Disability Application Checklist

As soon as you stop working and believe you will be disabled for more than 30 days:

1 File the "Member's Application for Disability Benefits" form with IMRF.

Submit this application online through your Member Access account at www.imrf.org (or, fax it to 630-706-4289).

- ☐ File the form even if you filed for workers' compensation.
- ☐ Print your IMRF Member ID or the last four digits of your Social Security Number on all documents you enclose.
- ☐ Date you filed: _____

2 Call your employer and ask them to file the "Employer Statement—Disability Claim" with IMRF.

Your employer should complete and submit this form online through Employer Access.

- ☐ Write down the name of the person you spoke with and the date.
  Name: _____ Date: _____
- ☐ Ask when the employer thinks the form will be submitted to IMRF.
  _____

3 Provide each physician who is certifying your disability with a "Physician's Statement—Disability Claim."

Your physician(s) must send the completed form to IMRF, along with copies of your medical records from the date of disability.

- ☐ Write down the name of the person you spoke with and the date.
  Name: _____ Date: _____
- ☐ Ask when the physician will complete the form and submit it to IMRF.
  _____

4 IMRF will acknowledge receipt of your claim in writing.

Call IMRF at 1-800-ASK-IMRF (275-4673) if you have not heard anything from us within 15 business days after the date of your acknowledgment letter. IMRF will request additional medical information, if needed, directly from you or your medical providers (you will receive a copy of any such request).

- ☐ Date of acknowledgment letter: _____

Contact IMRF **immediately** if you are thinking of resigning from your current position. Resigning your position may impact your eligibility for IMRF disability benefits.