



## INSTRUCTIONS

PLEASE READ CAREFULLY

Before you complete this application, we strongly recommend that you read the *Accident Disability Retirement* brochure.

### Filing Information

You are eligible for accident disability retirement if you fulfill **all** of the following:

- a) You are in active service with, or are on an official leave of absence from, the New York City Department of Education (DOE), the City University of New York (CUNY), or a participating New York City Charter School; however, you are disabled as a natural and proximate result of an accident that was sustained in the performance of your duties in active service, and that was not caused by your own willful negligence.
- b) You complete the attached Applicant's Personal Report of Accident and Disability and submit the attached "Report of Applicant's Physician" (code DI32) (along with treatment notes) and "Authorization for Release of Health-Related Information" (code DI47), as part of your accident disability retirement application, to be filed with TRS within two years of the date of your accident. (Please note: Medical documentation to support your application for disability retirement benefits may not exceed 200 pages.)
- c) You are examined by the TRS Medical Board, on whose recommendation the Teachers' Retirement Board may approve your accident disability retirement.

If you believe that you are eligible for accident disability retirement, please complete the application and then, in the presence of a notary public, sign the application where required. You may mail this application to TRS, or someone acting on your behalf may file it at TRS' offices, within two years of the date of the accident.

### Applying for Accident Disability Retirement

Generally, it will take six to eight weeks for TRS to obtain information from your employer regarding your accident and review the application. TRS will then notify you by mail of the date and time of your interview and examination by the doctors on TRS' Medical Board. The Medical Board will meet after this examination to determine whether you are eligible for accident disability retirement. You will be notified of the Medical Board's decision by mail. The effective date of your retirement will be your choice of (a) the date the TRS Medical Board approves your disability retirement or (b) the date you select within 30 days after the date of such approval.

### Retirement Payments

Your first disability retirement allowance payment (retroactive to your effective date of retirement) should generally arrive three to five months after the Teachers' Retirement Board approves your application. Your retirement allowance will continue to be paid, according to the payment option you elected, until you return to active service or for life—provided the Medical Board continues to deem you to be disabled.

Generally, TRS is able to process a retirement benefit within three to five months of your effective retirement date. TRS issues advance payments approximately one to two months after your effective retirement date to provide you with retirement income as soon as possible. You will continue to receive an advance payment every month until your regular retirement allowance is initiated on payroll. For more information, please see the *Advance Payments* brochure.

### Changing Information

You have 30 days after the date that the Medical Board approves your retirement (or within 30 days of your effective date of retirement) to modify any of the information you provided on your application (except the medical reports) by changing the original document at TRS or by filing a new application. Please note that the Applicant's Personal Report of Accident and Disability and the "Report of Applicant's Physician" may not be amended after they are filed.

To make changes to your application, you must visit TRS' Member Services Center on the 2<sup>nd</sup> floor of 55 Water Street in lower Manhattan and review your changes with a Member Services Representative. If you cannot visit TRS, but wish to make changes, then you must cancel your "Tier I Accident Disability Retirement Application" and submit a new one. You may cancel your application by submitting a "Request for Withdrawal of Form/Application/Online Filing" (code MI5). **TRS must receive this form at least one day before your meeting with the Medical Board, regardless of the date on which you mailed the form or the postmark date on the envelope.**

### Cancelling Your Application

If you decide not to retire under accident disability retirement, you may cancel your "Tier I Accident Disability Retirement Application" by submitting a "Request for Withdrawal of Form/Application/Online Filing." Please note that you may **NOT** cancel your "Tier I Accident Disability Retirement Application" after the Medical Board approves your disability retirement.

### Denial of Your Application

Your accident disability retirement application may be denied because the Medical Board does not deem you to be sufficiently physically or mentally disabled at the time of your examination. In this case, you may request that a Special Medical Committee review the conclusions and recommendations of the Medical Board by filing a "Special Medical Committee Request and Waiver of Rights" (code DI13) with TRS; however, TRS must receive your form within 30 days of the date you receive the transcript of your exam.

