



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Request for
Disability Retirement
Application Packet**

Section 1: Retirement System

Select the retirement system in which you participate:

Teachers' Retirement System (TRS) Teachers Defined Contribution (TDC) Public Employees Retirement System (PERS)

Deputy Sheriff Retirement System (DSRS) *Select the type of disability for which you will be applying:*

Partial Non-Duty Total Non-Duty Partial Duty Total Duty

WV State Police Retirement System Trooper B (WVSP-B) *Select the type of disability for which you will be applying:*

Non-Duty Partial Duty Total Duty

Emergency Medical Services Retirement System (EMSRS) *Select the type of disability for which you will be applying:*

Non-Duty Duty

Municipal Police Officers and Firefighters Retirement System (MPFRS) *Select the type of disability for which you will be applying:*

Non-Duty Duty

Natural Resources Police Officers Retirement System (NRPORS) *Select the type of disability for which you will be applying:*

Partial Non-Duty Total Non-Duty Partial Duty Total Duty

Section 2: Member Information

Full Name	Date of Birth	SSN	CPRB ID
Mailing Address	City	State	Zip Code
Email	Home Telephone	Mobile Telephone	

Section 3: Employment and Service

Current Employer	Job Title	Work Telephone Number
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Section 4: Retirement Beneficiary Information - Indicate the person you anticipate to name as beneficiary upon retirement

A non-spouse beneficiary who has an insurable interest in your life and who is ten (10) or more years younger than you may not be eligible to be named as primary beneficiary for any Joint and Survivor Annuity over 50% in most cases. This Request for Disability Application form cannot be used to change your pre-retirement beneficiary designation.

Beneficiary Name	Beneficiary Date of Birth	Relationship
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Section 5: Authorization

I am requesting a disability retirement application packet to be mailed to me at the address listed above. I anticipate applying for disability retirement benefits within the next six months.

Signature	Date
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