

DISABILITY CHECK LIST

Do not submit this check list to IMRF—for employer’s use only.

Use this check list as a reference only or place a copy in the member’s file. The completed check list then provides documentation of the disability application process and should not be submitted to IMRF.

To avoid possible loss of benefits...

- Application for disability benefits must be made to IMRF no later than six months from the date of disability (this date refers to the date assigned by the doctor certifying the employee’s disability).

Disability Check List

_____ Date member last worked _____

Give member

_____ Attending Physician’s Statement - Disability Claim (Form 5.42)

_____ Application for Disability (Form 5.40)

Member should

_____ Attach copy of birth certificate to the 5.40

_____ Print his/her Social Security number on birth certificate copy

Employer should complete and file with IMRF

_____ Employer Statement--Disability Claim (Form 5.41)

Other issues, if applicable:

_____ Health Insurance Continuation vs. Cobra, see IMRF Manual for Authorized Agents

_____ If worker’s compensation is supplemented, check reporting rules.

Call 1-800-ASK-IMRF (1-800-275-4673).

_____ Workers’ Compensation and/or Social Security offsets

_____ If disability will last longer than five months, advise member to apply for Social Security disability. Phone

Number: 1-800-772-1213

_____ Consider retirement benefits vs. disability options if eligible

Employer should complete and file with IMRF at the end of disability:

_____ Employer’s Notice of Trial Work period or Certificate of Termination of Disability (Form 5.45)