### General

- When designating beneficiaries on this form, please provide their Social Security numbers (or alternative taxpayer ID numbers). This information will help TRS process any benefits that later become payable without unnecessary delay.
- Loans or withdrawals of excess contributions may not be taken on or after your retirement date.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

## HOW TO COMPLETE THE TIER I ACCIDENT DISABILITY RETIREMENT APPLICATION

### In Part A: PERSONAL INFORMATION

Provide all requested information.

### In Part B: ADDITIONAL MEMBERSHIP INFORMATION

Use this section to indicate any additional membership information (e.g., Multiple Employment Membership or Chapter 683 earnings).

Multiple Employment Membership (MEM) status is assigned to in-service members of TRS who render employment in both primary and secondary TRS-eligible positions concurrently during any school year. Once a member attains MEM status, it will remain in effect until his/her retirement or termination of TRS membership. This applies if you are in active service and you held any secondary positions on or after January 1, 1995. (Active service includes being on an approved leave of absence or having transferred-contributor status.) For more information about Multiple Employment, please see the *Multiple Employment Membership Status* brochure.

Chapter 683 earnings apply if you were employed in a special education program, in accordance with Chapter 683 of the Retirement and Social Security Law (RSSL), during the summer preceding your retirement. Please note that confirmation of your Chapter 683 earnings is not available at the time of retirement. TRS will calculate your retirement allowance to include these earnings when confirmation of your Chapter 683 earnings becomes available.

### In Part C: TDA ELECTION

If you are a participant in TRS' Tax-Deferred Annuity (TDA) Program, you must make a decision at this time regarding the distribution of your TDA funds. As indicated below, you must file the appropriate form, based on your election, in conjunction with filing for retirement.

ACTION	FORM TO FILE
Receive your TDA funds as an annuity separate from your QPP retirement allowance.	"TDA Annuitization Election Form" (code TD6)
Withdraw all of your TDA funds.	"TDA Withdrawal Application" (code TD32)
Defer distribution of your TDA funds to a later date and leave them invested with TRS.	"TDA Deferral Status Election Form (For Retiring Members)" (code TD30)

For more information, please refer to the *TDA Options at Retirement* brochure.

### In Part D: RETIREMENT DATE ELECTION

Read the statement and sign where indicated. Your retirement would take effect on the date that the TRS Medical Board recommends your disability retirement. However, you may choose to defer this effective date to another date within 30 days after the Medical Board's approval.

**In Part E: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS**

You must elect **ONLY ONE** payment option in Part E for your retirement allowance and designate beneficiaries if your payment option includes that provision. In all cases, you would receive your retirement allowance for as long as you live. If you want to provide for beneficiaries, you have several choices, each of which would reduce the amount of your monthly retirement allowance. All payments to you and your beneficiaries are monthly and each payment option also enables you to choose a beneficiary for the fractional amount of your retirement allowance. You may add additional beneficiaries by filing the “Retired/Retiring Member’s Additional QPP Beneficiary Form” (code EN22). For additional information about payment option elections, beneficiaries, and acceptable documents to prove your beneficiaries’ dates of birth, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure. Please note that you may designate a trustee only for lump-sum payments.

Your payment options are categorized as follows:

**Maximum Payment Option****Lump-Sum Payment Options**

- Option I Unmodified
- Option I Modified
- Option IV-b

**Guaranteed Number of Payments Options**

- Option IV-d (5-Year Certain)
- Option IV-e (10-Year Certain)

**Continuing Payment Options**

- Option II
- Option III
- Option IV-a

**Pop-up Options**

- Option IV-2
- Option IV-3
- Option IV-4

**If you elect a Continuing Payment or Pop-up Option:**

- These options provide for only one beneficiary. You may change this beneficiary designation up to 30 days after your payability date.
- Your beneficiary’s age is a factor in computing the amount of your monthly retirement allowance payments; **therefore, you must submit proof of your beneficiary’s date of birth in conjunction with this application.**
- You may not designate a trustee as your beneficiary.

**NOTE:** If you elect a payment option for your retirement allowance (other than Option I Modified) that provides for beneficiaries, it would be considered a conditional election for 30 days after your initial payability date. If you die within this 30-day period, you would be considered to have elected Option I Modified, and your initial payability date would be considered to be the day before your death. In accordance with Option I Modified, payment of your remaining reserves would be made to your beneficiaries. However, if you die more than 30 days after your initial payability date, your beneficiaries would receive their death benefits in accordance with your payment option election on the “Tier I Accident Disability Retirement Application.”

