



## Employer Certification General Employees Retirement Plan

### 1. Employee information

*To be completed by your employing agency/department*

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

The above named employee has applied for a disability benefit from the Minnesota State Retirement System (MSRS). Please complete this form and fax or mail to:

**MSRS**  
60 Empire Drive, Suite 300  
St. Paul, MN 55103-3000  
Fax: 651-297-5238

### 2. Employment Information

Has the employee terminated employment?  Yes  No

If yes, please provide termination date: \_\_\_\_\_  
Month / Day / Year

Is the employee on a leave of absence?  Yes  No

If yes,  paid  unpaid If yes, start date: \_\_\_\_\_  
Month / Day / Year

Is the employee receiving Workers' Compensation payments?  Yes  No

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

Describe the current duties of the employee: \_\_\_\_\_

See attached current job description

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



60 Empire Drive | Suite 300 | St. Paul, MN 55103-3000  
Telephone: 651-296-2761 | Toll-free: 1-800-657-5757 | Fax: 651-297-5238  
www.msrs.state.mn.us

If you have questions or need assistance,  
please call 651-296-2761 or toll-free  
1-800-657-5757 and ask to speak to a  
disability specialist.

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.