

Application and Statement of Disability

Complete, sign, and return **this application** and the **Authorization to Obtain Information** to apply for a disability retirement with the Denver Employees Retirement Plan (DERP). Make sure to **populate all fields in each step** and sign and date the application before submitting. An incomplete and/or unsigned application will not be processed.



Important: You must submit your **Disability Retirement Application** and the **Authorization to Obtain Information** within **90 days of your separation** from the City and County of Denver or other covered employer. If we don't receive both documents within that timeframe, you won't be eligible for a disability retirement.

To qualify for a disability retirement, the following must occur:

- You must be totally and permanently disabled and unable to work because of your injury or medical condition.
- You must have separated from employment with the City and County of Denver or other covered employer because of your injury or medical condition within 24 months of when your injury or medical condition occurred.
- Your employer must verify that your separation was due to your injury or medical condition.
- You must submit, and we must receive, this application and the Authorization to Obtain Information within 90 days of your separation from employment.
- You must provide a copy of the letter of Final Admission of Liability filed by your employer with the State of Colorado.
- You must qualify for a disability benefit from the Social Security Administration for the same injury or medical condition and provide us with a copy of your Notice of Award Letter.
- You must complete all requirements within three years of your separation date.



START HERE

Step 1 – Provide Your Information

Name (First, Middle Initial, Last) DERP ID (call our office if you don't know your ID)

Address and/or P.O. Box, City, State, Zip Code

Personal Email Address Personal Phone Number

Step 2 – Tell Us About Your Disability and Provide a Statement

Did your injury or medical condition occur on-the-job or off-the-job? On-the-job Off-the-job

What was the date the injury or medical condition occurred? _____

Tell us about the extent or nature of your injury or medical condition.

Step 3 – Sign and Date Add your handwritten signature and enter the date. Electronic signatures will not be accepted.

By signing below, I confirm that:

- I'm applying for a disability retirement with DERP and I'm in the process of meeting the requirements.
- I understand I must meet the requirements for a disability retirement explained in sections 18-391 through 18-430.7 of the Revised Municipal Code of the City and County of Denver.

Signature

Date

Step 4 – Submit Your Disability Retirement Application

Submit your completed and signed application using one of the following methods:

- | | | | |
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| ✓ Mail:
DERP
777 Pearl St.
Denver, CO 80203 | ✓ Email:
Help@DERP.org | ✓ Drop off: <ul style="list-style-type: none">• Use the mail slot in the front door.• Put in the secure drop box inside the vestibule if the front door is unlocked. | ✓ Fax:
(303) 839-9525 |
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Need to visit us in person? Schedule an appointment. Walk-in visits aren't available.