**In Part F: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE**

In addition to any election you may have made in Part E, you must designate a beneficiary in Part F to receive any fractional payment that may be due for the month in which you die. The fractional payment would be payable provided that you do not die on the last day of the month; the payment would be based on the number of days that you are alive during that month. For example, if you die on the 21<sup>st</sup> day of a 30-day month, the beneficiary that you designate would receive a payment equaling 21/30 (or 70%) of your monthly retirement allowance.

- The beneficiary you designate to receive your fractional payment need not be the same beneficiary as you designate in Part E.
- You may change your fractional beneficiary designation at any time after you file the “Tier I Accident Disability Retirement Application” by filing a “Designation of QPP Fractional Beneficiary Form” (code EN24).
- If you have already established a trust, you may designate your trustee as your beneficiary.
- If your beneficiary predeceases you, the fractional payment would be made to your estate.

**In Part G: INVESTMENT ELECTION AT RETIREMENT**

At retirement, you have the opportunity to reallocate your accumulated QPP funds among TRS’ investment programs. If you elect to do so, investment allocation changes must be in 5% multiples and must total 100%. The example below demonstrates how to complete Part G if you would like to invest 50% of your QPP funds in the Fixed Return Fund, 10% each in the Diversified Equity Fund, and the U.S. Equity Index Fund, and 15% each in the Balanced Fund and the Sustainable Equity Fund. (This is only an illustration, not a recommendation.) Your QPP funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

TRS’ Passport Funds	Percentage		
Fixed Return Fund	5	0	%
Diversified Equity Fund	1	0	%
Balanced Fund	1	5	%
International Equity Fund		0	%
Sustainable Equity Fund	1	5	%
U.S. Equity Index Fund	1	0	%
International Equity Index Fund		0	%
<b>TOTAL</b>	<b>1</b>	<b>0</b>	<b>0</b> %

**Note: Any ongoing conversion of your funds that is not completed by your initial payability date would stop as of that date.** You may change the way your QPP funds are invested, on a quarterly basis, by filing a “Retiree’s QPP Investment Election Change Form” (code RP8) with TRS at any time. Investment election changes take effect on the following conversion dates: April 1, July 1, October 1, and January 1. Your elections would take effect on the next conversion date that occurs at least 60 days after TRS receives your form. Please be advised that investment election changes cannot be effected until the quarter after your retirement allowance has been finalized.

**In Part H: AFFIRMATION OF UNDERSTANDING**

You must sign and date the statement in the presence of a notary public, who must then complete Part I.

**In Part I: NOTARIZATION**

You must have this form notarized. The date in this notary section must be the same date that you enter in Part H.

**ATTACHED FORMS**

**APPLICANT'S PERSONAL REPORT OF ACCIDENT AND DISABILITY  
"AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION"**

Please complete the Applicant's Personal Report of Accident and Disability and "Authorization for Release of Health-Related Information," sign and date them, and return them with your "Tier I Accident Disability Retirement Application."

**"REPORT OF APPLICANT'S PHYSICIAN"**

Please have this form completed, signed, and returned to TRS by your physician.



Please print in black or blue ink, and initial any changes that you make on this application. For each selection that you make throughout this application, you must write your initials in the space provided and check the corresponding box.

**PART A: PERSONAL INFORMATION** Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRS Membership Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Birth (MM/DD/YYYY):			
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

**PART B: ADDITIONAL MEMBERSHIP INFORMATION**

Please indicate if the following apply to you:

- Multiple Employment Membership  
This applies if you are in active service and you held any secondary position on or after January 1, 1995. Active service includes being on an approved leave of absence or having transferred-contributor status.
- Chapter 683 Earnings  
This applies if, during the summer preceding your retirement, you were teaching in a special education program that employs teachers in year-round positions.

**PART C: TDA ELECTION**

If you are a participant in TRS' TDA Program, please indicate your election for any TDA funds. If you are not a TDA participant, do not complete Part C.

- Receive my TDA funds as an annuity separate from my QPP retirement allowance.
- Withdraw all of my TDA funds.
- Defer distribution of my TDA funds to a later date and leave them invested with TRS.



