

# Declaration of Disability

**Tennessee Consolidated Retirement System**  
502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-770-8277 ♦ [treasury.tn.gov/tcrs](http://treasury.tn.gov/tcrs)



This form is required to be completed and must accompany your request for disability retirement.

## SECTION 1. MEMBER INFORMATION

Member ID

Last 4 SSN XXX-XX-

Date of Birth

Full Name

Mailing Address

City

State

Zip Code

Email

Phone Number

Name of Employer

Title of Position

## SECTION 2. STATEMENT OF MEMBER

In the space provided below, please state in detail the nature of your disability and the reason why you believe that you are incapacitated from further service. If additional space is needed, please attach other pages.

### SECTION 3. PHYSICIAN(S) LISTING

List any physician and his/her specialty (*for example, Joan O. Heart, Cardiologist*) who has treated you for your disability in the past year. If necessary, list additional physicians on another page.

**Physician #1:**

Full Name and Specialty

Mailing Address

City	State	Zip Code	Phone Number
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**Physician #2:**

Full Name and Specialty

Mailing Address

City	State	Zip Code	Phone Number
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**Physician #3:**

Full Name and Specialty

Mailing Address

City	State	Zip Code	Phone Number
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**Physician #4:**

Full Name and Specialty

Mailing Address

City	State	Zip Code	Phone Number
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### SECTION 4. SOCIAL SECURITY

Have you applied to the Social Security Administration for disability benefits?  Yes  No

If approved, please attach a copy of the letter which states your approval for benefits and date of disability.

### SECTION 5. WORKER'S COMPENSATION

Do you have or have you had a worker's compensation claim?  Yes  No

If settled, please attach a copy of the settlement agreement.

Member's Signature

Date