

SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION
NOTICE OF DISABILITY

Name of Participant _____ Certificate No. _____

Name of Member Employer _____ Employer No. _____

The information provided below will enable SBERA to update the records of the Participant and permit SEERA to determine the Participant's status and benefit options (if any) under the SBERA Plan. Please answer all of the following questions:

1. Date last worked by the Participant: _____

2. Date of last employer contribution to SBERA (Date Paid Through) _____

3. Has the Participant applied for Social Security Disability Insurance (SSDI)
() Yes () No

4. If Item 3 is "Yes", was the Social Security claim:
Approved Declined No Decision As Yet

If approved, attach a copy of Award Certificate.

5. If Item 3 is "No", explain why an application has not been submitted.

6. To your knowledge, has the Participant been re-employed?
 Yes No Information Not Available

If "Yes", give name of Employer and date of first employment.

Name of Employer: _____ Date of Employment: _____

7. Comments (if any): _____

If the Participant **has not** received an Award Certificate, a Notice of Termination of Service (Form W-10) must be submitted with this Notice of Disability.

SBERA may rely on the information provided above in determining the Participant's benefits and the resulting cost to the Employer.

Signed at _____ this _____ day of _____ 20__

Signature of Employer Officer/Title
Plan Representative

SBERA USE ONLY

Date Rec'd _____ Approved By: _____ (SBERA Officer) Date Entered: _____