

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax: (518) 431-8797

APPLICATION FOR DISABILITY RETIREMENT

EmpID [grid]

Social Security Number [grid]

Instructions: Print clearly in ink or type the requested information in the areas provided. Your signature on page 2 must be notarized or the application will be invalid. Review the information you have entered and the checklist on page 6 before sending your application to the System at the address above. To make a change, draw a single line through the incorrect information, enter the updated information, and initial your change. Please do not make any stray marks or use white out. (MyNYSTRS account holders can file for retirement online, instead of mailing this form.) If you are filing for Tier 4-6 disability benefits, you must do so no later than 12 months after the date that your employment status was terminated. Unless the disability resulted from an on-the-job accident, you must have at least 10 years of NYS service credit to apply.

Form with fields: First Name (use legal name), MI, Last Name, Mailing Address, City, State, Zip Code, Date of Birth (Month, Day, Year), Phone Number, Email Address.

I AM APPLYING FOR DISABILITY RETIREMENT DUE TO THE FOLLOWING ILLNESS OR CONDITION (briefly describe):
If you are critically ill and wish to provide the largest lump sum payment to your beneficiary, you should elect the Largest Non-Declining Lump Sum Payment to a Beneficiary or the Declining Reserve 4% (Tier 1 members only) in the Retirement Benefit Election portion on the next page.

Checklist: Were you on a leave of absence at less than full pay during the last seven years? Are you being paid Workers' Compensation or Long-Term Disability? If YES, are the payments being made directly through your employer's payroll? If you are receiving Workers' Compensation or Long-Term Disability paid through your employer's payroll, your date of retirement will be the date of your approval. It is not necessary to request a date of retirement. Your effective date of retirement can be as early as the date this application is received. If you are still earning regular salary with your employer, your retirement will take effect the day following the last day salary was earned. Are you a member of, or retired from, any other New York State public retirement system? If YES, name the retirement system:

Annuity Savings Fund (ASF) Withdrawal (Tier 1 & 2 Members Only) [checkbox] Please check this box if you have an Annuity Savings Fund and wish to withdraw it. We will send you additional information and any necessary forms.

Submission of this application initiates a claim for any uncredited prior/military service and/or membership reinstatement. Do you have any unclaimed service that has not been reflected on your Benefit Profile? If so, please provide school year(s) and employer(s). It is necessary for you to provide verification of this service. Verification forms are available on our website (NYSTRS.org).

RETIREMENT BENEFIT ELECTION

Please review the option descriptions on pages 3-4 and **CHECK ONE BOX BELOW** for the form of benefit you want.

Maximum - Do **not** designate a beneficiary if you select this option.

Lump Sum Options	Guarantee Options	Survivor Options*		Pop-up Survivor Options*	
<input type="checkbox"/> Annuity Reserve (Tier 1 & 2 only)	<input type="checkbox"/> 5-Year	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> 50%
<input type="checkbox"/> Declining Reserve 4% (Tier 1 only)	<input type="checkbox"/> 10-Year	<input type="checkbox"/> 75%	<input type="checkbox"/> 25%	<input type="checkbox"/> 75%	<input type="checkbox"/> 25%

Largest Non-Declining Lump Sum Payment to a Beneficiary (Tier 1 members should note that the beneficiary payment under this option is less than the initial payment under the Declining Reserve 4%. However, this option provides the largest **fixed** lump sum payment **to your beneficiary(ies).**)

Alternative Option* - Please provide a specific description:

*Per the Internal Revenue Code, the percentage available under a Survivor option or Pop-Up Survivor option may be limited when the beneficiary named is not the member's spouse and the beneficiary is more than 10 years younger than the member.

