

Application for Disability Retirement

Last Name:		First Name:	
*Birth certificate or proof of birth is required Date of Birth:		Social Security #:	Phone #:
Address:	City:	State:	Zip:
Email Address:	Last day of employment:		
Agency & Position:			
Spouse Name:	Spouse SSN:	Spouse DOB:	
Beneficiary Name(s) (if not spouse):	SSN:	DOB:	
<p>I have been informed of the Joint & Last Survivor Options available to me and have elected to take Please enclose copy of spouse's birth certificate and marriage license if Joint and Last Survivor Option has been elected.</p> <p><input type="checkbox"/> No Option <input type="checkbox"/> 50% Option <input type="checkbox"/> 66²/₃% Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option</p>			
<p>Request for Ordinary Disability Retirement: Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for Ordinary Disability Retirement because a disability prevents me from performing the duties of my position. The disability is described on the attached form. I have completed five or more years of service for Fairfax County.</p> <p>Employee Signature: _____ Date: _____</p>			
<p>Request for Service-Connected Disability: Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for a Service-Connected Disability Retirement due to a disability incurred out of or in the performance of my duties that prevents me from performing the duties of my position. The disability is described on the attached form. I have reviewed and understand the contents of S.O.P. 2.0.11, "Procedures for Alternative Placement" (Fire and Rescue Department personnel) and/or Procedural Memorandum 10 from the Department of Human Resources "Policy and Procedures for Uniformed Retirement System Alternative Placement Program" and the "Preparing for Disability Retirement" Guide.</p> <p>Employee Signature: _____ Date: _____</p>			
<p>Supervisor's Signature: _____ Date: _____ (Required only if agency is submitting this application on behalf of the applicant.)</p>			

JOINT AND LAST SURVIVOR OPTIONS

Retiring members of the **Uniformed Retirement System** (Normal, Early Service, Deferred Vested, or any type of Disability) may elect a Joint and Last Survivor Option, which entitles the surviving spouse to receive all or a percentage (50%, 66²/₃%, 75% or 100%) of their base retirement benefit (not including the Pre-62 supplement or the Pre-Social Security Benefit) after their death. If the Joint and Last Survivor Option is elected, the retiree's benefit will be reduced. The amount of reduction depends on the difference in age between the retiree and his or her spouse (see chart below). A partial year is not considered a difference in age.

If the spouse should pre-decease the retiree (or in the case of divorce where the benefit is extinguished), the retiree's benefit will be increased to what it would have been if no option had been elected.

Joint and Last Survivor Benefit Reduction Factors

<u>Age of Spouse</u>	<u>100%</u>	<u>75%</u>	<u>66²/₃%</u>	<u>50%</u>	<u>Age of Spouse</u>	<u>100%</u>	<u>75%</u>	<u>66²/₃%</u>	<u>50%</u>
30 yrs younger	66.0%	72.0%	76.0%	81.0%	1 yr older	87.7%	90.6%	91.5%	93.8%
25 yrs younger	69.5%	75.0%	78.5%	83.0%	2 yrs older	88.4%	91.2%	92.0%	94.2%
20 yrs younger	73.0%	78.0%	81.0%	85.0%	3 yrs older	89.1%	91.8%	92.5%	94.6%
19 yrs younger	73.7%	78.6%	81.5%	85.4%	4 yrs older	89.8%	92.4%	93.0%	95.0%
18 yrs younger	74.4%	79.2%	82.0%	85.8%	5 yrs older	90.5%	93.0%	93.5%	95.4%
17 yrs younger	75.1%	79.8%	82.5%	86.2%	6 yrs older	91.2%	93.6%	94.0%	95.8%
16 yrs younger	75.8%	80.4%	83.0%	86.6%	7 yrs older	92.9%	94.2%	94.5%	96.2%
15 yrs younger	76.5%	81.0%	83.5%	87.0%	8 yrs older	93.6%	94.8%	95.0%	96.6%
14 yrs younger	77.2%	81.6%	84.0%	87.4%	9 yrs older	94.3%	95.4%	95.5%	97.0%
13 yrs younger	77.9%	82.2%	84.5%	87.8%	10 yrs older	95.0%	96.0%	96.0%	97.4%
12 yrs younger	78.6%	82.8%	85.0%	88.2%	11 yrs older	95.7%	96.6%	96.5%	97.8%
11 yrs younger	79.3%	83.4%	85.5%	88.6%	12 yrs older	96.0%	97.0%	97.0%	98.2%
10 yrs younger	80.0%	84.0%	86.0%	89.0%	13 yrs older	96.0%	97.0%	97.5%	98.6%
9 yrs younger	80.7%	84.6%	86.5%	89.4%	14 yrs older	96.0%	97.0%	98.0%	99.0%
8 yrs younger	81.4%	85.2%	87.0%	89.8%	15 yrs older	96.0%	97.0%	98.0%	
7 yrs younger	82.1%	85.8%	87.5%	90.2%	or more				
6 yrs younger	82.8%	86.4%	88.0%	90.6%					
5 yrs younger	83.5%	87.0%	88.5%	91.0%					
4 yrs younger	84.2%	87.6%	89.0%	91.4%					
3 yrs younger	84.9%	88.2%	89.5%	91.8%					
2 yrs younger	85.6%	88.8%	90.0%	92.2%					
1 yr younger	86.3%	89.4%	90.5%	92.6%					
SAME AGE	87.0%	90.0%	91.0%	93.0%					

Release of Records Member's Statement

I hereby authorize my health care providers and previous employers to release any and all medical records on my previous physical condition and treatment to the Board of Trustees of the Uniformed Retirement System and/or Board Investigator. For purposes of this release, health care providers shall include, but are not limited to, all physicians, psychologists, psychiatrists, clinics, hospitals, and governmental or quasi-governmental agencies. Medical records include, but are not limited to, medical reports, test results, and any other information bearing upon my physical or mental condition. This release also applies to any and all Uniformed Personnel records including, but not limited to, my application for employment. The medical records and personnel records will be disclosed for the purpose of evaluating the member's application for disability retirement, and may be disclosed to the members of the Board of Trustees, the staff of the Retirement Systems, the consulting physicians, experts and attorneys for the Retirement System, and the independent medical examiner chosen to evaluate the member. Such release shall remain valid until such time as I am no longer receiving disability benefits.

This statement of disability has been made as part of my application for disability retirement under the provisions of the Fairfax County Uniformed Retirement System's Ordinance. This application represents a true and accurate statement of my medical condition.

Employee Signature: _____

Date: _____

Print Name: _____