**PART D: RETIREMENT DATE ELECTION**

Please elect **ONE** of the choices below.

*I request that my effective date of retirement be:*

\_\_\_\_  The date my retirement is approved by the TRS Medical Board

\_\_\_\_  A date that is within 30 days after the date my retirement is approved by the TRS Medical Board

\_\_\_\_\_  
Signature

/  /

Date (to be completed by TRS)

\_\_\_\_\_  
Signature

/  /

Date (to be completed by you)

**PART E: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS**

Please elect **ONLY ONE** of the payment options listed in Part E. Choose and complete any additional elections under your payment option. If you elect an option that provides a death benefit, you **must** designate a beneficiary. **In addition, all options require a beneficiary for your fractional payment.** If you have already established a trust, you may designate your trustee as your beneficiary for lump-sum payments only.

If you need to designate additional beneficiaries (primary, contingent, or fractional), please file a "Retired/Retiring Member's Additional QPP Beneficiary Form" (code EN22).

For more information about the percentage of your retirement allowance that you can leave for your beneficiaries, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure.

**MAXIMUM PAYMENT OPTION**

\_\_\_\_  **Maximum Payment Option**

Highest monthly retirement allowance, but does not provide a death benefit.



Go to **Part F** to designate a beneficiary for your fractional payment.



**PART E (continued)**

**LUMP-SUM PAYMENT OPTIONS**

**Option I Unmodified**  
**Indicate** method of payment if over \$10,000:  
 \_\_\_  Monthly Annuity \_\_\_  Lump Sum

Payment to Beneficiaries

If you die before your monthly retirement allowance payments deplete your initial reserves, the remaining balance would be made payable in a lump sum to your beneficiaries.

OR

**Option I Modified**  
**Indicate** method of payment if over \$10,000:  
 \_\_\_  Monthly Annuity \_\_\_  Lump Sum

Similar to Option I Unmodified; however, this option allows you to elect to further reduce your monthly retirement allowance payments in order to provide a higher death benefit to your beneficiaries.

OR

**Option IV-b**  
**Indicate** lump-sum payment to your beneficiaries:  
 \$    ,000

This option enables you to specify the lump-sum dollar amount to be paid to your beneficiaries upon your death. This amount is not reduced by the retirement allowance payments you receive. For your retirement allowance only, you must also elect a separate payment option (other than Option I or Option IV-b) for the Pension Reserve portion of your retirement allowance.

Circle fund (only one) that lump sum will be paid from:

- |                      |                            |
|----------------------|----------------------------|
| Fixed Return         | Sustainable Equity         |
| Diversified Equity   | U.S. Equity Index          |
| Balanced             | International Equity Index |
| International Equity |                            |

**Indicate** payment option for Pension Reserve portion: \_\_\_\_\_  
 (Choose an option other than Option I or Option IV-b.)

**THEN** → *Designate your primary and contingent beneficiary on the next page; then go to **Part F** to designate a beneficiary for a fractional payment.*

**PART E (continued)**

**DESIGNATION OF PRIMARY BENEFICIARY**

Beneficiary/ Trustee		Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (M/D/Y)
SSN#			/ /

**DESIGNATION OF CONTINGENT BENEFICIARY**

Beneficiary/ Trustee		Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (M/D/Y)
SSN#			/ /

**GUARANTEED NUMBER OF PAYMENTS OPTIONS**

**Option IV-d (5-year certain)**
OR
Payment to Beneficiaries  
Receives payments only if 60 payments have not been made before your death.

**Option IV-e (10-year certain)**
OR
Receives payments only if 120 payments have not been made before your death.

**THEN** → Designate your primary and contingent beneficiary below; then go to **Part F** to designate a beneficiary for a fractional payment.

**DESIGNATION OF PRIMARY BENEFICIARY**

Beneficiary/Trustee		Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (M/D/Y)
SSN#			/ /

**DESIGNATION OF CONTINGENT BENEFICIARY**

Beneficiary/Trustee		Home Address	Relationship To You
First Name/MI			
Last Name			Date of Birth (M/D/Y)
SSN#			/ /

**PART E (continued)**

**CONTINUING PAYMENT OPTIONS**

<input type="checkbox"/> <b>Option II</b>		<u>Payment to Beneficiary</u> Lifetime payments equal to 100% of your reduced monthly retirement allowance.	
	_____ <b>OR</b> _____		
<input type="checkbox"/> <b>Option III</b>		Lifetime payments equal to 50% of your reduced monthly retirement allowance.	
	_____ <b>OR</b> _____		
<input type="checkbox"/> <b>Option IV-a</b> Choose a percentage of your monthly retirement allowance payable as death benefit: <input type="text"/> <input type="text"/> % (50% and 100% not permitted.)		Lifetime payments of your choice.	
	_____ <b>OR</b> _____		
<input type="checkbox"/> <b>Option IV-2 (“Pop-up” option)*</b>		Lifetime payments equal to 100% of your reduced monthly retirement payments.	
	_____ <b>OR</b> _____		
<input type="checkbox"/> <b>Option IV-3 (“Pop-up” option)*</b>		Lifetime payments equal to 50% of your reduced monthly retirement payments.	
	_____ <b>OR</b> _____		
<input type="checkbox"/> <b>Option IV-4 (“Pop-up” option)*</b> Choose a percentage of your monthly retirement allowance payable as death benefit: <input type="text"/> <input type="text"/> % (50% and 100% not permitted.)		Lifetime payments of your choice.	

*\*If beneficiary predeceases you, your payments increase to the maximum.*

**THEN** Designate a beneficiary below; then go to **Part F** to designate a beneficiary for a fractional payment.

**DESIGNATION OF BENEFICIARY**

Beneficiary	Home Address	Relationship To You
First Name/MI		
Last Name		Date of Birth (M/D/Y)
SSN#		/ /

**PART F: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE**  
**(All Payment Options)**

Regardless of your election in Part E, you must designate a beneficiary to receive the fractional portion of your retirement allowance for the month in which you die.

Beneficiary/ Trustee	Home Address			Relationship To You
First Name/MI				
Last Name				Date of Birth (M/D/Y)
SSN#				/ /

**PART G: INVESTMENT ELECTION AT RETIREMENT**

In the appropriate box(es) below, please designate how you would like your QPP funds allocated among TRS' investment programs. Your allocations must be in 5% multiples and add up to 100%. Your QPP funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

\_\_\_  I wish to reallocate my QPP funds as indicated below:

TRS' Passport Funds	Percentage			
Fixed Return Fund				%
Diversified Equity Fund				%
Balanced Fund				%
International Equity Fund				%
Sustainable Equity Fund				%
U.S. Equity Index Fund				%
International Equity Index Fund				%
<b>TOTAL</b>	1	0	0	%

\_\_\_  I wish to leave my funds invested as they are as of my retirement date.





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**APPLICANT'S PERSONAL REPORT  
OF ACCIDENT AND DISABILITY**



TEACHERS' RETIREMENT SYSTEM  
OF THE CITY OF NEW YORK (TRS)  
55 Water Street, New York, NY 10041  
www.trsnyc.org • 1 (888) 8-NYC-TRS

**Please Print**

Applicant's Name

TRS Membership Number

Address

Primary Phone Number (Check one:  Home  Work  Mobile)

()  -

City

State

Zip Code

Alternate Phone Number (Check one:  Home  Work  Mobile)

()  -

**PART A: ACCIDENT REPORT**

*I am physically incapacitated for the performance of duties as a natural and proximate result of an accidental injury received while a member and while in the performance of such duties and not as a result of willful negligence on my part. The accident causing my disability occurred as follows:*

Date: (MM/DD/YYYY) \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Conditions and description of your accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Result of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I was attended at or confined to:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: (MM/DD/YYYY) \_\_\_\_\_ To: (MM/DD/YYYY) \_\_\_\_\_

**CONTINUED ON PAGE 2**

**PAGE 1**





**PART B: DISABILITY REPORT**

*I believe I am incapacitated and unable to remain employed in my present position because:*

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My physician, Dr. \_\_\_\_\_  
(Give name in full.)

of \_\_\_\_\_, advises me that  
(Give address.)