BENEFICIARY DESIGNATION

◆ **Complete this section if you choose an option other than Maximum election (see information on pages 3-4)** ◆

BENEFICIARY INFORMATION

Name	Check One Primary <input type="checkbox"/>	Check One Male <input type="checkbox"/>	Date of Birth
Street	Contingent <input type="checkbox"/>	Female <input type="checkbox"/>	Beneficiary's Social Security #
		Other <input type="checkbox"/>	
City, State, Zip	Relationship		
Name	Check One Primary <input type="checkbox"/>	Check One Male <input type="checkbox"/>	Date of Birth
Street	Contingent <input type="checkbox"/>	Female <input type="checkbox"/>	Beneficiary's Social Security #
		Other <input type="checkbox"/>	
City, State, Zip	Relationship		
Name	Check One Primary <input type="checkbox"/>	Check One Male <input type="checkbox"/>	Date of Birth
Street	Contingent <input type="checkbox"/>	Female <input type="checkbox"/>	Beneficiary's Social Security #
		Other <input type="checkbox"/>	
City, State, Zip	Relationship		
Name	Check One Primary <input type="checkbox"/>	Check One Male <input type="checkbox"/>	Date of Birth
Street	Contingent <input type="checkbox"/>	Female <input type="checkbox"/>	Beneficiary's Social Security #
		Other <input type="checkbox"/>	
City, State, Zip	Relationship		

**** This form must be signed and acknowledged before a Notary Public in order to be valid ****

Signature of Member

State of _____, County of _____ On this _____ day of _____, 20____
before me personally appeared _____,

(Print Applicant's Name)

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Printed Name of Notary: _____

Signature of Notary: _____

Affix Stamp (include expiration date)

DESCRIPTION OF MAXIMUM AND OPTIONAL BENEFITS

No matter which option you elect, you receive monthly benefits for life. If you have a Domestic Relations Order (DRO) on file, your ability to elect certain options may be limited. General information regarding DROs is available in the Domestic Relations Order publication on our website (NYSTRS.org).

If you do not elect an option, you will be retired under the Maximum. If you are applying with a life-threatening illness, please select either the Declining Reserve 4% (for a Tier 1 member) or the Largest Non-Declining Lump Sum Payment to a Beneficiary option. This is the only option that will protect your beneficiary(ies), should you pass prior to retirement becoming effective. Once approved, if you wish to change your option election, NYSTRS must receive your Election of Retirement Benefit (RET-54.6) within 30 days after the date your retirement becomes effective or 30 days after Medical Board approval, whichever is later. After that 30-day period, your election is irrevocable. Forms will be considered filed on the day they are mailed if they are mailed by registered or certified mail via the U.S. Postal Service, or by an equivalent delivery service that provides mail tracking and is approved for use by the System. Please see the Contact Us > Get in Touch page at NYSTRS.org for a list of delivery services currently approved by the System.

Maximum

This election will provide you with the largest possible annual benefit. The maximum benefit does not provide a payment to a beneficiary. All payments will cease at your death.

Lump Sum Options — You may designate **multiple** primary and/or contingent beneficiaries under these options.

Annuity Reserve — This option is only available to Tier 1 or Tier 2 members who do not withdraw their Annuity Savings Fund (ASF) at retirement. The Annuity Reserve is the total in your ASF at retirement. If your death occurs **before** the Total Reserve has been paid, the balance will be paid in a lump sum to your beneficiary. If death occurs **after** the Annuity Reserve has been paid, all payments will cease at your death.

Declining Reserve 4% — This option is only available to Tier 1 members. The Total Reserve is the pension reserve established at the time of your retirement plus the balance in your Annuity Savings Fund, if any. If your death occurs **before** the Total Reserve has been paid, the balance will be paid in a lump sum to your beneficiary. If death occurs **after** the Total Reserve has been paid, all payments will cease at your death. There is a variation of this option based on a 7% interest rate that would result in a smaller Total Reserve but a larger monthly payment; please contact us if this interests you.

Largest Lump Sum — This option will provide all members with the largest possible lump sum payment to a beneficiary. Tier 1 members should note that although the payment to a beneficiary under this option will be less than the Total Reserve initially established under the Declining Reserve 4% option, the lump sum payment under this option does not decrease over time.

