



Missouri Sheriffs' Retirement System

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APPLICATION FOR DISABILITY BENEFITS FOR ACTIVE MEMBERS OF THE SYSTEM

Complete Sections A through D and submit to the Missouri Sheriffs' Retirement System. PLEASE PRINT OR TYPE.

SECTION A: Active Member Information:

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	
HOME ADDRESS	CITY	STATE	ZIP CODE	BIRTH DATE
HOME TELEPHONE #	CELL PHONE #	HOME E-MAIL		

SECTION B: Spouse Information (If married, complete this section):

SPOUSE LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	
SPOUSE CELL PHONE #	SPOUSE BIRTH DATE		DATE OF MARRIAGE	
SPOUSE ADDRESS, if different	CITY	STATE	ZIP CODE	

SECTION C: Disability Benefits – I elect to receive a monthly disability benefit. The date of the onset of my disability was: _____

ATTACH THE FOLLOWING DOCUMENTS:

1. <input type="checkbox"/>	Letter of termination or resignation as active sheriff specifying the official ending date of service.
2. <input type="checkbox"/>	Copy of the medical documentation submitted to the Social Security Administration providing evidence of the disability.
3. <input type="checkbox"/>	Copy of the decision notice from Social Security Administration confirming the award of disability benefits, the monthly disability benefit amount, and the effective date of the benefits.
4. <input type="checkbox"/>	Copy of member's birth certificate.
5. <input type="checkbox"/>	If married, copy of spouse's birth certificate and marriage license.

SECTION D: By my signature below, I hereby apply for any disability benefits to which I may be eligible under the statutes provided for the Sheriffs' Retirement System. I certify that the above information and attachments are true and correct.

Signature of Member and Date of Signature

Signature of Impartial Witness and Date of Signature

Identify the Relationship of Witness to Member
(Impartial Witness cannot be a family member)

Printed Name of Witness

For Office Use Only

This Application for Disability Benefits has been examined. All required documents have been received as of _____.

Date Approved by Board: _____.

Initial

Date