

# Disability Checklist

DO NOT submit this checklist to IMRF—for employer's use only.

Use this checklist as a reference only or place a copy in the member's file. The completed checklist then provides documentation of the disability application process and should **not** be submitted to IMRF.

## To avoid possible loss of benefits...

Application for disability benefits must be made to IMRF no later than six months from the date of disability (this date refers to the date assigned by the doctor certifying the employee's disability).

## Disability Checklist

- Date member last worked (does not include sick or vacation time) \_\_\_\_\_
- Date member last paid (not the date of the member's last paycheck, but the last day for which the member will receive wages or compensation, including sick and vacation time) \_\_\_\_\_

## Give member:

- Attending Physician's Statement—Disability Claim (Form 5.42)
- Member's Application for Disability Benefits (Form 5.40)  
(Member can apply for disability benefits online via Member Access)

## Member applies for disability

- Member applies online
- Member submits paper Form 5.40

## Employer should complete and file with IMRF:

- Employer Statement—Disability Claim (Form 5.41)  
(Employer should complete and submit Form 5.41 through Employer Access)

## Other issues, if applicable:

- Health Insurance Continuation vs. COBRA, see IMRF Manual for Authorized Agents
- If workers' compensation is supplemented, check reporting rules.  
Call 1-800-ASK-IMRF (275-4673).
- Workers' compensation and/or Social Security offsets
- If disability will last longer than five months, advise member to apply for Social Security disability.  
Phone Number: 1-800-772-1213
- Consider retirement benefits vs. disability options if eligible

## Employer should complete and file with IMRF at the end of disability:

- Employer's Notice of Trial Work period or Certificate of Termination of Disability (Form 5.45)
- Submit physician release