Your estimate provides you with the largest lump sum payment to your beneficiary. The "Cost per \$1000" indicated on your estimate will allow you to calculate your benefit should you desire a fixed lump sum payment of a lesser amount to your beneficiary. If you desire a lesser lump sum payment to your beneficiary, you should select the Alternative Option on the retirement application and indicate the lump sum payment desired. The following example will help you calculate the effect a lesser lump sum payment will have on your retirement benefit.

Example: Your Annual Maximum Benefit is \$60,000; your "Cost per \$1000" is \$25; you want to provide a \$20,000 lump sum payment to your beneficiary.

20 (increments of \$1000 needed) x \$25 ("Cost per \$1000") = \$500 Annual Cost of the Coverage

\$60,000 (Maximum Benefit) minus \$500 (Cost of Coverage) = \$59,500 Optional Member Benefit

Guarantee Options — You must designate **only one** primary beneficiary. **Multiple** contingent beneficiaries are allowed.

If you predecease your beneficiary within 5 or 10 years of the date of your retirement, your beneficiary will receive the same monthly payment you were receiving for the remainder of the 5- or 10-year period. If you live beyond the 5- or 10-year guaranteed period, your benefit will cease at your death. **If your primary beneficiary begins to receive payments and dies before the 5- or 10-year guaranteed period expires, the commuted value of any installments due will be paid in a lump sum to your contingent beneficiary.**

Survivor Option and Pop-up — You must designate **only one** primary beneficiary under these options. Contingent beneficiaries are not allowed.

If your beneficiary survives you, the beneficiary will receive the designated percentage of your reduced benefit throughout the beneficiary's lifetime. You must provide proof of date of birth for your beneficiary. **Under the Pop-up Option your benefit will increase to the Maximum if your beneficiary predeceases you. Your beneficiary designation may not be changed after 30 days after your date of retirement.**

*Per the Internal Revenue Code, the percentage available under a Survivor option or Pop-Up Survivor option may be limited when the beneficiary named is not the member's spouse and the beneficiary is more than 10 years younger than the member.

Alternative Option

All members may request **any variation** of a lump sum, guarantee, survivor or pop-up option that is reasonable and can be computed actuarially. (See asterisked note above this section.)

For those members who are eligible for the Paragraph 2 death benefit coverage, a separate post-retirement benefit may be payable to the designated beneficiary in a **lump sum payment**. The lump sum payment is in addition to any payments made as a result of an Optional Benefit selection. Please refer to the *Active Members' Handbook* and your *Benefit Profile* for additional information.

DISABILITY RETIREMENT INFORMATION

Filing Information

If you apply for disability retirement, you must provide proof the disability existed at the time you ceased teaching in a NYS public school. The Retirement Board may require you to be examined by a physician selected by the System. Refusal to submit to the required examination will result in disapproval or discontinuance of your disability retirement.

Your application must be **received** by the Retirement System for your retirement to become effective. Applications will be considered filed on the day they are mailed if they are mailed by registered or certified mail via the U.S. Postal Service, or by an equivalent delivery service that provides mail tracking and is approved for use by the System. Please see the Contact Us > Get in Touch page at NYSTRS.org for a list of delivery services currently approved by the System. You should retain proof that your application was sent to the System for your records.

We will process your application and the option payment will be made if:

- ◆ You die before the effective date of retirement, **and**
- ◆ You selected either the Declining Reserve 4% (for a Tier 1 member) or the Largest Non-Declining Lump Sum Payment to a Beneficiary, **and**
- ◆ You otherwise qualify for disability retirement, **and**
- ◆ The Retirement Board determines the illness specified in your application is related to the cause of your death.

Contributions

If you are a Tier 1 or 2 member, you may withdraw the balance of your Annuity Savings Fund (ASF), if any, in lieu of receiving a monthly annuity. To withdraw these funds, please check the box on page 1 of this application. We will deduct any outstanding loan balance from your ASF.

Cancellation or Retirement Date Change

If you wish to cancel your application for retirement or change the date your retirement will commence, you should send us a signed letter indicating your desire to cancel your retirement or change your retirement date. This letter must be received by the System **prior to** the date your retirement would have occurred.