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Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_







**AUTHORIZATION FOR RELEASE  
OF HEALTH-RELATED INFORMATION**



TEACHERS' RETIREMENT SYSTEM  
OF THE CITY OF NEW YORK (TRS)  
55 Water Street, New York, NY 10041  
www.trsnyc.org • 1 (888) 8-NYC-TRS

**This form authorizes release of medical information, including HIV-related information, to the Teachers' Retirement System of the City of New York (TRS) pertaining to filing for disability benefits. This authorization complies with the U.S. Department of Health and Human Services Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The information you provide may be protected from disclosure by federal and state privacy laws.**

**By initialing on page 2 where indicated and signing this form, you agree that medical information and/or HIV-related information may be provided to TRS and the TRS Medical Board and Medical Review Panel for the purpose of determining your eligibility for disability benefits.**





**AUTHORIZATION FOR RELEASE  
OF HEALTH-RELATED INFORMATION**



TEACHERS' RETIREMENT SYSTEM  
OF THE CITY OF NEW YORK (TRS)  
55 Water Street, New York, NY 10041  
www.trsnyc.org • 1 (888) 8-NYC-TRS

**PART A: PERSONAL INFORMATION** Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		TRS Membership/Retirement Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)		
<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Check here if you entered new contact information above. TRS will then update our records based on what you entered.  
Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

**PART B:** Please write your initials in the space provided to confirm your understanding of each statement.

- \_\_\_\_\_ *I understand that TRS may re-direct the information described on this form on proper request if TRS is not required by applicable law to protect the privacy of this information and such information is no longer protected by federal health information privacy regulations.*
  
- \_\_\_\_\_ *I understand that my medical records may contain information related to alcohol or drug abuse, genetic testing, psychiatric care, and/or confidential HIV/AIDS-related information.*
  
- \_\_\_\_\_ *I understand that if I am authorizing the use or disclosure of HIV/AIDS-related information, the recipient is prohibited from using or re-disclosing any HIV/AIDS-related information without my authorization unless permitted to do so under federal or state law. I also understand that I have the right to request a list of people who may receive or use my HIV/AIDS-related information without authorization. If I experience discrimination because of the use or disclosure of HIV/AIDS-related information, I may contact the New York State Division of Human Rights at 1 (888) 392-3644 or the New York City Commission on Human Rights at 1 (212) 306-7450. These agencies are responsible for protecting my rights.*
  
- \_\_\_\_\_ *I have read this form and all of my questions about this form have been answered. By signing below, I acknowledge that I have read and accept all of the above and hereby authorize any hospital, medical group, or other organization to disclose all my medical information to the Teachers' Retirement System of the City of New York (TRS).*

MEMBER'S SIGNATURE \_\_\_\_\_ DATE: (MM/DD/YYYY) \_\_\_\_\_





REPORT OF APPLICANT'S PHYSICIAN



TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

Please Print

Authorization to be completed and signed by applicant.

Dear Doctor \_\_\_\_\_ :

You are hereby authorized by me to fill out this form and forward it to the Medical Board of the Teachers' Retirement System of the City of New York (TRS), 55 Water Street, New York, NY 10041.

Applicant's Name

TRS Membership Number

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

To be completed and signed by applicant's physician.

Report of disability in the case of \_\_\_\_\_

Title: \_\_\_\_\_ Work location: \_\_\_\_\_

I certify that the above applicant has been under my professional care since: \_\_\_\_\_  
Month Day Year

The subjective and objective symptoms of which the applicant complains are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prognosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In my opinion, and by reason of the above described condition, \_\_\_\_\_ is physically or mentally incapacitated for the performance of duty; therefore, his/her disability retirement application should be approved.

Signed: \_\_\_\_\_, M.D. Date (MM/DD/YYYY): \_\_\_\_\_





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**INSTRUCTIONS**

*PLEASE READ CAREFULLY*

Members who are represented by the United Federation of Teachers (UFT) must sign the attached acknowledgement letter from the Department of Education (DOE) and file it with their retirement application. Members who are not represented by the UFT should disregard this information and should not file the attached letter.

The Department of Education (DOE) has directed TRS to provide UFT members the attached letter. The letter explains how TRS will calculate your retirement allowance to reflect provisions of the 2014 UFT collective bargaining agreement.

**How to Complete Your Acknowledgement Letter**

Please carefully read the acknowledgement letter (code T01-DOE) and sign and date it in the spaces provided. In the space labeled "Pension No. /Last Four Digits of Social," write your TRS Membership Number instead. Then, include the signed letter with the retirement application that you file with TRS.

**How TRS Will Calculate Your Retirement Allowance**

TRS will base your retirement calculation on the best Final Average Salary (FAS) period that results after factoring in the two 4% pay increases from 2009 and 2010 that are due you (but not fully paid to you by the DOE), as well as the two 1% pay increases that the DOE has already paid to you under your collective bargaining agreement.

During the summer of 2016, the DOE is expected to provide TRS with updated salary information related to the two 4% pay increases. If TRS has not yet received your updated salary information from the DOE when we begin calculating your retirement allowance, we will initially finalize your retirement allowance based on available information, and then revise your retirement allowance to reflect the full pay increases due under your collective bargaining agreement.

If you have additional pensionable earnings such as per session and class coverage, please note that the DOE is expected to send that salary information to TRS after sending the information related to the two 4% pay increases. TRS will then determine whether you are eligible for a retirement allowance revision based on the additional pensionable earnings.

**Additional Information**

TRS will send you a Benefits Letter about a week before you receive your first retirement allowance payment. The Benefits Letter will detail your retirement allowance calculation, including the Final Average Salary used. If you have questions *after* receiving your Benefits Letter, you may call TRS at 1 (888) 8-NYC-TRS, or the UFT Retiree Pension Department at (212) 598-9536.

Please note that TRS is administering your retirement allowance revision in accordance with the agreements between the UFT and the DOE, but keep in mind that TRS and our Member Services Representatives are not experts about the specific terms of the agreements.



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Carmen Farina  
Chancellor

Dear Applicant for Retirement,

In the Spring of 2014, the United Federation of Teachers (“UFT”) and the Board of Education of the City School District of the City of New York (known as the “Department of Education” or “DOE”) negotiated a new collective bargaining agreement (the “Agreement”) covering November 1, 2009 through October 31, 2018.

As part of Section 3(B) of the Agreement, the UFT and DOE agreed that two 4% increases from 2009 and 2010 that were part of the pattern for the 2009-2011 round of bargaining would be phased in to employees’ paychecks as 2% on May 1, 2015, another 2% on May 1, 2016, another 2% on May 1, 2017 and, finally, another 2% on May 1, 2018.

At the same time, Section 3(E) of the Agreement provides for a series of lump sum payments which are paid on October 1, 2015, October 1, 2017, October 1, 2018, October 1, 2019 and October 1, 2020 (or for those on approved leave, upon return). Lump sum payments are also made on those dates to those individuals who retired after June 30, 2014.

The wage rate increases and lump sum payments occur at different points in time, but they both represent, in different forms, the same increases from the 2009-2011 round of bargaining. To make sure your pension does not include less or more than it would if you received a 4% increase on November 1, 2009 and a 4% increase on November 1, 2010, the UFT and DOE agreed that employee pensions would be calculated using the phased in wage rate increases.

In order to ensure that all UFT-represented employees are equally made whole and receive neither less nor more than the full value of the 2009-2011 pattern increases in their pensions, this letter has been added to your application for retirement to ensure that you understand that your pension will be calculated by applying a 4% increase in 2009 and a 4% increase in 2010 when calculating your final average salary.


Because your pension will be calculated in this way, you understand that the lump sum payments will not be separately pensionable.

You also agree that you will not challenge the exclusion of your lump sum payments from your final average salary calculation since you have been credited for this amount in your final average salary. Such challenge will result in your becoming legally obligated to return all the lump sum payments you received to the DOE. If you bring such a challenge and do not return the lump sum payments, the DOE will have a right to take legal action against you to secure the return of the payments and, if successful, will have a right to recover legal fees associated with that legal action.

Notwithstanding this acknowledgement, it is understood that you do reserve your right to otherwise challenge the correctness of your pension calculation without giving up the lump sum payments, including, but not limited to, challenging any potential incorrect application of the increases in Section 3(B) of the collective bargaining agreement to 2009 and 2010.

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

\_\_\_\_\_  
UFT-Represented Employee/Retiree

  
\_\_\_\_\_  
Lawrence E. Becker  
Human Resources  
New York City  
Department of Education

\_\_\_\_\_  
Pension No. / Last four digits of Social

(T01-DOE)