MSRS Minnesota State Retirement System

Employer Certification
General Employees Retirement Plan

To be completed by your employing agency/department

The employee listed below has applied for a disability benefit from the Minnesota State Retirement System (MSRS).
Please complete this form and return to MSRS.

1. Employee information

Last name	First name	MI
Applicant's job title	MSRS ID or SSN	

2. Employment information

1. Has the employee terminated employment? ❒ Yes ❒ No

   If yes, please provide termination date: ____/____/____ (Month / Day / Year)

2. Is the employee on a leave of absence? ❒ Yes ❒ No

   ❒ Unpaid leave ❒ Paid leave; payment start date: ____/____/____ (Month / Day / Year)

3. Is the employee receiving workers' compensation payments? ❒ Yes ❒ No

4. Is the employee able to perform their current job duties? ❒ Yes ❒ No

   Required: *Please include a copy of employee's current position description*

3. Required signatures

Authorized signature	Print name		
Title	Department		
Daytime phone number	Email address		Date
Mailing address	City	State	Zip code

If you have questions or need assistance, please call MSRS and ask to speak with a Disability Specialist.

651.296.2761 **or** 1.800.657.5757

Mail or fax the completed form to:

Minnesota State Retirement System
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000

Fax: 651.227.5337

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529 and ask to be connected to MSRS at 651.296.2761.