Death Benefit for Tier 2 – 6 Members

For those members who are eligible for the Paragraph 2 death benefit coverage, a separate post-retirement benefit may be payable to the designated beneficiary. To be eligible for this benefit, you **must** retire with in-service coverage within a year of leaving payroll and not work in non-NYSTRS reportable employment from your cease work date to your retirement.

Membership Reinstatement

If you held an earlier date of membership in **any** NYS public retirement system, your current membership may be reinstated to the earlier date. **Tier 3 – 6 members reinstating to Tier 1 or 2 must repay any outstanding loan balance before their date of retirement.** If you feel you may benefit from membership reinstatement, you must advise us in writing immediately.

Accelerated Death Benefit

Under certain conditions members may be eligible to forfeit their disability retirement in lieu of a lump sum payment equal to their pre-retirement death benefit. Please advise us immediately if you are interested.

Filing for Protection

Filing "For Protection Only" is intended for those having been diagnosed with a life-threatening medical condition or having a significant surgery, and simply means that, in doing so, you are protecting the benefit for your beneficiary(ies) in the event of your death.

If you are filing for protection, when you fill out the *Application for Disability Retirement* (RET-54.1):

- Write the words "For Protection Only" at the top of the form.
- Indicate the nature of your disability.
- Do NOT request a date of retirement.
- Choose the Largest Non-Declining Lump Sum as your retirement option and designate a beneficiary.
- Complete and return the *Medical Information Summary* (RET-54.1B).

Your "For Protection Only" benefit will be paid only if you pass as a result of the illness listed on your application/Medical Summary.

While your application remains on file "For Protection" the option selection must remain the Largest Non-Declining Lump Sum. If you have filed "For Protection Only" and then at a later date decide to pursue disability retirement, you must notify us in writing you wish to continue with your disability retirement application. Once you are approved by the Retirement Board, you will have 30 days from the effective date of retirement to change your retirement option to the option of your choice.

DISABILITY RETIREMENT INFORMATION *Cont.*

Loan Payments

If it is your intent to repay all or a portion of any outstanding loan prior to retirement, NYSTRS must receive the payment within 30 days following approval or your effective date of retirement, whichever is later. Any payments received after the date **will not** be credited to the outstanding loan balance. If you are a Tier 3-6 member and don't repay your loan, your lifetime benefit will be reduced, and the outstanding loan will likely be a taxable distribution.

Standard for Determining Disability Retirement

In order to be entitled to a disability retirement, it must be determined that you are totally and permanently disabled at the time you ceased your performance of duties.

- **To be deemed totally disabled**, you must be physically or mentally incapacitated from the performance of gainful employment. Gainful employment shall be physical and/or mental activity which a member is regularly able to engage in as a means of earning a living.
- **To be deemed permanently disabled**, the condition must be such that the end of the disability cannot be foreseen for at least one year.

You and your physicians play a vital role during the processing of your application. Our Medical Board requires evidence of the extent of your disability. You have the burden of providing such evidence. We are enclosing forms that will assist you in meeting this requirement.

- **MEDICAL INFORMATION SUMMARY (RET-54.1B)** - Please complete this form and return it directly to us. **Be sure to sign the authorization.**
- **MEDICAL REPORT (RET-54.3)** - Complete Part 1 of this form(s) and give one to each physician involved in your care as soon as possible. **In addition to the form**, they must provide us with:
 - ◆ a comprehensive record of the history of your illness;
 - ◆ copies of diagnostic test results, including X-ray, MRI and CAT scan reports;
 - ◆ any surgical or pathology reports; and,
 - ◆ a detailed narrative report of the current status of your health.

Please remind your doctors of these requirements. Incomplete information will delay processing your application.

Once we receive your medical records, we will present your file at the monthly meeting of our Medical Board. If the Medical Board recommends approval, we will then present your file to the Retirement Board for consideration. The Medical Board has the authority to recommend that you be examined by a physician selected by the System. Failure to submit to an exam will provide an independent basis to deny or discontinue benefits.

