STATE RETIREMENT SYSTEMS

- State Employees' Retirement System of Illinois
- General Assembly Retirement System
- Judges' Retirement System of Illinois

Internet: *http://www.state.il.us/srs* E-Mail: *sers@srs.illinois.gov*

2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255

Semi-annual Disability Medical Certification

Patient's Name _____

Social Security Number ☐☐☐☐☐☐☐☐☐☐☐ Date of Birth _____

Dear Doctor:

This form must be completed by a licensed Physician. The patient named above is currently receiving disability benefits from the State Employees' Retirement System of Illinois. Please complete and return this form to the above address. The employee's continued eligibility for disability benefits cannot be determined until we receive this information.

Diagnosis and concurrent conditions: _____

_____

_____

Nature of treatment and dates (include dates/addresses if hospitalized): _____

_____

_____

Prescribed medications: _____

_____

Is patient still under your care for this condition? ☐ Yes ☐ No

Date of most recent exam: _____

Estimated return to work date: _____

Remarks: _____

_____

The above named individual appeared before me for a medical examination. The diagnosis, treatment, and remarks are my professional opinion. (This form must be signed by an M.D.)

Printed Name _____ Date: _____

Signature: _____ Phone Number: _____

Address: _____