

State of West Virginia  
**Consolidated Public Retirement Board**  
**Internet Form (Signature in Blue Ink Only)**  
Capitol Complex, Building 5, Room 1000, Charleston, WV 25305-0720  
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-6337

**Request For Disability Retirement Packet**

I am requesting a disability retirement packet to be mailed to me at the address listed below. I anticipate applying for disability retirement in the next six months.

Please select the retirement system in which you participate:

- Teachers' Retirement System (TRS)
- Teachers Defined Contribution (TDC)
- Public Employees Retirement System (PERS)
- Deputy Sheriff Retirement System (DSRS)  
(Please select the type of disability for which you will be applying.)
  - Partial Non-Duty
  - Total Non-Duty
  - Partial Duty
  - Total Duty
- WV State Police Death, Disability and Retirement Fund (Troopers Plan A)  
(Please select the type of disability for which you will be applying.)
  - Non-Duty
  - Partial Duty
  - Total Duty
- WV State Police Retirement System (Troopers Plan B)  
(Please select the type of disability for which you will be applying.)
  - Non-Duty
  - Partial Duty
  - Total Duty

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_