As you can see, there are many phases to the disability retirement process. Even though we will make every effort to expedite the processing of your application, delays may occur, and you should plan your finances accordingly.

Retirement Application Package Checklist

- Did you indicate your illness or condition in the box in the middle of page 1?
- Is your retirement application signed and notarized on page 2?
- If you are critically ill, did you choose the appropriate option on page 2?
- Did you initial any alterations you may have made?
- Did you include the Medical Information Summary (page 7) and mail the Medical Report form(s) to your doctor(s)?
- Did you write your EmplID and Social Security number in the appropriate boxes on pages 1, 15 and 18?
- If you are a Tier 1 or 2 member with an ASF, did you indicate on page 1 if you wish to withdraw the balance?
- If you selected a Declining Reserve 4% on page 2 (Tier 1 Only), be advised that there is a variation of this option based on a 7% interest rate that would result in a smaller Total Reserve but a larger monthly payment. Please contact us immediately if this interests you.
- Did you make a copy of the completed application for your records?
- Mail completed form to the NYS Teachers' Retirement System at 10 Corporate Woods Drive, Albany, NY 12211-2395.

Please call us at (800) 348-7298, Ext. 6010 if you have any questions or need help completing this application.



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany New York 12211-2395



MEDICAL INFORMATION SUMMARY

COMPLETE AND RETURN WITH YOUR RETIREMENT APPLICATION

A U T H O R I Z A T I O N

EmplID: _____

I hereby authorize and direct any physician, hospital, medical records facility or any other party to disclose to the New York State Teachers' Retirement System all information which they may possess including, but not limited to, diagnosis, treatments rendered, X-rays and copies of all hospital and medical records which are in their possession, and further, I waive any claim of privilege in respect thereto. A photocopy of this authorization shall be considered as effective and valid as the original.

Print Name: _____

Signature of Applicant: _____

IMPORTANT: The authorization above must be signed

- A.** Please list the names, addresses and phone numbers of the physicians consulted in connection with your illness from whom we should expect a report*:

Names and Addresses	Phone and FAX Numbers

***It is your responsibility to give a medical report form to each of the physicians named**

- B.** Briefly describe your illness and symptoms. (If more room is needed, please use reverse side.)

C. On what date did you become incapacitated? _____

D. What was the last date you rendered service? _____

E. What subject area and grade level was your last teaching position? _____

F. Do you work in any other capacity? No Yes

If yes, please explain. _____

MEDICAL INFORMATION SUMMARY

Additional space, if needed

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NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
(800) 348-7298, Ext. 6010; Fax (518) 431-8797

MEDICAL REPORT

PART 1 (To Member): This section must be completed by you and forwarded to your physician.

Form with fields for Patient's Name and Address, EmplID or Social Security Number, Date of Birth, Physician's Name, and Physician's Address.

I hereby authorize and direct any physician, hospital, medical records facility or any other party to disclose to the New York State Teachers' Retirement System all information which they may possess including, but not limited to, diagnosis, treatments rendered, X-rays, and copies of all hospital and medical records which are in their possession, and further, I waive any claim of privilege in respect thereto. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Applicant: _____ Date _____

PART 2 (To Physician): Your patient applied for disability retirement from this System. Benefits will not be granted until we receive complete documentation of the person's illness. Please initial any alterations made during the completion of this form.

Form with fields for Date you first treated this patient, Date the disability began, Date you last saw this patient, and checkboxes for 'totally** disabled' and 'permanently** disabled'. Includes a section for providing copies of surgical or pathology reports.

