MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

VERIFICATION OF RETIREE'S DISABLED CHILD FOR SELECTION OF OPTION 2/5 BENEFICIARY

FORM 143 (REV. 4/14)

IMPORTANT: Fill in all sections. Print in ink or type. This form must be submitted with your *Application for Service or Disability Retirement* (FORM 13-23, FORM 14-24, OR FORM 98-101) or *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66A.)

MEMBER'S SOCIAL SECURITY NUMBER
___ - __ - ____

RETIREMENT DATE: _____

RETIREMENT OPTION: ☐ OPTION 2 ☐ OPTION 5

MEMBER'S NAME
First _____ Initial ___ Last _____

HOME ADDRESS
Number and Street _____

City _____ State ___ ZIP Code _____ – ____

PLEASE NOTE: In order to name your disabled child as your beneficiary under Option 2 or Option 5 of the optional forms of retirement allowance, your child must be disabled as certified by a physician in Section II of this form. An individual shall be considered to be disabled if he or she is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

SECTION I: RETIREE'S DISABLED CHILD

GENDER ___ (M or F) DATE OF BIRTH ___ (Month) ___ (Day) ____ (Year)

NAME OF DISABLED CHILD
First _____ Initial ___ Last _____

DISABLED CHILD'S ADDRESS _____

SECTION II: TO BE COMPLETED BY PHYSICIAN.

Please provide medical information regarding the nature of the disability for the patient identified in Section I of this form.

Diagnosis: _____

Description of Disability: _____

_____

Is patient unable to engage in any substantial gainful activity by reason of the physical or mental impairment described above? ☐ YES ☐ NO

Is the impairment expected to result in death or to be of long-continued and indefinite duration? ☐ YES ☐ NO

Reporting physician's name and address:	Physician's signature	Specialty
	Telephone number	Date

NEED HELP?

If you need help completing this form, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.