THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
ONE WINTER STREET, 8TH FLOOR BOSTON, MA 02108

DISABILITY APPLICATION COVER SHEET

When completing your application for Disability Retirement be sure all the following items are submitted along with this Disability Application form:

☐ **1.** **ONE (1) Copy of all Medical Records** pertaining to the injury for which you are claiming permanent and total disability. This includes reports of all diagnostic tests that you have undergone: e.g., MRI, and CT scan reports. **Please include a cover sheet with a table of contents listing all medical records**.

☐ 2. Completed Member's Application for Disability

☐ 3. Completed Option Selection Form: If selecting Option C, you must include a copy of Option C Beneficiary's Birth Certificate and if your beneficiary is your spouse, you must include your Marriage Certificate

☐ 4. Copy of member's Birth Certificate

☐ 5. Copy of Military Discharge – DD 214 form. (if applicable)

☐ 6. Completed Treating Physician's Statement Form

☐ 7. Signed Medical Records Certification Form

☐ 8. Completed Direct Deposit Form

☐ 9. If applying for an Ordinary Disability, a completed W-4P Tax Form

☐ 10. If applying for an Accidental Disability, a copy of any minor's and/or disabled children's Birth Certificate.

☐ Married	☐ Single	If divorced, are you a party to a Domestic Relations Order? ☐ Yes ☐ No ☐ I don't know

Please note: You must **answer each and every question on every page** of the application.

The Disability Application process requires that you be examined by three independent physicians who have not examined you in the past. This includes worker's compensation, pre-employment, and routine physical examinations. **The State Board of Retirement Disability Unit will not request information** from your personal physician, other physicians, hospitals or insurance companies.

The State Board of Retirement requires that you have your primary treating physician complete the Treating Physician's Statement. ***You must submit the Treating Physician statement with your completed Application for Disability Retirement.*** **(This Physician must be certified with the Commonwealth of MA. Board of Regulations and Medicine or equivalent if the Physician is outside the state of Massachusetts.)**

** Please list **all physicians you have seen** on page 10 of the application.**

Should you have any questions you may contact the Disability Unit at 617-367-7770.