SEE PART 3 FOR NARRATIVE AND STANDARDS

PART 3 (To Physician): Provide a narrative description of the person's illness including:

- ◆ a history
- ◆ treatment received and the result
- ◆ diagnosis
- ◆ prognosis

Please type or print clearly

STANDARD FOR DETERMINING DISABILITY RETIREMENT

- ◆ In order for a member to be entitled to disability retirement, it must be determined that the member is totally and permanently disabled and that member was so disabled at the time they ceased performance of duties.
- ◆ **To be deemed totally disabled** it must be concluded that the member is physically or mentally incapacitated from the performance of gainful employment. Gainful employment shall be physical and/or mental activity which a member is regularly able to engage in as a means of earning a living.
- ◆ **To be deemed permanently disabled**, the condition must be such to justify a deduction that the end of the disability cannot be foreseen for at least one year. In addition, total disability is not permanent if, during the period for which recovery is sought or at any time thereafter, the member may alleviate or control the condition by availing themselves of a standard treatment which is not inherently dangerous.
- ◆ The member shall have the burden of establishing all of the foregoing to the satisfaction of the Retirement Board.

Physician's Specialty, if any: _____ Date of Board Certification: _____

Physician's Name (Printed): _____

Physician's Signature: _____ Date: _____

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 (800) 348-7298, Ext. 6010; Fax (518) 431-8797

MEDICAL REPORT

PART 1 (To Member): This section must be completed by you and forwarded to your physician.

Patient's Name and Address	EmpID or Social Security Number	Date of Birth
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Physician's Name	Physician's Address
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I hereby authorize and direct any physician, hospital, medical records facility or any other party to disclose to the New York State Teachers' Retirement System all information which they may possess including, but not limited to, diagnosis, treatments rendered, X-rays, and copies of all hospital and medical records which are in their possession, and further, I waive any claim of privilege in respect thereto. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Applicant: _____ **Date:** _____

PART 2 (To Physician): Your patient applied for disability retirement from this System. Benefits will not be granted until we receive complete documentation of the person's illness. Please initial any alterations made during the completion of this form.

Date you first treated this patient: _____

Date the disability began: _____

Date you last saw this patient: _____

Is this patient **totally**** disabled from the performance of all gainful employment? Yes No

Please explain why, including Activities of Daily Living/IADLs (if applicable): _____

Is this patient **permanently**** disabled from the performance of all gainful employment? Yes No

Please explain why, including Activities of Daily Living/IADLs (if applicable): _____

Please provide copies of any surgical or pathology reports, diagnostic test results (including X-ray, MRI, and CAT scan reports), psychological and neurological evaluations, and any reports and progress notes that clearly outline the history of the person's illness.

****THESE FORMS ARE CRITICAL TO PRESENTING A PATIENT'S FILE. IF YOU DO NOT HAVE ACCESS TO THE ABOVE RECORDS, PLEASE FORWARD THIS FORM TO YOUR MEDICAL RECORDS DEPARTMENT OR FACILITY AFTER SIGNING/ DATING.****

Physician's Specialty, if any: _____ Date of Board Certification: _____

Physician's Name (Printed): _____

Physician's Signature: _____ **Date:** _____

****SEE PART 3 FOR NARRATIVE AND STANDARDS****

PART 3 (To Physician): Provide a narrative description of the person's illness including:

- ◆ a history
- ◆ treatment received and the result
- ◆ diagnosis
- ◆ prognosis

Please type or print clearly

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- ◆ **To be deemed totally disabled** it must be concluded that the member is physically or mentally incapacitated from the performance of gainful employment. Gainful employment shall be physical and/or mental activity which a member is regularly able to engage in as a means of earning a living.
- ◆ **To be deemed permanently disabled**, the condition must be such to justify a deduction that the end of the disability cannot be foreseen for at least one year. In addition, total disability is not permanent if, during the period for which recovery is sought or at any time thereafter, the member may alleviate or control the condition by availing themselves of a standard treatment which is not inherently dangerous.
- ◆ The member shall have the burden of establishing all of the foregoing to the satisfaction of the Retirement Board.

Physician's Specialty, if any: _____ Date of Board Certification: _____

Physician's Name (Printed): _____

Physician's Signature: _____ Date: _____

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MEDICAL REPORT

PART 1 (To Member): This section must be completed by you and forwarded to your physician.

