



2101 South Veterans Parkway  
P.O. Box 19255  
Springfield, IL 62794-9255

217-785-7444  
Email: sers@srs.illinois.gov

## Claim Notification (Disability)

### Member information

Name (Last, first, middle)

SSN (last 4) or Member ID

Address (Street, City, State, Zip)

Phone number

(H)

Email address

(W)

(C)

### Agency information

Agency name

RC phone number

Retirement Coordinator (RC) signature

Date

Member Tier

Tier 1  Tier 2

### Claim information

If employee had WC claim denied OR if TTD benefits stopped. Complete section below for temporary disability only.

#### Nonoccupational disability

Date last worked \_\_\_\_\_

Date leave of absence begins \_\_\_\_\_

Maternity?  Yes  No

#### Occupational disability

Date of accident \_\_\_\_\_

Date removed from payroll \_\_\_\_\_

#### Temporary disability (if WC claim denied or TTD ended)

Date last worked \_\_\_\_\_

Date last paid \_\_\_\_\_

Did employee have WC claim denied?  Yes  No

Did TTD payments stop?  Yes  No

Comments: