



Requesting Disability Status from Firefighters' and Rescue Squad Workers' Pension Fund



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN (Last 4 digits)
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH
LAST DEPARTMENT				LAST DAY OF WORK

Check one: Firefighter Rescue Squad Worker

Section B. Please provide the following information about your disability.

- 1 Have you already applied for or will you apply for disability benefits under any of the following Systems?
- Teachers' and State Employees' Retirement System (TSERS), Disability Income Plan of North Carolina
 - Teachers' and State Employees' Retirement System (TSERS), disability retirement
 - Local Governmental Employees' Retirement System (LGERS)

If not, please attach a completed Form 7A with this form.

- 2 What was the date of your disability as certified by an authorized medical professional (Question 4 on the Form 7A)?

- 3 Please describe your illness and tell us how it affects your ability to do your work. Attach another sheet if necessary.

Please attach a job description prepared by your employer that identifies you.

- 4 Is this illness or disability the result of a line-of-duty injury? Yes No

- 5 If **YES** to Question 4 on this form, please describe how the injury occurred. Attach another sheet if necessary.

If your disability retirement is approved, you could begin receiving a benefit as early as age 55.

- If your disability is the result of a non-duty related activity, you must continue to pay \$10 per month per month into the Fund until you have paid for 20 years or \$2400; you will begin receiving a benefit as soon as 20 years have elapsed since you joined the fund, or you reach age 55, whichever is later.
- If your disability is the result of a line-of-duty disability, no more contributions will be required of you, and you will begin to receive a benefit at age 55.

Please continue to the next page.

Section C. Please authorize with your signature.

I hereby certify that I have at least 10 years of creditable service. I certify the above information is true and correct to the best of my knowledge under penalty of law.

Members Signature _____ **Date** _____

Please submit this form to your fire department or rescue squad after you have it notarized (Section D.)

Section D. Please have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____

I, _____, a notary public for said State and County,

do hereby certify that _____ personally appeared

before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the _____ day of _____, 20 _____

Signature of Notary _____

My commission expires _____

INK SEAL
HERE

Section E. Employer, please acknowledge this application and certify information.

I certify that the information provided on the member is true and correct to the best of my knowledge under penalty of law.

Signature of Fire Chief or Squad Captain _____ **Date** _____

Department Name _____

Section F. After all Sections of this form are completed, please submit this form by mail.

Please submit a copy of your job description and a Form 7A, if applicable, along with this Form 7FR. You may mail the completed forms to the address below. If any erasures, strikeovers, or white-outs are found in any signature line or notary section, this form will not be acceptable, and you will need to complete a new Form 7FR.

Thank you.

*N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com*

MEMBER LAST NAME	MEMBER SSN (Last 4 digits)

REV 20131105

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