



Statement of Disability and Medical Release

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 455-24
November 2011

INSTRUCTIONS: To be completed by an employee applying for disability retirement.

Name: _____
Last *First* *MI*

Employee ID # _____ Social Security Number (*last 4 digits*) _____

Address: _____

Position: _____ Date of Birth: ____/____/____

Check type of Disability Retirement Application:

Service Connected
(Accidental)

Non-Service Connected
(Ordinary)

I am incapacitated for further MCPS employment because:

Physician Name: _____

Physician Address: _____

I hereby authorize the above named physician or any other medical provider to provide reports/information of my medical condition to the physicians designated or any other person designated by Montgomery County Public Schools at such time and place as arranged by MCPS.

Signature

Date

Return completed form to Employee and Retiree Service Center.

Other Required Forms:

1. Attending Physicians Statement—MCPS Form 455-25
2. Application for Retirement Allowance Estimate—MCPS Form 455-2A