



**TUSCALOOSA POLICE OFFICERS
AND
FIREFIGHTERS RETIREMENT PLAN**

Request for Disability Retirement

(This form must be completed and returned to the City of Tuscaloosa Human Resources Department)

Please print or type

Member:

Last Name: _____ First: _____ Middle: _____

D.O.B _____ Sex: M F SSN _____

Marital Status: Married Not married

Street address: _____

City _____ State: _____ Zip _____

Mailing address (if different): _____

City: _____ State: _____ Zip _____

Date of Hire: _____ Expected Annuity Start Date: _____

I am applying for retirement benefits due to permanent disability under the provisions of Act 99-568, 4.02 Disability (c). Physician's evaluation must accompany this request.

Member's _____ Date: _____

Subscribed and sworn before _____ Day _____ month _____ year .

_____ My Commission expires: _____

Notary Public