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:*_____

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