

Application for Disability

Please type or print using black ink. Instructions on page 3.

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■ Part A – Member Information

1. Social Security Number: _____ - _____ - _____
2. Name (First, MI, Last): _____
3. Mailing Address: _____
4. City, State, Zip: _____
5. Telephone Number: (____) _____
6. E-mail Address: _____
7. Employer: _____
8. Employer Number: _____

■ **Part B – Disability Notice** – Disability is defined in K.S.A. 74-4952(2) as the total inability to perform permanently the duties of the position of a police officer or firefighter.

1. What date (mo/day/yr) were you disabled? _____/_____/_____
2. What was the date (mo/day/yr) you last worked for the employer named in Part A, above? _____/_____/_____
3. What was your last date (mo/day/yr) on the employer's payroll? (if applicable) _____/_____/_____
4. List the full name(s) and complete address(es) of any physician(s) or practitioner(s), or any hospital(s) or clinic(s) where you have been a patient, as well as the month, day and year each was consulted since the date your disability began. Additional documents and reports may be requested. *If additional space is needed, attach a separate piece of paper to this form and check box at right.*

<u>Name of Physician, Practitioner, Hospital or Clinic:</u>	<u>Address:</u>	<u>Date:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Describe your disability, what caused it, and how it affects the performance of your work duties?

- Tier I members continue with Part C.
- Tier II members advance to Part D.

Part C – Additional Information for Tier I Members – Complete Part C **only** if you are a Tier I member. Tier I members were employed before July 1, 1989, and **did not** select Tier II coverage under K.S.A. 74-4955a.

1a. Check the appropriate box below designating your disability. See *definition of Service-Connected Disability on next page*.

I am applying for:

- Service-Connected Disability
- Non Service-Connected Disability

1b. If you checked Service-Connected Disability in 1a, give the exact date (mo/day/yr) and describe the event (if any) causing your disability.

____/____/____ _____

2. List children **under** age 18, including adopted children. Do not list stepchildren.

<u>Name:</u>	<u>Social Security Number:</u>	<u>Date of Birth:</u>
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____

3. List children **over** age 18 and **under** age 23, including adopted children, who are **full-time students**. Do not list stepchildren.

<u>Name:</u>	<u>Social Security Number:</u>	<u>Date of Birth:</u>
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____
_____	____ - ____ - ____	____/____/____

Part D – Member Signature

"I hereby certify that the information on this form is correct and I hereby authorize any physician who has attended me or who may attend me, or any hospital where I may have been a patient, to disclose any information thus acquired to the Kansas Police & Firemen's Retirement System or its representative, at no expense to the Retirement System. A photocopy of this authorization shall be considered valid as the original."

Signature: _____ Month/Day/Year: ____/____/____

■ General Information

Please type or print clearly using black ink. This form is intended for use by both Tier I and Tier II members. However, Tier II members will not complete Part C. Tier I members need to fill out all sections. This is because disability benefits are different between the two tiers.

■ Part A – Member Information

Please complete the indicated information. This will help the Retirement System communicate with you during the disability process and help you get your disability benefit without undue complication. You can get your employer's ID number from your designated agent.

■ Part B – Disability Notice

Part B is to be completed by both Tier I and Tier II members.

1. Fill in the date when: (a) the injury, condition or disease first prevented you from performing the full duties of your job; or (b) a doctor or physician certified your condition as disabled.
2. Fill in the date of your last day actively at work.
3. This question may be left blank if you are still on your employer's payroll. Many members use their accumulated sick leave or annual leave until they are approved for disability benefits. Upon approval of your claim, you and your employer must determine your last day on the payroll.
4. List the names and addresses of all physicians, practitioners, hospitals or clinics you have consulted as well as the date of your appointments since your disability began. If you need additional space, use a separate piece of paper and attach it to this form. Check the box to the right of the question if you have attached additional information to this form.
5. Describe your disability, what caused it, and how it affects your performance at work.

■ Part C – Additional Information for Tier I Members

1. Read the definition of service-connected disability carefully and check the appropriate box. If you checked service-connected disability, you will need to provide the date and description of the event (if any) that caused your disability.

Service-Connected Disability is defined in K.S.A. 74-4952(10) as any physical or mental disability resulting from external force, violence or disease caused by an act of duty as a police officer or firefighter.

If a Tier I member after five years of credited service is disabled due to a heart disease, lung/respiratory tract disease or cancer:

- The Retirement System presumes that the disease or cancer is service-connected.
 - The types of cancers presumed to be service-connected are types caused generally by exposure to heat, radiation or a known carcinogen (cancer-causing agent).
 - If the Retirement System receives evidence that the disease or cancer is not service-connected, the member is responsible for presenting additional evidence that the disability is service-connected.
2. For Tier I members with a service-connected disability, children under age 18 may receive an additional benefit. Please include birth certificates and adoption papers (if applicable). You will need to apply for a conservatorship for children under age 18.
 3. For Tier I members with a service-connected disability, children between ages 18 and 23 who are full-time students may also receive a benefit. Please include birth certificates and adoption papers (if applicable), as well as proof of enrollment.

■ Part D – Member Signature

Tier I and Tier II members need to provide their signature to permit the release of relevant medical information to the Retirement System. This is necessary in order for the Retirement System to process your claim as quickly as possible.

For additional information on disability benefits, please refer to the KPERS website (www.kpers.org), the KP&F membership guide or your designated agent.