

Active No. _____

BURLINGTON EMPLOYEES' RETIREMENT SYSTEM

MEMBER'S STATEMENT OF DISABILITY

Date _____ 20____

To the Retirement Board:

I, _____
(First Name) (Middle Name) (Last Name)

living at _____
(Street) (City) (State)

believe I am incapacitated for further service for the City of Burlington because

My family physician, Dr. _____
(Name in full)

of _____, advises me that _____
(Address)

and I authorize my physician to make report to the physician or physicians designated by you regarding my condition.

I can appear before the medical examiner or examiners designated by you at such time and place as arranged by you.

Very truly yours,

(Signature of Member)