



NEW YORK CITY FIRE PENSION FUND

This form can be filled out online. Once completed, print the document, sign and return to the Fire Pension Fund. These instructions will not appear on the print out.

RESET FORM

APPLICATION FOR DISABILITY RETIREMENT

Member Information:

Date:

Tax ID No.

Reference No.

Phone No.

First Name

MI

Last Name

Address

Apt

City

State

Zip Code

Rank:

Unit:

Date Appointed:

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

TYPE OF DISABILITY: (Please check applicable box(es))

☐ Heart ☐ Lung ☐ WTC Disability* (must file Notice of Participation) ☐ Other

*Addendum to Application for Disability Retirement Form must also be attached.

Reason I Can No Longer Perform Duties of My Title:

Date(s) and Location(s) of Accident(s) that Caused Disability: (n/a for heart, lung and non-service incurred)

Member Signature: _____

Examined and Forwarded:

Company Commander _____ Date _____

Battalion Chief _____ Date _____

Deputy Chief _____ Date _____