

Received Date

**Application for 605A
 Accidental Disability**
 (Available for Uniformed Court Officers)

RS 6410
 (Rev. 12/18)

Please type or print clearly
 in blue or black ink

NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Social Security Number [last 4 digits]

XXX-XX- □□□□

Retirement System [check one]

Employees' Retirement System (ERS)
 Police and Fire' Retirement System (PFRS)

INSTRUCTIONS: Please print plainly or type. The application must be signed on the reverse side.
 Please call our Call Center at 1-866-805-0990 if you need help completing this application.

INFORMATION ABOUT YOU		
1. Is the benefit(s) that you are applying for a heart presumption? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Name: (First, Middle Initial, Last)	3. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of Birth:
5. Address: (Including Street, City, State and Zip Code)	6. Telephone Numbers: HOME () WORK () CELL ()	
7. Payroll Title:	8. Employer:	9. Length of Service: _____ years _____ months
10. Payroll Status: On Payroll & Receiving Salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain.		
11. I am permanently disabled because of the following medical condition(s): (Use additional sheets if required)		

12. I HAVE BEEN TREATED BY THE FOLLOWING DOCTORS: (Use additional sheets if required)		
Primary Care Physician:	Doctor:	Doctor:
Internal Med/Family Practitioner:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:
Doctor:	Doctor:	Doctor:
Medical Specialty:	Medical Specialty:	Medical Specialty:
Street:	Street:	Street:
City, State and Zip Code:	City, State and Zip Code:	City, State and Zip Code:



