



Recommendation Regarding Duty Related Disability Status

1977 Fund Advisory Committee
 143 West Market Street, Suite 400
 Indianapolis, IN 46204
 Toll-Free (888) 526-1687 Option #3
 Internet: <http://www.state.in.us/perf>

DISABILITANT INFORMATION			
Name of Member (<i>First, Middle, Last</i>)		Social Security Number	
Address		Home Telephone Number () -	
City	State	ZIP Code	Date of Birth (<i>Month, Day, Year</i>) - -
Name of Local Unit			

INFORMATION REGARDING FUND AND BENEFITS	
<input type="checkbox"/> Pension Fund <input type="checkbox"/> 1925 Police <input type="checkbox"/> 1937 Fire <input type="checkbox"/> 1953 Police <input type="checkbox"/> 1977 Police/ Fire (MEMBERS OF PRE-1990 DISABILITY SYSTEM)	Date Local Board made its decision that the Fund member was disabled:
Date disability benefits for above named Fund member will start:	

RECOMMENDATION REGARDING NATURE OF DISABILITY
<p>The local pension board makes the following recommendation regarding the cause of the disability of the above-named fund member:</p> <p><input type="checkbox"/> The disability is the direct result of a personal injury suffered while on the job.</p> <p><input type="checkbox"/> The disability is the direct result of an occupational disease (within the meaning of IC 22-3-7-10) or duty-related disease, (as defined in the fund's governing statutes.)</p> <p><input type="checkbox"/> The disability is the direct result of an injury that occurred while off duty, and while (in the case of a police officer) the officer was responding to an offense or reported offense, or (in the case of a firefighter) the firefighter was responding to an emergency for which the firefighter is trained.</p> <p><input type="checkbox"/> The disability is <u>not</u> the direct result of any of the above.</p>

PLEASE SUBMIT ONE COPY OF THE FINDINGS OF THE LOCAL BOARD.

PLEASE SUBMIT PHOTOCOPIES OF ADDITIONAL MATERIAL TO HELP THE 1977 FUND ADVISORY COMMITTEE MAKE ITS DECISION REGARDING THE CAUSE OF THE DISABILITY. SUCH DOCUMENTS MAY CONSIST OF LETTERS OR MEDICAL REPORTS SUBMITTED DURING THE DISABILITY HEARING, OR ANY ADDITIONAL MATERIALS THAT EXPLAIN THE CAUSE OF THE INJURY.

BRIEF STATEMENT OF CIRCUMSTANCES SURROUNDING DISABILITY

Please provide a brief statement of the circumstances surrounding the disability:

ACKNOWLEDGEMENT OF LOCAL PENSION SECRETARY

Signature of Local Pension Secretary	Printed Name of Local Pension Secretary	Date of Signature

Please return the completed form to:

**Public Employees' Retirement Fund
Harrison Building
143 West Market Street, Suite 400
Indianapolis, IN 46204
Attn.: 1977 Fund Advisory Committee**