



# APPLICATION FOR DISABILITY BENEFITS

State Form 53106 (9-22)

## INDIANA PUBLIC RETIREMENT SYSTEM EXCISE, GAMING, AND CONSERVATION OFFICERS' RETIREMENT PLAN

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 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 medical records sufficient to enable the INPRS Medical Authority to determine existence of disability and the degree of impairment.
4. If the disability was incurred in the Line of Duty, the employer must briefly describe the circumstances leading to the disability in the TO BE COMPLETED BY EMPLOYER section of this form or as attachment(s) to this form.
5. All the above items must be provided with this application. This application will not be processed without them.
6. 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.
7. 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 ( <i>last 4 digits</i> )*	Pension ID (PID) number
Marital status ( <i>check one</i> ) <input type="checkbox"/> Married <input type="checkbox"/> Single		Date of birth ( <i>mm/dd/yyyy</i> )	Date of application ( <i>mm/dd/yyyy</i> )
Address ( <i>number and street</i> )			Telephone number with area code
City	State	ZIP Code	E-mail address ( <i>if applicable</i> )

### 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 ( <i>mm/dd/yyyy</i> )
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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 Excise, Gaming, and Conservation Officers' Retirement Plan (EG&C) statutes ([IC 5-10-5.5](#)).

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

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**TO BE COMPLETED BY EMPLOYER**

Member's department (check one): <input type="checkbox"/> State Excise Police <input type="checkbox"/> Gaming Commission <input type="checkbox"/> Department of Natural Resources	Date of hire (mm/dd/yyyy)
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Type of disability (check one): <input type="checkbox"/> Incurred in the Line of Duty <input type="checkbox"/> Not incurred in the Line of Duty	Last day of full pay from the department, if known (mm/dd/yyyy)
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If the disability was incurred in the Line of Duty, briefly describe the circumstances leading to the disability. If additional pages are to be included, attach the pages to this form and include the Member's name, Social Security number (last 4 digits) and Pension ID (PID) number at the top of each page.

**EMPLOYER CERTIFICATION**

I hereby certify that the individual named on this form is a member of the department listed on this form and is covered by the Excise, Gaming, and Conservation Officers' Retirement Plan. I further certify that there is no suitable and available work within the department, considering reasonable accommodation to the extent required by the Americans with Disabilities Act for which he/she is or may be capable of becoming qualified. Should this individual return to work, I will notify INPRS in writing.

Member's name	Work status (Choose one) <input type="checkbox"/> Able <input type="checkbox"/> Unable
Authorized agent of department	Authorized agent's title
Authorized agent's signature	Telephone number with area code
	Date (mm/dd/yyyy)

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**IMPORTANT**

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 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 medical records sufficient to enable the INPRS Medical Authority to determine existence of disability and the degree of impairment.
4. If the disability was incurred in the Line of Duty, the employer must briefly describe the circumstances leading to the disability in the TO BE COMPLETED BY EMPLOYER section of this form or as attachment(s) to this form.
5. All the above items must be provided with this application. This application will not be processed without them.
6. 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.
7. Questions? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.

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>TO BE COMPLETED BY EMPLOYER</b>	
Member's department	Check the box next to the department in which the member is employed.
Date of hire	Enter the member's date of hire. Format = mm/dd/yyyy
Type of disability	Indicate whether the disability was incurred in the Line of Duty or not in the Line of Duty by checking the applicable box.
Last day of full pay from the department	Enter the last day in pay, if known. Format = mm/dd/yyyy.
If the disability was incurred in the Line of Duty	Employer must briefly describe the circumstances leading to the disability. If additional page(s) is/are to be included, attach the page(s) to this form and include the Member's name, Social Security number (last 4 digits) and Pension ID (PID) number at the top of each page.
<b>EMPLOYER CERTIFICATION</b>	
I hereby certify that the individual named on this form is a member of the department listed on this form and is covered by the Excise, Gaming, and Conservation Officers' Retirement Plan. I further certify that there is no suitable and available work within the department, considering reasonable accommodation to the extent required by the Americans with Disabilities Act for which he/she is or may be capable of becoming qualified. Should this individual return to work, I will notify INPRS in writing.	
Member's name	Enter the complete name of the member.
Work status	<b>Able</b> or <b>Unable</b> , choose one.
Authorized agent of department	Enter the name of the authorized agent of the department.
Authorized agent's title	Enter the title of the authorized agent.
Telephone number with area code	Enter the authorized agent's telephone number with area code.
Authorized agent's signature	The authorized agent must sign and date this application.
Date	The authorized agent must sign and date this application. Format = mm/dd/yyyy.

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<b>HELPFUL INFORMATION</b>			
	<b>INPRS EG&amp;C FUND</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<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>