

NEW MEXICO EDUCATIONAL RETIREMENT BOARD
PHYSICIAN'S STATEMENT OF DISABILITY

The original of this form must be completed and returned to the NMERB for processing along with Application For Disability. Please print or type.

The Member named below is applying for disability retirement by the NMERB. To be considered for disability retirement the NMERB must receive a fully completed Physician's Statement Of Disability. IN ADDITION TO THIS FORM THE MEMBER IS RESPONSIBLE FOR PROVIDING ALL MEDICAL DOCUMENTATION, CURRENT TREATING PHYSICIAN'S NARRATIVES AND PHYSICIAN'S STATEMENT OF DISABILITY. ATTACHED IS A SIGNED AUTHORIZATION FOR RELEASE INFORMATION FOR PROCESSING OF RECORDS. Please mail completed form to **NMERB, 701 Camino De Los Marquez, Santa Fe, New Mexico 87502**. Thank you.

Name of Claimant: _____ Date: _____

D.O.B.: _____ Last Four Digits Of Claimant's Social Security Number: _____

Height: _____ Weight: _____ Date Of Diagnosis Of Present Condition: _____

Diagnosis:

Prognosis:

Treatment Plan(s):

Physical and/or Medical Restrictions:

Expected Duration of Restrictions: _____

Is claimant's disability **Temporary** _____ (*If temporary please specify expected length of disability*) _____, or **Permanent** _____?

Physician Signature: _____ Phone: _____

Print Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____