



3100 Broadway, Suite 1211
Kansas City, MO 64111
816.472.5800
www.kcpsrs.org

KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

APPLICATION FOR *DISABILITY* RETIREMENT

MEMBER INFORMATION – A

(Name, please print)	(Social Security #)	(Telephone #)
(Street Address)	(City)	(State) (Zip Code)
(E-mail address – for internal use only)		

TO THE BOARD OF TRUSTEES:

In accordance with the provisions of the law governing the operation of the Kansas City Public School Retirement System (KCPSRS), the undersigned, a member of the KCPSRS, does hereby make application for disability retirement as a:

AT _____
(Position) (Location)

to be effective as of _____

You are entitled to receive a disability retirement allowance if the following requirements are met:

- You are vested (you have completed five years of service where you have made contributions to this retirement system)
- You are unable to perform your employment duties
- This incapacity is likely to be permanent
- The disability must be certified by KCPSRS Medical Board and approved by the Board of Trustees
- You will be subject to periodic re-evaluations of your disability

Disability retirement is effective as of the latter day of either (1) the day the signed application is received by KCPSRS; or, (2) the day after the last day on which you receive compensation from any employer associated with KCPSRS. (Sign your name on the line opposite the benefit you select; no change in benefit [or, in options 1 or 2, in beneficiary] may be made after your first retirement payment is due unless permitted under any future law having retroactive effect.)

DISABILITY INFORMATION – B

Date Disability Began: _____
(month) (day) (year)

Description of Disability _____

PHYSICIAN/FACILITY INFORMATION – C

List name, complete addresses, telephone and fax number of all physicians/medical facilities recently consulted.

Physician/Facility Name

Mailing Address

City State Zip Code

()

()

Telephone

Fax

Physician/Facility Name

Mailing Address

City State Zip Code

()

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Telephone

Fax

Physician/Facility Name

Mailing Address

City State Zip Code

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Telephone

Fax

Physician/Facility Name

Mailing Address

City State Zip Code

()

()

Telephone

Fax

RETIREMENT BENEFIT SELECTION – D

BASIC BENEFIT

Retirement allowance payable for life, with estate or named beneficiary to receive, in a lump sum, any accumulated employee contributions and interest in the retirant's account on the retirement date which have not been paid out as retirement benefits before the retirant's death. No interest is credited after the retirement date.

(Sign name)_____

BENEFIT OPTIONS – as provided by section 169.326 of the Missouri Revised Statute:

1. Reduced retirement allowance payable for life and continuing thereafter to the beneficiary named on the reverse side of this application for his or her remaining lifetime; in the event the beneficiary predeceases the retirant, then the retirant's retirement allowance shall be adjusted to the basic benefit calculated at the time of retirement no refund or any unpaid accumulated contributions or interest at death of retirant or beneficiary. (100% Survivor Option)

(Sign name)_____

2. Reduced retirement allowance payable for life and continuing thereafter at one-half of the monthly benefit to the beneficiary named on the reverse side of this application for his or her remaining lifetime; in the event the beneficiary predeceases the retirant, then the retirant's retirement allowance shall be adjusted to the basic benefit calculated at the time of retirement; no refund of any unpaid accumulated contributions or interest at death of retirant or beneficiary. (50% Survivor Option)

(Sign name)_____

3. Retirement allowance increased over the basic benefit for life with no refund of any unpaid accumulated contributions or interest at death. (Life Only Option)

(Sign name)_____

BENEFICIARY INFORMATION – E

Designated Beneficiary_____ Relationship _____

Address_____

Date of Birth_____ Social Security # _____

Place of Birth_____ Beneficiary Telephone Number _____

MEMBER CERTIFICATION – F

I have read this entire application for retirement and fully understand its terms. I hereby waive and relinquish any and all rights to all benefits, options, rights and privileges identified or described on this application which I have not selected or elected by signing my name or otherwise as instructed on the application. I also understand a disabled member receiving a disability retirement pension from the KCPSRS may not work for the Kansas City Public Schools or any other employer which contributes to the KCPSRS (such as a Public Library and Public Charter Schools in the District). I am aware if I work for any such employer, my disability pension will be suspended.

I understand a disabled member receiving a disability retirement pension may work for another employer and/or engage in self-employment, but must report his/her earnings to KCPSRS. If the sum of: (a) my earnings from other employment, (b) my Social Security benefit, and (c) my pension from KCPSRS, exceeds the amount I would have been paid had I continued working in my normal job, then KCPSRS is required by law to reduce my pension so that the sum of (a), (b) and (c) does not exceed that amount.

I understand I may be required to submit to periodic physical examinations to verify that I continue to be disabled. If the medical board determines I am no longer disabled, my disability pension will terminate, even if I am not working. I also understand KCPSRS may obtain credit reports to verify my employment status and income. The above statements are true to the best of my knowledge and belief

Dated at _____ This _____ day of _____ 2017.

(Location)

(Signature of Member)

(Witness)

Verification of Beneficiary's

Date and place of birth _____

(Type of document used for proof)

(Initials)

No option election shall become effective in case a Member dies within thirty days after retirement or within thirty days after filing such election; in such an event the Member shall be considered as an active Member

When completed, return this form to KCPSRS at the address listed above.