

## **CAUTION:**

**IF YOU ARE USING A PUBLIC ACCESS  
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)  
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN  
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED  
ACCESS TO PERSONAL INFORMATION SUCH AS  
YOUR NAME, HOME ADDRESS, AND  
SOCIAL SECURITY NUMBER.**



**APPLICANT'S STATEMENT OF DISABILITY**  
**In Connection With Disability Under the Federal Employees' Retirement System**

Form Approved  
 OMB No. 3206-0171

1. Name of Applicant ( <i>Last, first, middle</i> )	2. Date of Birth ( <i>Mo, day, yr</i> )	3. Social Security Number
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4. Describe how you are deficient in your job in respect to performance, attendance, or conduct.

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5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.

6. Describe any other restrictions on your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform your job in your agency.

7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position?

8. Give the approximate date you became disabled for performance of your position (*mo., yr.*)

9. Have you been hospitalized for the medical condition(s) as described in item 5?  
 Yes  No

10. List physician(s) from whom you plan to request a Physician's Statement (SF 3105C).

11. Have you applied for disability benefits from the Social Security Administration? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Application Receipt or Award Notice Attached</small>	<small>NOTE: Application for disability retirement under FERS requires an application for Social Security Disability Benefits. Final processing will not occur until your Social Security application has been verified.</small>
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12. **Certification and Consent by Applicant:** I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e., disease or injury) to authorized agency and OPM officials.

<b>WARNING</b> Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	Signature ( <i>Do not print</i> ) <hr/> Date <span style="float: right;">Telephone Number During Office Hours</span>
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**PRIVACY ACT STATEMENT**

Solicitation of this information is authorized by the Federal Employees' Retirement System Act of 1986 (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.