

Please print clearly in black ink.

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## Section 1: Annual Medical Update

### For Members Receiving a Disability Retirement Allowance

Please take this page with you to one of your doctor's appointments during 2024.

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Member Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Date of Examination (mm/dd/yyyy)

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## Section 2: To Be Completed By Your Doctor (Due by December 31, 2024)

**Please provide a response to the following statement based on your medical opinion.**

The Member likely remains unable to work in the position from which he or she retired.

Yes                  Further independent examination is recommended to determine.

Please attach a copy of the Member's current medical report.

Additional Notes (optional):

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## Section 3: Doctor's Signature

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

This box is only applicable for Members who are unable to see a doctor during 2024. Member, please check the reason below and return to ERSRI.

I cannot afford to see a doctor.

I do not have a doctor.

My doctor will not sign the form.

Other (please explain): \_\_\_\_\_

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Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

### Employees' Retirement System of Rhode Island

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Warwick, RI 02886-1021

**Office:** (401) 462-7600 | **Fax:** (401) 462-7691

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