



9 MetroTech Center – 6th Floor, Brooklyn, New York 11201
Application for Disability Retirement

To: Fire Commissioner
c/o Bureau of Uniformed Payroll and Pension

Date of Application: _____

Retirement Application for: Service Incurred Disability Non-Service Incurred Disability

Name: _____ Social Security Number: _____

Rank: _____ Unit: _____ Badge #: _____ Date of Appointment: _____

Telephone #: _____

Home Address: _____

Type of Disability: (please check one)

Heart Lung WTC Disability (must have filed Notice of Participation by June 14, 2007) Other
(if WTC or Other, please describe e.g., WTC – respiratory, gastro; Other - right knee, lower back)

Reason I Can No Longer Perform Duties of My Title:

Date(s) and Locations of Accident(s) that Caused Disability: (n/a for heart, lung and non-service incurred; for WTC Disability please attach a copy of Notice of Participation that was filed by June 14, 2007)

Respectfully submitted,

NAME _____

Rank Unit

Group
Examined and Forwarded:

Company Commander _____

Date

Battalion Chief _____

Date

Deputy Chief _____

Date