TRA | TEACHERS RETIREMENT ASSOCIATION

60 Empire Drive • Suite 400
Saint Paul Minnesota 55103
800 657 3669 • fax 651 297 5999

Submit the *original, signed* form to TRA.

Disability Benefit Application

Current state law defines total and permanent disability as the inability to engage in any substantial, gainful employment because a medically proven physical or mental impairment exists and is expected to last for at least one year.

The information requested on this application, other than your name, is private data and will only be used to determine whether you are eligible for a disability benefit. You are not legally required to provide this information and may refuse to provide all or some of the information. However, TRA may be unable to process your application without it. Unless you provide written consent to release your private data, access to this information will be limited to TRA staff who process your application and TRA's medical advisors. Your private data may also be released if authorized by state or federal law or by a court order.

Member Name	Date of Birth	TRA Number
Address	Telephone Number	
	Email Address	
Name of Spouse (if applicable)	Spouse's Date of Birth	

1. Define your disability.

2. List physician or clinic details that are relevant to your disability.

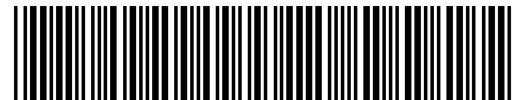
Physician/Clinic	Address	City	State	Zip	Date

3. List any hospitalization details that are relevant to your disability.

Hospital	Address	City	State	Zip	Date

4. List any surgery details that are relevant to your disability.

Type	Surgeon	Address	City	State	Zip	Date



5. Most recent employer (district/county/city/dept): ____________________

6. Date when you were first impaired: ____________________ Last paycheck receipt date: ____________

7. Last date of service or leave, whichever is later, for which salary was paid: ____________________

8. Indicate your status with respect to workers' compensation benefits: (Must check one.)

☐ Receiving benefits ☐ Applying for benefits ☐ Approved for benefits ☐ Did not apply ☐ Denied benefits

9. Indicate your status with respect to veteran's disability benefits: (Must check one.)

☐ Receiving benefits ☐ Applying for benefits ☐ Approved for benefits ☐ Did not apply ☐ Denied benefits

10. Indicate your status as it relates to Social Security disability benefits: (Must check one)

☐ Receiving benefits ☐ Applying for benefits ☐ Approved for benefits ☐ Did not apply ☐ Denied benefits

11. Do you have membership with one or more of the following Minnesota pension funds?
    - Public Employees Retirement Association (PERA)
    - Minnesota State Retirement System (MSRS)
    - St. Paul Teachers' Retirement Fund Association (SPTRFA)

☐ Yes ☐ No

12. You may choose to receive an optional annuity instead of a disability benefit. The monthly amount payable depends on the annuity plan you select. Refer to your attached estimate letter for personal estimates and a description of the optional annuity plans. Refer to the "Election of an Optional Annuity" section in the TRA *Disability Coverage* booklet or contact TRA if you have questions regarding the annuity plans. Do you wish to receive an application for an optional annuity instead of a disability benefit? (Must check one.)

☐ Yes ☐ No

13. Member Signature

I authorize and direct any physician, chiropractor, psychologist, hospital, agency or other organization to disclose all information that it may possess to verify my disability claim. I affirm that the statements in this application are complete and true.	Signature of Member	Date

14. Spouse Signature

I am the spouse of the previously named employee. I am aware of the annuity options that are available to protect me, and I have read and understand the decision of my spouse.	Signature of Spouse	Date

Please Note: You may request for the executive director to reject your application for disability benefits if you are only applying because it is required by your private disability insurance master policy. We strongly advise you to review your private disability insurance master policy if you are considering this option. If you are interested in additional information regarding this provision, or have any other questions, please call TRA at 651-296-2409 or 800-657-3669.

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