ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number	Date of Birth	City	State	Zip Code
<input type="checkbox"/> Primary ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
<input type="checkbox"/> Contingent ____%	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number	Date of Birth	City	State	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.

<input type="checkbox"/> Primary	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number		Date of Birth		
<input type="checkbox"/> Contingent	Name (Last, First) or Full Name of Entity		Mailing Address		
Relationship	Last 4 Digits of Social Security Number		Date of Birth		

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 of Application
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Please make sure you have completed all the sections above. Once completed and signed, you may return the form by faxing it to 206.386.1506 or scanning it to retirecity@seattle.gov