



APPLICATION FOR TEMPORARY DUTY DISABILITY SERVICE CREDIT

To: LAGERS Board of Trustees
P.O. Box 1665
Jefferson City, MO 65102
Tel: 800-447-4334
Fax: 573-636-9671

I hereby make application by or on behalf of _____, whose employee
PRINT MEMBER'S FULL NAME

number is _____ - _____ - _____ and whose employer is _____,
NAME OF SUBDIVISION

for the above named member to receive service credit under Section 70.640.6, RSMo. (2000). I certify the above named member became totally physically or mentally incapacitated for his or her duty as an employee as the natural and proximate result of an injury or disease that occurred on _____ which arose out of and in the course of his or her performance of his or her MONTH/DAY/YEAR duties as an employee. Date which employee began missing work: _____ MONTH/DAY/YEAR.

It appears this disability will probably not be permanent and that periodic payments are payable under a worker's compensation or similar law on account of the same disability.

It is understood the Board of Trustees must approve this application and if approved, all contributions to the system by or on behalf of this member shall be suspended while the member is in receipt of periodic worker's compensation or similar payments. The employer will notify the system immediately upon the termination of any such periodic worker's compensation payments.

DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE
OF POLITICAL SUBDIVISION