

TEACHERS' RETIREMENT FUND (TRF) SUPERINTENDENT STATEMENT FOR MEMBER CLASSROOM DISABILITY APPLICATION

State Form 17295 (R10 / 3-25)

GENERAL INFORMATION

- 1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form. Type or print using black ink.
- 2. This form must be on file with the Teachers' Retirement Fund (TRF) prior to the member (applicant) being considered for disability benefits.
- 3. The member (applicant) must complete the MEMBER INFORMATION section of this form and forward the form to the superintendent of the school corporation or the superintendent's designee.
- 4. The superintendent or the superintendent's designee must complete the remainder of the form. Superintendent must sign and date the form and return it to TRF at the address on this form.
- 5. Compensation includes all sick leave pay received by this member (applicant) from your school corporation. It is important that the dates entered on this form are accurate.
- 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 (844-464-6777), Monday through Friday.
- **NOTE:** The <u>Teachers' Retirement Fund (TRF) Affidavit of Applicant for Classroom Disability Benefit (State Form 21703)</u> must be completed, signed, and submitted to INPRS by the member (applicant) no later than one year after the date of disability in order to receive credit (<u>IC 5-10.4-5-1</u>). If member files for classroom disability more than a year after the disability diagnosis, the member must submit a letter stating why they did not file within one year. The letter must include any copies of supporting documentation and information about injury or illness or other extenuating circumstances that caused the delay.</u>

MEMBER INFORMATION									
Member name				Pension IE	Pension ID (PID) number Date (mm/dd/yyy)		Date (mm/dd/yyyy)		
Address (number and street)					Telephone number with area code				
City	^o Code	E-mail address							
SUPERINTENDENT INFORMATION									
							Employer unit number		
Employer/school corporation name									
Address (number and street)					Telephone number with area code				
City							ZIP Code		
SUPERINTENDENT STATEMENT									
1. Length of time the member has been known by you.							Months		
2. Length of time the member has been under your supervision.					Years Months				
3. Is the member under contract to your school corporation? (Check one)					Yes No				
4. Date compensation ceased (mm/dd/yyyy)									
5. Date member last taught (mm/dd/yyyy)									
6. Date the semester ended in which the member last taught (mm/dd/yyyy)									
 Comments (Do not include any information that would be considered protected health information (PHI) according to the Health Information Portability and Accountability Act (HIPAA).) 									
					1				
Superintendent signature					Date (mm/dd/yyyy)				

INSTRUCTIONS FOR TEACHERS' RETIREMENT FUND (TRF) SUPERINTENDENT STATEMENT FOR MEMBER CLASSROOM DISABILITY APPLICATION

State Form 17295

IMPORTANT

- 1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form. Type or print using black ink.
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