



### Section 3 - Verification by Disability Recipient of the Status of the Return to Public Service

A disability recipient cannot work for a public employer and continue to receive disability benefits. Once you have made your decision regarding your return to public service, please check one of the boxes below.

- I have or will terminate my public service by the date specified in the accompanying letter so that I may continue to receive my disability benefit.
  
- I will continue my public service and discontinue receipt of my disability benefit. The disability benefit terminates at the end of the first month of re-employment.

### Section 4 - Disability Benefit Recipient's Acknowledgment

I have read this form and acknowledge the information provided is correct to the best of my knowledge. I understand that if I continue working for a public employer my disability benefit will be terminated.

Member Signature \_\_\_\_\_  
Do not print or type name

Today's Date		
Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_