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. 8/19)

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:											_											
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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 DATE OF BIRTH
NAME OF DISABLED CHILD		M or F Month Day Year
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.