

**COUNTY OF PIERCE
LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS
DISABILITY BOARD**

APPLICATION FOR DISABILITY RETIREMENT/DISABILITY LEAVE

The following information must be furnished to the Secretary of the Disability Board (see below) before any action can be taken to consider the case. All questions must be answered. A statement from your doctor should accompany this application.

(The items on this page are to be completed by the Applicant)

Name: _____ Social Security No.: _____

Address: _____
(Street No./P.O. Box) (City) (State) (Zip)

Telephone: (Home): () _____ Work): () _____

Sex: _____ Age: _____ Date of Birth: _____

Name & Address of Employer: _____

Rank and Position: _____ Date of Hire: _____ Date Entered LEOFF System: _____

Name of Chief: _____ Phone: () _____

I hereby apply for disability benefits effective _____ (date), according to the provisions of RCW 41.26.120 (duty incurred) or RCW 41.26.125 (non-duty incurred). My last day in service was, or will be, _____ (date). (Note: "In service" is interpreted to mean "in a pay status," which includes both sick leave and annual leave.)

Please explain nature of illness/injury, including how, when and where occurred:

Please list the names of all physicians contacted within the last six months regarding this specific illness or injury: _____

This disability () was, () was not (MUST CHECK ONE) incurred in the line of duty.

This disability () was, () was not (MUST CHECK ONE) incurred while in other employment.

This is a () physical, () mental, () physical and mental (MUST CHECK ONE) disability.

I hereby submit _____ statement(s) by my physician(s) regarding my disability, and authorize my physician(s) to supply you with any information which you may request. I also consent to examination by your Board-appointed physician or Board-approved specialist. I understand that my consent is given only for the purpose of establishing my right to disability benefits.

The information contained herein is true and complete to the best of my knowledge and belief.

(Signature)

(Date)

Sandi Roberts, Secretary, LEOFF 1 Disability Board
Pierce County Risk Management & Insurance Department
955 Tacoma AVE S, STE 303, Tacoma, WA 98402-2160
(Telephone: 253-798-6285)