



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

State Form 17295 (R10 / 3-25)

**INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (844-464-6777) (Toll-free)
Fax: (317) 232-3882
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

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 [Teachers' Retirement Fund \(TRF\) Affidavit of Applicant for Classroom Disability Benefit \(State Form 21703\)](#) 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 ([IC 5-10.4-5-1](#)). 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.

MEMBER INFORMATION

Member name		Pension ID (PID) number	Date (mm/dd/yyyy)
Address (number and street)			Telephone number with area code
City	State	ZIP Code	E-mail address

SUPERINTENDENT INFORMATION

Superintendent name		Title if other than superintendent	Employer unit number
Employer/school corporation name			
Address (number and street)			Telephone number with area code
City		State	ZIP Code

SUPERINTENDENT STATEMENT

1. Length of time the member has been known by you.	Years	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)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		
7. Comments (Do not include any information that would be considered protected health information (PHI) according to the Health Information Portability and Accountability Act (HIPAA).)		
Superintendent signature		Date (mm/dd/yyyy)

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

State Form 17295

IMPORTANT

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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.

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Entry field	Field description
MEMBER INFORMATION	
This section must be completed by the member and the form delivered to the superintendent of the school corporation for completion and submission to TRF for processing.	
Member name	Enter the complete name of the member.
PID number	Enter the member's Pension ID (PID) number.
Date	This is the date the member completed the form and submitted it to the superintendent; format = mm/dd/yyyy.
Telephone number	Enter the member's telephone number with area code.
Address, City, State, ZIP Code	Enter the member's mailing address.
E-mail address	Enter the member's e-mail address, if applicable.
SUPERINTENDENT INFORMATION	
This section must be completed by the superintendent of the school corporation.	
Superintendent name	Enter the name of the superintendent, or the superintendent's designee who is completing this section of the form
Title if other than superintendent	If the superintendent's designee is completing the form, this is the title of the designee.
Employer unit number	This is the TRF employer unit number for the school in which the member is employed.
Employer/school corporation name	This is the name of the school in which the member is employed.
Address, City, State, ZIP Code	This is the mailing address of the school in which the member is employed.
Telephone number	This is the telephone number with area code for the school in which the member is employed.
SUPERINTENDENT STATEMENT	
This section must be completed by the superintendent of the school corporation.	
1. Length of time the member has been known by you.	Enter an estimated amount of time that the superintendent has known the member in Years and Months .
2. Length of time the member has been under your supervision.	Enter the amount of time the member has been supervised by the superintendent in Years and Months .
3. Is the member under contract to your school corporation?	Check one of the entries, Yes or No .
4. Date compensation ceased	Enter the date the member last received any compensation (sick leave or otherwise) from the school corporation; format = mm/dd/yyyy.
5. Date member last taught	Enter the member's last day in the classroom; format = mm/dd/yyyy.
6. Date the semester ended in which the member last taught	Enter the last day of the member's last semester in the classroom in the school corporation; format = mm/dd/yyyy.
Comments	Enter additional comments.
Signature of superintendent	Sign and date the form; format = mm/dd/yyyy