

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 Fax Number (518) 447-2720

DISABILITY RETIREMENT ESTIMATE REQUEST

(Please complete in ink)

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OR

Social Security Number

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Last Name	First Name	M.I.
Street		
City, State, Zip		
Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number () ()	

If you suffer a disability or are critically ill, call NYSTRS at (800) 348-7298, Ext. 6010 to be sure you are well informed about your NYSTRS benefit. Also read our publication *If You Are No Longer Able to Work* found in the Library at NYSTRS.org.

- Are you on a medical leave? Yes / No *(Circle One)* If **Yes**, is it: Paid / Unpaid *(Circle One)*
- Are you being paid Workers' Compensation or Long Term Disability? Yes / No *(Circle One)*
 If **Yes**, are the payments being made directly through your employer's payroll? Yes / No *(Circle One)*
- What is the nature of your disability? _____

If you are also eligible for service retirement, we will provide estimates using the same information you list below. If you would like additional service retirement estimates, please complete a *Service Retirement Estimate Request* (EST-35.1) with the new information. If you have a Domestic Relations Order on file with this System, the estimates provided will take that into consideration.

	ESTIMATE ONE			ESTIMATE TWO			ESTIMATE THREE		
Dates of Retirement	Month	Day	Year	Month	Day	Year	Month	Day	Year
Cease Teaching Dates	Month	Day	Year	Month	Day	Year	Month	Day	Year

School Year	Contract Salary	Additional Earnings <i>(Summer, Coaching, etc.)</i>	Total Earnings	Amount of Any Retirement Incentive, Bonus, or Unused Leave

Beneficiary's Date of Birth ____ / ____ / _____	Relationship <i>(Circle One)</i> Spouse / Child / Other	Beneficiary's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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SIGNATURE	DATE
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