

# DISABILITY CHECKLIST

Please use this checklist when applying for IMRF disability benefits.

You can obtain IMRF Forms 5.40 and 5.42 by calling 1-800-ASK-IMRF (275-4673) or by downloading the forms from **www.imrf.org**.

**As soon as you stop working and you feel you will be disabled more than 30 days. . .**

**1.** File IMRF Form 5.40, “**Member’s Application for Disability Benefits**” with IMRF. We recommend you complete your application online through your Member Access account at **www.imrf.org**.

- You can also mail an application to IMRF or fax it to us at 630-706-4289.
- File the form even if you filed a worker’s compensation claim.
- Write your IMRF Member ID or last four digits of your SSN on any documents you include with this form.

MEMBER ACCESS  
 MAILED  
 FAXED

\_\_\_\_\_  
DATE YOU FILED

**2.** Call your employer and ask your employer to file IMRF Form 5.41, “**Employer’s Statement—Disability Claim**” with IMRF. Your employer should complete and submit this form online through Employer Access.

- Write down the name of the person you spoke with and the date.
- Ask when your employer will submit the form to IMRF.

\_\_\_\_\_  
PERSON YOU SPOKE WITH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE EMPLOYER WILL SUBMIT

**3.** Provide each physician who is certifying your disability with IMRF Form 5.42, “**Physician’s Statement—Disability Claim**”. Your physician(s) must send the completed form to IMRF, **along with copies of your medical records from the date of disability**.

- Write down the name of the person you spoke with and the date.
- Ask when the physician will complete the form and submit it to IMRF.

\_\_\_\_\_  
PERSON YOU SPOKE WITH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE PHYSICIAN WILL SUBMIT

**4.** IMRF will acknowledge receipt of your claim in writing. Call us at 1-800-ASK-IMRF (275-4673) if you have not heard anything within 15 business days after the date of your acknowledgement letter. IMRF will request additional medical information, if needed, directly from you or your medical providers (you will receive a copy of any such request).

**5.** When IMRF receives any of the above three forms, we will mail you an acknowledgement letter and an IMRF Disability Benefits booklet. We will also request any missing forms.

## PLEASE NOTE:

*See the reverse side of this checklist for key points to remember.*

- **You should contact IMRF if you are thinking of resigning from your current position. Resigning your position may impact your eligibility for IMRF disability benefits.**
- Please be advised that IMRF disability payments are paid at the beginning of the month for the previous month.



# Key Points to Remember About Your IMRF Disability Benefits

*Additional details are provided in the IMRF Disability Benefits booklet.*

*Each month an IMRF member receives a disability benefit, he or she also receives one month of service credit.*

## **You are eligible for disability benefits if you...**

1. Have 12 consecutive months of IMRF service credit preceding your disability.
2. Are unable to perform your IMRF job or any duties reasonably assigned by your employer for more than 30 days.
3. Receive treatment for your disabling condition as soon as you stop working, and your physician(s) certifies your disability and provides evidence of your disability to IMRF.

## **What does IMRF need to begin the disability claim process?**

1. Form 5.40, "Application for Disability Benefits"—you must complete this form.
2. Form 5.41, "Employer Statement"—your employer's IMRF Authorized Agent would complete this form and submit it to IMRF.
3. Form 5.42, "Physician's Statement of Disability Claim"—each physician who has examined you for your disabling medical condition and who can verify the nature and extent of your disability would complete this form, attach the medical records, and submit it to IMRF.
4. Other forms may be required. IMRF will contact you if any are needed.

## **When can your temporary disability benefits begin?**

1. Following the 30-day waiting period. This waiting period begins with your first date of medical treatment following your last day at work.
2. Your benefits can begin on the 31<sup>st</sup> day or the **day after you are last paid** by your IMRF employer, if the last day you are paid is later.

## **What is the amount of your IMRF disability benefits?**

1. Generally, your monthly disability benefit will be 50% of your average salary prior to becoming disabled.
2. Your monthly disability benefit may be reduced by Social Security disability benefits, Social Security retirement benefits, or workers' compensation benefits you receive.

## **How long does it take for IMRF to process your disability claim?**

Normally within 10-15 business days after IMRF receives the "needed items" listed above, we make a decision to request additional information, to approve, or to deny your claim. You will be contacted by telephone or by letter at that time.

*Important Note: If after reviewing the disability checklist and these key points you are unsure about whether to file a claim for disability benefits, please call IMRF at 1-800-ASK-IMRF (275-4673).*

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Member Services Representatives  
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