



**This application might not be accepted and/or processed if:**

- the application was not completed using ink - it must be completed in ink
- the original application was not submitted together with all additional pages (if applicable)
- the application has alterations and/or white outs
- the application is not signed

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this: 

A	B	C		1	2	3
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 Fill in bullet selections like this:  Female

**If you need additional help**

If you have questions about your application or personal information changes you can visit [opers.org](http://opers.org) to access your account online or call 1-800-222-7377 and speak with a member services representative.

This application must be completed by the member or, if the member is unable to apply due to being physically or mentally incapacitated, by the member's legal guardian or attorney in fact. If a legal guardian or attorney in fact is making application on behalf of the member, Letters of Guardianship or a durable Power of Attorney also must be submitted with this application.

Disability coverage is limited to illnesses and injuries that occur before a member terminates employment, or illnesses and injuries resulting from the member's employment that become evident up to two years following termination of employment. Disability benefits are available only if a member is found to be mentally or physically incapacitated for the performance of duty of their last position of public employment by a disabling condition, either permanent or presumed to be permanent. If the Application is approved, benefits are effective the first of the month following the later of: 1) the last day for which compensation was paid, or 2) the attainment of eligibility.

Members covered under the original disability plan who are in retirement Groups A or B must file an application for a disability benefit before attaining age 60. The member's last day of public service must also be prior to attaining age 60. Members covered under the original plan who are in retirement Group C must file an application for a disability benefit before attaining age 62. The member's last day of public service must also be prior to attaining age 62. Members covered under the revised disability plan may file an application for a disability benefit at any age.

If you are approved for a disability benefit, you must be removed from your employer's payroll no later than the end of the month following the month in which the OPERS Board of Trustees' approves the disability benefit application. If you do not terminate public employment within this time frame, your application will be voided, your disability benefit will not be paid and will be forfeited. And, if you are eligible, you will be required to re-apply for a disability benefit.

Please refer to the *OPERS Member Handbook: The Benefits of Membership* and the *Disability Benefits* leaflet on [opers.org](http://opers.org) for more information about applying for and receiving disability benefits.

## STEP 1: Member's Personal Information

The information requested in this step is required and must be completed. You must enter either your Social Security number or OPERS ID. You are not required to enter both.

## STEP 2: Member's Physician Information

If you have multiple physicians, please have each physician complete a *Report of Physician* form (DR-APS) on your behalf. The physician must be a licensed and practicing physician (MD or DO). It is important to provide contact information. Please notify us if a physician you have indicated will not be submitting a DR-APS on your behalf.

## STEP 3: Social Security Disability Insurance

If you are approved for a disability benefit and you are eligible to apply for Social Security Disability Insurance (SSDI), you are required to apply, and provide a copy of the SSDI benefit application, not later than 90 days from the OPERS Board of Trustees approval date of your disability benefit application. This requirement does not apply to members in the OPERS law enforcement division. If you are not sure if you are eligible for an SSDI benefit you can find out by going to [ssa.gov](http://ssa.gov) or by contacting Social Security at 1-800-772-1213.

## STEP 4: Other Retirement System Service Information

If you are currently a member or have been a member of any other Ohio retirement system, you must complete this step.

## STEP 5: Other Service Information

You must answer either yes or no in this step. **Do not answer both.**

Please indicate if you are in the process or plan to purchase service credit. All purchases must be completed prior to the issuance of your monthly benefit payment. The list of required documentation to purchase service credit is available at [opers.org](http://opers.org).

## STEP 6: Rehabilitative Services

OPERS offers a Rehabilitative Services Program to our disability benefit recipients to assist them with maximizing their functionality and employability. You can choose to either participate in the Rehabilitative Services Program or opt out of the program. More information about the program can be found on the Disability page of [opers.org](http://opers.org) or in the *Disability Benefits* leaflet.

## STEP 7: Banking Information

Your monthly benefit payment and/or lump sum payment will be deposited directly into your bank account and **federal taxes will be withheld**. You will need to know your bank routing and account numbers. Valid routing numbers begin with a 0, 1, 2 or 3 only. They look like this on a check or deposit slip:



If you live outside the U.S., your monthly payment will be sent as a paper check to your home address.

## STEP 8 Member's Authorization and Acknowledgment

Your signature is required.