Patient's Name and Address, EmplID or Social Security Number, Date of Birth

Physician's Name, Physician's Address

I hereby authorize and direct any physician, hospital, medical records facility or any other party to disclose to the New York State Teachers' Retirement System all information which they may possess including, but not limited to, diagnosis, treatments rendered, X-rays, and copies of all hospital and medical records which are in their possession, and further, I waive any claim of privilege in respect thereto. A photocopy of this authorization shall be considered as effective and valid as the original.
Signature of Applicant: _____ Date: _____

PART 2 (To Physician): Your patient applied for disability retirement from this System. Benefits will not be granted until we receive complete documentation of the person's illness. Please initial any alterations made during the completion of this form.

Date you first treated this patient: _____
Date the disability began: _____
Date you last saw this patient: _____

Is this patient totally** disabled from the performance of all gainful employment? [] Yes [] No
Please explain why, including Activities of Daily Living/IADLs (if applicable): _____

Is this patient permanently** disabled from the performance of all gainful employment? [] Yes [] No
Please explain why, including Activities of Daily Living/IADLs (if applicable): _____

Please provide copies of any surgical or pathology reports, diagnostic test results (including X-ray, MRI, and CAT scan reports), psychological and neurological evaluations, and any reports and progress notes that clearly outline the history of the person's illness.

THESE FORMS ARE CRITICAL TO PRESENTING A PATIENT'S FILE. IF YOU DO NOT HAVE ACCESS TO THE ABOVE RECORDS, PLEASE FORWARD THIS FORM TO YOUR MEDICAL RECORDS DEPARTMENT OR FACILITY AFTER SIGNING/ DATING.

Physician's Specialty, if any: _____ Date of Board Certification: _____
Physician's Name (Printed): _____
Physician's Signature: _____ Date: _____

SEE PART 3 FOR NARRATIVE AND STANDARDS

PART 3 (To Physician): Provide a narrative description of the person's illness including:

- ◆ a history
- ◆ treatment received and the result
- ◆ diagnosis
- ◆ prognosis

Please type or print clearly

STANDARD FOR DETERMINING DISABILITY RETIREMENT

- ◆ In order for a member to be entitled to disability retirement, it must be determined that the member is totally and permanently disabled and that member was so disabled at the time they ceased performance of duties.
- ◆ **To be deemed totally disabled** it must be concluded that the member is physically or mentally incapacitated from the performance of gainful employment. Gainful employment shall be physical and/or mental activity which a member is regularly able to engage in as a means of earning a living.
- ◆ **To be deemed permanently disabled**, the condition must be such to justify a deduction that the end of the disability cannot be foreseen for at least one year. In addition, total disability is not permanent if, during the period for which recovery is sought or at any time thereafter, the member may alleviate or control the condition by availing themselves of a standard treatment which is not inherently dangerous.
- ◆ The member shall have the burden of establishing all of the foregoing to the satisfaction of the Retirement Board.

Physician's Specialty, if any: _____ Date of Board Certification: _____

Physician's Name (Printed): _____

Physician's Signature: _____ Date: _____

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Step 1 and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its possessions.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-Employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$147,000.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1. Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs.

*If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on Form W-4P for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes itemized

deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$	
2	Enter: { <ul style="list-style-type: none"> • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately }	2	\$	
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$	
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,750 if you're single or head of household. • \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • \$2,800 if you're married and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$	
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$	
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4	6	\$	

Generally, the Retirement System should receive the *W-4P - Withholding Certificate for Periodic Pension or Annuity Payments* (FIN-149) by the twelfth of the month that you want your withholding amount to change. If your monthly benefit payment is currently being sent via Direct Deposit, the filing of the W-4P will not affect that process, just the amount transmitted into your account.

Any election you make will remain in effect until you change it. You may change your election at any time by using the Tools feature in your online MyNYSTRS account at NYSTRS.org or by requesting and filing another *W-4P - Withholding Certificate for Periodic Pension or Annuity Payments* (FIN-149).

IRS regulations on federal tax withholding for pension payments do not allow NYSTRS to withhold only a fixed dollar amount or a certain percentage. Failure to provide a properly completed W-4P form will result in your being treated as a single person with no other entries on the form.

If you have any question about filling out this form, we suggest you consult with a tax professional.

