

APPLICATION AND STATEMENT OF DISABILITY

DERP ID: _____

I, _____, am making an application for the Denver Employees Retirement Plan's Disability Retirement benefit. I am permanently disabled and make the following statement pertaining to my disability (provide a statement of circumstances of the disability, i.e. injury, disease, time it occurred, extent, nature, etc.):

Pursuant to the requirements set forth in sections 18-391 through 18-430.7 of the Revised Municipal Code of the City and County of Denver, I am in the process of meeting the requirements for a disability retirement with Denver Employees Retirement Plan.

Member's Printed Name

Member's Signature

Member's Social Security Number

Date