



## APPLICATION FOR DISABILITY BENEFITS

State Form 53105 (9-22)

### INDIANA PUBLIC RETIREMENT SYSTEM PROSECUTING ATTORNEYS' RETIREMENT FUND

One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

\* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

### INSTRUCTIONS

1. Type or print using black ink. Complete all information and place the Member's name, Social Security number (last 4 digits), and Pension ID number at the top of each page as requested. Include an English translation of all foreign documents.
2. If not already submitted to the Indiana Public Retirement System (INPRS), you must submit such proof of age documentation for the member and spouse (if applicable) along with this application. Documents showing the date of birth may be an original or photocopy of a birth certificate, a baptismal or confirmation certificate, a legible copy of a valid driver's license, or a court decree. If such documentation cannot be provided, contact INPRS.
3. Attach written certification by at least one licensed and practicing physician that the member is totally incapacitated, by reason of physical or mental infirmities, from earning a livelihood, and that the condition is likely to be permanent.
4. All the above items must be provided with this application. This application will not be processed without them.
5. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

### MEMBER INFORMATION

Member's name		Social Security number (last 4 digits)*	Pension ID (PID) number
Marital status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Single		Date of birth (mm/dd/yyyy)	Date of application (mm/dd/yyyy)
Address (number and street)			Telephone number with area code
City	State	ZIP Code	Email address (if applicable)

### SPOUSE INFORMATION

This section must be completed if there is a spouse. Otherwise, it can be skipped.

Spouse's name	Social Security number*	Date of birth (mm/dd/yyyy)
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### MEMBER AFFIDAVIT

I affirm the following under the penalties of perjury; that I am the person making the following statements:

- I have carefully read or had read to me the entire completed form including the questions and the answers and understand the same.
- The information I have provided is full, complete, and true, and no material fact has been concealed or omitted.
- This application is made for presentation to INPRS in making a claim for benefits according to the Prosecuting Attorneys' Retirement Fund (PARF) statutes ([IC 33-39-7](#)).

Member's signature (or attorney in fact)	Date (mm/dd/yyyy)
Did the member or another person complete this form? (Check one) <input type="checkbox"/> Member <input type="checkbox"/> Another person	Printed name of person completing the form

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3. Attach written certification by at least one licensed and practicing physician that the member is totally incapacitated, by reason of physical or mental infirmities, from earning a livelihood, and that the condition is likely to be permanent.
4. All the above items must be provided with this application. This application will not be processed without them.
5. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
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Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the complete name of the member.
Social Security number*	Enter the last 4 digits of the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Marital status	Select <b>Married</b> or <b>Single</b> , check one.
Date of birth	Enter the member's date of birth. Format = mm/dd/yyyy.
Date of application	Enter the date this application was completed. Format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the member's mailing address ( <i>number and street</i> ).
Telephone number with area code	Enter the member's telephone number with area code.
E-mail address	Enter the member's e-mail address, if applicable.
<b>SPOUSE INFORMATION</b>	
This section must be completed if there is a spouse. Otherwise, it can be skipped.	
Spouse's name	Enter the complete name of the spouse.
Social Security number*	Enter the spouse's Social Security number.
Date of birth	Enter the spouse's date of birth. Format = mm/dd/yyyy.
<b>MEMBER AFFIDAVIT</b>	
Member's signature	The member or the attorney-in-fact must sign this section of the form.
Date	The member or attorney-in-fact must include the date the form was signed. Format = mm/dd/yyyy.
Did the member or another person complete this form?	Select <b>Member</b> or <b>Another person</b> , check one.
Printed name of person completing the form	Print the name of the person completing the form.

<b>HELPFUL INFORMATION</b>			
	INPRS PARF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
<b>Telephone numbers</b>	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 TaxFax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>