



Medical Information and Prior Claim History

Form DSBL 4 – Revised 12/1/2013

Please print or type in black ink. Attach additional sheets, if needed, for any of the sections. Mail or fax completed form(s) to PERS. See bottom of form for contact information.

1 Member/Retiree Information – To be completed by the member or an authorized representative of the member.

First Name: _____ MI: _____ Last Name: _____ Member* Retiree**

Social Security No.: _____ Birth Date mm/dd/ccyy: _____

*If a member, are you currently employed in another job not covered under PERS?..... Yes No *If yes, list below.*

Employer: _____ Job Title: _____ Date of Hire mm/dd/ccyy _____

** If a retiree, have you been gainfully employed in the last year? Yes No *If yes, complete the following information.*

Employer: _____ Address: _____ Annual Salary: \$ _____

2 Member Medical Information

Describe Your Disability: _____

Date Disability First Prevented You from Performing Required Job Duties mm/dd/ccyy: _____

Reason You Stopped Working (if applicable): _____

Have you ever been given permanent restrictions related to any job-related injury? Yes No

Have you ever been assigned a permanent partial impairment or worked under restrictions?..... Yes No

Medication	Dosage	Frequency of Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has a doctor restricted your activities in any way? Yes No *If yes, list which doctor.* _____

List doctor's restrictions: _____

Has your disability affected home duties, social activities, or ability to care for personal needs?..... Yes No *If yes, list below.*

Describe what you can no longer do in relation to home duties, social activities, and personal needs care: _____

3 Member Prior Claim History

Have you filed for disability benefits with any of the following? *Check all that apply. For multiple filings with listed agencies, use blank entry lines.*

Workers' Compensation Official Dates mm/dd/ccyy: Filed: _____ Approved: _____ Denied: _____ Pending

Social Security Administration Official Dates mm/dd/ccyy: Filed: _____ Approved: _____ Denied: _____ Pending

_____ Official Dates mm/dd/ccyy: Filed: _____ Approved: _____ Denied: _____ Pending

4 Applicant Certification – I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that all of the preceding information is true and complete to the best of my knowledge. *If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Applicant Signature: _____ Date mm/dd/ccyy: _____