



# Questionnaire on Disability Retirement

Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov



## Your SSN

\_\_\_\_\_

Check One:  TRS  ERS

### Your Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Physician Information

Physician Name (s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment Information

After retirement, were you employed last year?  Yes  No

If employed, please complete the following:

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Dates of Employment

From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

Please state your income from the above employment ( include salaries, bonuses, commission, etc.) for the calendar year  
January 1, 20\_\_\_\_, to December 31, 20\_\_\_\_.

\$ \_\_\_\_\_

### Member Authorization

I hereby certify that the above answers are true and correct. I request and authorize my physician and my employer to furnish the Retirement Systems with any desired information to be used in connection with my retirement disability. I further authorize the release of any pertinent information from any source available to the Retirement System to verify the status of my employment and the earnings thereof.

**Sign Here →** Signature of Retiree \_\_\_\_\_ Date \_\_\_\_\_

*Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, punishable by a fine up to \$500 and/or imprisonment not to exceed one year.*

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_