Commonwealth of Pennsylvania
PA Municipal Retirement Board
PMRB–11 Rev. 12/07

APPLICATION FOR DISABILITY RETIREMENT

Note: *See reverse side for instructions and completion of this form.*

SECTION A: *To be completed by the applicant. All information must be typed or printed in ink.*

TYPE OF DISABILITY RETIREMENT:

☐ **Non-Service Connected** ☐ **Service Connected**

1) Member's Name First MI Last	**2) Social Security Number** ___ ___ ___ - ___ ___ - ___ ___ ___ ___
3) Name of Pension Plan (Municipality)	**4) Municipality Code Number** ___ ___ - ___ ___ ___ - ___ ___
5) Date of Birth ___ ___ - ___ ___ - ___ ___ ___ ___ (mm/dd/yyyy)	**6) Telephone Number** (___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___
7) Current Mailing Address Street Address P.O. Box City State Zip Code	

ALL DISABILITY APPLICANTS MUST SELECT A BENEFICIARY

I HEREBY NOMINATE THE FOLLOWING NAMED PERSON AS THE BENEFICIARY WHO SHALL RECEIVE PAYMENT OF ANY AND ALL AMOUNTS DUE OR TO BECOME DUE UPON MY DEATH AFTER DISABILITY RETIREMENT.

Beneficiary's Name First MI Last		**Social Security Number** ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Date of Birth ___ ___ - ___ ___ - ___ ___ ___ ___ (mm/dd/yyyy)	**Gender:** ☐ Female ☐ Male	**Relationship:**
Current Mailing Address Street Address P.O. Box City State Zip Code		

Sworn to and Subscribed Before Me This

_____ *day of* _____, *20*____ .

_____
Signature of Applicant

seal

_____
Signature of Notary Public

SECTION B: *To be completed by the municipality.*

1. Last Day of Employment: Month: _____ Day: _____ Year: _____

2. Effective Day of Disability: Month: _____ Day: _____ Year: _____

PLEASE NOTE: The effective date of a disability must be the first date of the month following the last day of employment.

3. List by month the salaries and contributions not reported since the date of your last filed quarterly report. Salaries and contributions reported on this form must coincide with the salaries and contributions which will be reported on your next quarterly report.

SALARY AND CONTRIBUTIONS

1st Quarter _____			2nd Quarter _____			3rd Quarter _____			4th Quarter _____		
	Comp.	Cont.		Comp.	Cont.		Comp.	Cont.		Comp.	Cont.
JAN	_____	_____	APR	_____	_____	JUL	_____	_____	OCT	_____	_____
FEB	_____	_____	MAY	_____	_____	AUG	_____	_____	NOV	_____	_____
MAR	_____	_____	JUN	_____	_____	SEP	_____	_____	DEC	_____	_____
TOTAL	_____	_____	TOTAL	_____	_____	TOTAL	_____	_____	TOTAL	_____	_____

Date: _____ SIGNATURE: _____
(Secretary of Governing Body)

INSTRUCTIONS

1. An applicant for a Disability Retirement must complete each item in Section A on the PMRB-11, "Application for Disability Retirement". The applicant's answers are to be sworn to and the signature affixed before a Notary Public. All of the entries, except signatures, are to be typewritten or printed in ink. Should the named beneficiary be a minor, the applicant must appoint a guardian or an administrator for the minor.

2. The applicant must forward the PMRB-11 to the employing municipality for completion of Section B. After completion, the form must be sent to the Pennsylvania Municipal Retirement System, P.O. Box 1165, Harrisburg, PA 17108-1165 along with a completed PMRB-10, "Applicant's Statement Concerning Disability" (completed by the applicant) and the PMRB-17, "Medical Report and Review" (completed by applicant's attending physician). If the application is for a Service-Connected Disability, a PMRB-9, "Employer's Statement Concerning Service-Connected Disability" must be completed by the employing municipality and forwarded with the other indicated forms.

3. Explanation of Types of Retirement:

   A. Non-Service Connected Disability Retirement
   Applicant must be incapacitated for future performance of duty and unable to engage in a gainful occupation and have _____ or more years of service. (Please refer to your benefit summary. Years of service may vary.)

   B. Service Connected Disability Retirement
   In most cases, there is no minimum period of service required; however, the applicant must be incapacitated for the performance of duty and unable to engage in a gainful occupation. (Please refer to your benefit summary.)

4. The PMRB-11, along with the indicated forms and a job description, must be sent to the Pennsylvania Municipal Retirement System not more than thirty (30) days prior to the date selected for retirement.

Commonwealth of Pennsylvania
PA Municipal Retirement Board
PMRB–10 Rev. 12/07

APPLICANT'S STATEMENT CONCERNING DISABILITY

1) Member's Name	2) Social Security Number
First _____ MI _____ Last _____	___ ___ ___ - ___ ___ - ___ ___ ___ ___
3) Name of Pension Plan (Municipality)	**4) Municipality Code Number**
	___ ___ - ___ ___ ___ - ___ ___
5) Current Mailing Address	
Street Address _____ P.O. Box _____ City _____ State _____ Zip Code	

I believe I am incapacitated for further service as _____ and I am
(Title of Position Held)
unable to engage in a gainful occupation because of the nature of my disability, which is described as follows:

_____

_____

_____

_____

My physician, Dr. _____ of _____
(Name) *(Address)*

advises me that _____

_____

_____

_____

_____

I authorize my physician to make a report to, and release all records regarding my condition to the physician or physicians designated by, the Pennsylvania Municipal Retirement Board. I will appear before the physician or physicians designated by the Pennsylvania Municipal Retirement Board, for examination, at such time and place as arranged by the Board.

Date: _____ Signature of Applicant: _____

(THIS STATEMENT MUST BE SUBMITTED WITH THE PMRB-11, APPLICATION FOR DISABILITY RETIREMENT)