

33 Plaza La Prensa, Santa Fe, New Mexico 87507 (505) 954-0388 fax (505) 476-9300 voice (800) 342-3422 Toll-Free www.nmpera.org

## REEVALUATION APPLICATION FOR DISABILITY RETIREMENT BENEFITS FORM

Instructions: Please print or type in dark ink. The <u>original of this form must be completed in its ENTIRETY</u> and returned to PERA for processing.

Please type or print so that others can re	ead this informa	tion. Attach additional si	heet(s) if nece <u>s</u> s	sary.				
Name			SSN	-	-			
Address								
City		State		_ Zip				
Birth Date		Daytime Phone No						
Height	ight			Weight				
Name of Spouse			Birth D	Date				
l am submitting an application for perma	•		-	and permane	ently			
Disabled. The nature of my	illness	injury	_ condition is					
s your illness, injury or condition a resul	t of your job?		Yes		No			
If yes, explain how			_					
The reason(s) I cannot work are								
-								
ection II: Employment Informa	ation							
Current or Last Employer								
Address								
City		State		Zip				

			ecurity Number:		
is page must be completed in its E	NTIRETY and returne	ed to PERA for	processing		
Current Employment Status:	not working	effective date	e of leave without pay		
		terminated er	d employment on		
	effective date of worker's comp				
	working	full time	part time	on leave	
		FMLA			
Current Position or Job Title					
My job duties are					
			(Attach co	py of job description)	
rears to give an idea of types of work	you are capable or doi	g.,			
Attach copy of resume if necessary to	nrovide complete edi				
•		ucational or job	history.)		
My educational background is: (chec	k all that apply)	·			
My educational background is: (chec	k all that apply) undergra	aduate	degree		
My educational background is: (chec	k all that apply)	aduate	degree		
My educational background is: (checongrade school High school GED	ek all that apply) undergra graduate post gra	aduate e duate	degreedegree		
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My educational background is: (checkground)	ek all that apply)  undergra  graduate  post gra  have received since y	aduate e duate our injury or illn	degree degree degree ess:		
My educational background is: (checkground)	ek all that apply)  undergra  graduate  post gra  have received since y	aduate e duate our injury or illn	degree degree degree ess:		
My educational background is: (checkground grade school High school GED  List any job training or re-training you List any degrees, certificates or licens	ek all that apply)  undergragraduate post grace have received since y  es you have received s	aduatee duate  our injury or illn since your injury	degree degree degree ess:		
My educational background is: (check grade school High school GED  List any job training or re-training you list any degrees, certificates or licens List any jobs or categories of work that	ek all that apply)  undergragraduate post grach have received since y  es you have received s	aduate e duate  our injury or illn since your injury	degree degree degree ess:  or illness:		
My educational background is: (checkground is: (checkgrou	ek all that apply)  undergragraduate post grach have received since y  es you have received s	aduate e duate  our injury or illn since your injury	degree degree degree ess:		
grade school  High school  GED  List any job training or re-training you  List any degrees, certificates or licens	ek all that apply)  undergragraduate post grach have received since y  es you have received s	aduate e duate  our injury or illn since your injury	degree degree degree ess:  or illness:		
My educational background is: (check grade school High school GED	ek all that apply)  undergragraduate graduate post grachave received since y  es you have received since y  t you are currently cap	aduate e duate  our injury or illn since your injury	degree degree degree ess:  or illness:		
My educational background is: (check grade school High school GED  List any job training or re-training you list any degrees, certificates or licens List any jobs or categories of work that	ek all that apply)  undergragraduate graduate post grachave received since y  es you have received since y  t you are currently cap	aduate e duate  our injury or illn since your injury	degree degree degree ess:  or illness:		

List the names and addresses of all physicians, hospitals or clinics who have examined and/or treated you in the last three years. Indicate the illness, injury or condition for which you were treated. Start with the most current and work back.

(Attach an extra page if necessary.)

ame of Claimant:		Social Security Number:	
his page must be comple	ted in its ENTIRETY and returne	ed to PERA for processing	I
<u>Name</u>	<u>Location and</u> <u>telephone</u>	<u>Injury/Illness</u>	Date Seen
Were you performing your	regular duties at the time the disal	bility occurred?	
, , ,	ility to have occurred as the natura	-	auses arising solely and
•	e course of your employment with		r?
	s in previous accidents or have you		•
occasions? If	yes, give complete details on a se	eparate page explaining ho	w, when, and where the
accident or illness occurred	, the nature and extent of the injur	y or illness, and by whom y	ou were employed at the time.
, ,	ver received compensation from the		•
occurred while in the militar	y service? If yes, given	ve complete details on a se	eparate page explaining
how, when, and where the a	accident or illness occurred, and the	he nature and extent of the	injury or illness.
	If y	yes, when did you apply?	
Are you receiving monthly b	penefits? If yes, what is	s the amount of your benefit	ts?\$
Lump sum settlement?	If yes, amount of settleme	ent? \$	
Present status with Worker'	s Compensation?		
Have you applied for federa	al social security benefits?	If was when did yo	ou apply?
			r benefits? \$
			i belieπs: φ
, , , , , , , , , , , , , , , , , , ,			
By signature hereon, I decla	are that all information given is true	e and correct to the best of	my knowledge and belief.
Applicant Dignature.		Date.	