

Active Number _____

BURLINGTON EMPLOYEES' RETIREMENT SYSTEM

APPLICATION FOR DISABILITY BENEFIT

Date _____, 20__

To the Retirement Board:

In accordance with the provisions of the law governing the operation of the Burlington Employees' Retirement System, of which I am a Class A B member, I hereby apply for disability benefit on account of physical or mental disability which incapacitates me for service. I have described the nature of this disability in the form "Member's Statement of Disability" attached hereto and also submit herewith an authorization to my personal physician to report directly on my condition to the Retirement Board.

| | Month | Day | Year |
|--------------------------------------------------|-------|-----|------|
| I became disabled on | | | |
| I request that my retirement become effective on | | | |
| I was born on | | | |

(signature of Member)

State of _____

County of _____

On this _____ day of _____, 20__,
personally appeared before me the said named _____

_____ to me known and known to me to be the person described in and
who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed
the same.

(Seal) _____
(Notary Public)