

# Savings Banks Employees Retirement Association

## 401 (k) PLAN NOTICE OF DISABILITY

Participant Name: \_\_\_\_\_ Certificate No. \_\_\_\_\_  
(Please Print)

Employer's Name: \_\_\_\_\_ Plan No. \_\_\_\_\_

This form is required to inform SBERA of a disabled Plan Participant. This change in status may affect the Participant's tax status regarding early withdrawal of retirement funds.

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE HUMAN RESOURCES REPRESENTATIVE.

1. Date Participant last reported to work: \_\_\_\_\_

2. Date of last Elective Deferral to SBERA (Date paid through): \_\_\_\_\_

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

4. If item 3 above is answered "Yes", what was the Social Security Administration's Decision?

Approved  Declined  No decision yet

(If "Approved", attach a copy of the Award Certificate\*)

5. If item 3 above is answered "No", please explain why an application was not submitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. To your knowledge, has the Participant been re-employed?

Yes  No  Do not know

If "Yes", a. Name of Employer: \_\_\_\_\_

b. Date of Employment: \_\_\_\_\_

7. Comments, If any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If the Participant has not received an Award Certificate, a "Notice of Termination of Service" form must be submitted with this notice.

Signature of Employer's Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SBERA USE:** Date Rec'd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By Whom: \_\_\_\_\_