



I, \_\_\_\_\_, do hereby certify that I have submitted any and all medical records as they currently exist to the Commonwealth of Massachusetts State Board of Retirement in relation to my application for Ordinary and/or Accidental Disability Retirement pursuant to Chapter 32, Sections 6 and/or 7 of the Massachusetts General Laws.

I understand that the request for medical records and my assurances herein with respect to them includes ALL medical records that relate to the personal injury sustained or hazard undergone that is the basis of my disability claim.

*I understand that if my employer, \_\_\_\_\_, filed for Involuntary Ordinary/Accidental Disability on my behalf that my employer may not have been in possession of all of my medical records. As such, I am aware that if I choose not to contest the involuntary disability application that it is my responsibility to send to the State Board of Retirement any and all medical records relating to the basis of my disability claim.*

It has been made clear to me that these records will be reviewed by the State Board of Retirement staff, the Regional Medical Panel, and the Public Employees Retirement Administration Commission ("PERAC"), who will evaluate them in connection with my application.

I hereby acknowledge that I have had adequate opportunity to review this Medical Records Certification Form ("Form"). If an attorney is representing me in connection with my application for disability retirement, I further acknowledge that I have been given the opportunity to discuss and review this Form with him/her. I acknowledge that I have signed this Form voluntarily with full understanding of its terms.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By: \_\_\_\_\_  
 Signature

Name: \_\_\_\_\_  
 Print

Address: \_\_\_\_\_  
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