



Preliminary Application for Disability Benefit

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 455-23
November 2011

INSTRUCTIONS: To be completed by an employee applying for disability retirement.

Purpose: The purpose of filing a Preliminary Application for Disability Retirement is to protect the benefit payable by Montgomery County Public Schools to the beneficiary designated below, if you are granted a disability retirement allowance but die during the Applicable Period as defined below. If you die after the expiration of the Applicable Period, the application shall have no force and effect and no benefits shall be payable under this Application.

Definition: When used in the form, the term "Applicable Period" means the period that begins on the date that I submit a completed Preliminary Application for Disability Retirement to MCPS and ends on the retirement date that I select on a completed Application for Retirement (MCPS 455-2).

Name _____ Employee ID # _____

Address _____

Social Security Number (last 4 digits) _____ Date of Birth: ____/____/____

Application: By filing the Preliminary Application for Disability Retirement with MCPS, I hereby apply for and accept MCPS grant of a disability retirement allowance. I understand that a disability retirement benefit is payable under this Preliminary Application only if, during the Applicable Period, MCPS grants me a disability retirement allowance and I die before filing an Application for Retirement (MCPS Form 455-2).

Selection of Allowance: I hereby elect to receive a reduced allowance to be paid as one of the following options in the event of my death:

Option B—Lump Sum:

I elect to have the Option B allowance under which the present value of my retirement benefit is paid at my death in a lump sum to the most recent designation of beneficiary(ies) on file with MCPS. The beneficiary designation can be changed by completing a Designation of Beneficiary Form (MCPS Form 455-5).

Option D—Surviving Annuity:

I elect to have the Option D allowance under which 100% of the allowance payable to me shall be paid to the beneficiary listed below for his or her lifetime. Only one beneficiary can be designated under Option D.

Complete only if you selected Option D

Beneficiary's Name: _____ Date of Birth: ____/____/____ Gender: Male Female

Beneficiary's Address: _____

I understand that my beneficiary is required to provide MCPS with a birth certificate prior to payment of a monthly allowance.

Effect of Pursuing Other Claims: I understand that if I die after having been granted an ordinary disability allowance but while pursuing a claim for an accidental disability allowance, the claim shall terminate and survivor benefits shall be payable for ordinary disability retirement allowance, according to the optional form of allowance selected under that benefit.

Applicant's Signature or Signature of the Power of Attorney _____ Date _____

If Power of Attorney signs, copy of Power of Attorney must accompany this application. Sign in the presence of a Notary Public. This form is valid only when notarized.

State of _____ City of _____ on this _____ day of _____,

Year _____ personally appeared before me the said named _____
Known to me to be the person described in and who executed the forgoing instrument and he (or she) acknowledged that he (or she) executed the same, and being duly sworn by me.

Official Seal must be affixed

My Commission Expires: _____ Signature of Notary Public _____