

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM TDIS-APP: TEMPORARY DISABILITY APPLICATION**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.

Failure to include your email address and a photocopy of your Driver's License or State ID will result in delays in the processing of your application.

DEPARTMENT NAME		
1. MEMBER INFORMATION (APPLICANT)		
NAME (Last, First, MI)	SOCIAL SECURITY NUMBER	
MAILING ADDRESS		
EMAIL ADDRESS		
PHONE NO.		
EMPLOYER AND OCCUPATION		
DATE OF INJURY		
2. DOCTOR'S STATEMENT INFORMATION		
DOCTOR'S NAME		
DOCTOR'S MAILING ADDRESS		
DOCTOR'S PHONE		
DOCTOR'S STATEMENT DATE		
3. MEMBER'S CERTIFICATION AND SIGNATURE		
By signing this form, I certify that the information provided is accurate and that I am disabled as a result of the performance of my duties with this emergency services department and that I am not able to return to work at my regular occupation. I am electing to receive retirement disability benefits.		
SIGNATURE	PRINTED NAME	DATE OF SIGNATURE
X		
4. LOCAL BOARD CERTIFICATION AND APPROVAL		
We certify that the information provided is accurate and that the member hereby makes application for disability benefits in accordance with the provisions of Government Code Section 864.004.		
MONTHLY DISABILITY PAYMENT AMOUNT	\$	
BOARD MEETING DATE (A record of this action must be reflected in the minutes of this meeting)		
BOARD OFFICER'S SIGNATURE	BOARD OFFICER'S PRINTED NAME AND TITLE	SIGNATURE DATE
X		
5. EXECUTIVE DIRECTOR'S APPROVAL OF BENEFIT AWARD		
First Check Amount	\$	
Executive Director's Signature, Name, and Signature Date		
X		



TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
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