



4. Type of Retirement For Which You Are Applying (check one):

- Normal Retirement
- Early Retirement
- Service Incurred Disability
- Non-Service Incurred Disability
- Deferred Vested Termination

5. I plan to retire on: \_\_\_\_\_

If you are applying for a Disability Benefit:

- a. Date disability commenced: \_\_\_\_\_
- b. Nature and cause of disability: \_\_\_\_\_
- c. Did your disability result from any of the following:

YES NO

- (1) Use of drugs, intoxicants or narcotics?
- (2) A fight, riot or civil insurrection?
- (3) While you were committing a crime?
- (4) From an injury or disease sustained while you were serving in the armed forces?
- (5) After your employment with the City terminated?
- (6) While working for someone other than the City and arising out of such employment?

**NOTE:** Records must be filed, including copies of a doctor's opinion, medical records and other documentation to show that the disability is total and permanent, and if application is made for a service-incurred disability, copies of workers' compensation records and other documentation must also be filed to show the disability occurred while performing service-related duties. Also, the Board of Trustees may require you to be examined by a doctor selected by the Board.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this application. This application revokes any prior applications.

\_\_\_\_\_  
(Witness' Signature)

\_\_\_\_\_  
(Employee's Signature)

Date: \_\_\_\_\_