



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

Department of State Treasurer
Retirement Systems Division
3200 Atlantic Avenue, Raleigh NC 27604
www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink.

Section A. Tell us about yourself.

First Name	M.I.	Last Name		Suffix
Mailing Address				SSN (Last 4 Digits)
City	State	Zip Code	Telephone	Mobile Phone
Personal Email Address				Date of Birth
Last Department			Last Day of Work	Member ID

Check one:

Firefighter

Rescue Squad Worker

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

1. Have you already applied or will you apply for disability benefits under any of the following Systems?

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

- 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)

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 and your role.

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 have at least 10 years of creditable service and continue to pay \$10 per month per month into the Fund until you have paid for 20 years (\$2400); you will begin receiving a benefit as soon as you reach 20 years in 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 certify the above information is true and correct to the best of my knowledge under penalty of law.

Member's 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 acknowledge the due

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

My Commission Expires _____

Signature of Notary _____

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, strikeouts, or white outs are found in any signature line or notary section, this form will not be accepted, and you will need to complete a new Form 7FR.

Member Last Name	SSN (Last 4 Digits)
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Thank you.