

**CITY PENSION FUND FOR FIREFIGHTERS AND POLICE OFFICERS
IN THE CITY OF MIAMI BEACH**

DISABILITY QUESTIONNAIRE / AFFIDAVIT

1. *Has there been any improvement or change in your physical status since your disability was granted?*

2. *Are you currently under the care of a physician for your disability?* _____

Any other condition? _____ *Name the condition for which you are being treated:*

3. *Name, address, and telephone # of your doctor:* _____

4. *Date you were last seen by your doctor:* _____

5. *Are you receiving Social Security Disability Payments?* _____

If Yes, please attach written documentation.

6. *Are you receiving, or have you received Workers' Compensation Benefits in the last year?* _____

If so, please state bi-weekly benefit: _____

7. *Are you currently employed (include self-employment)?* _____

Give name, address, and telephone number of employer and indicate if full time or part time:

8. *List in detail typical job duties or attach copy of job description:* _____



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9. List previous employers: _____

10. Describe your present state of health: _____

Member's Signature

Telephone (_____) _____

Cell Phone (_____) _____

E-mail: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20_____

(Signature of Notary Public)

(Print or Type Commissioned Name of Notary Public)

Personally known to me, or

Produced identification

(Type of identification produced and ID# if applicable)

Notary may not be related to affiant by blood or marriage.

Affix Notary Seal and/or Notary Stamp with Commission Number and Expiration date

(Seal / Stamp)

ALL QUESTIONS MUST BE ANSWERED; IF NOT APPLICABLE, PLEASE STATE N/A
IF NECESSARY, ATTACH AND INITIAL ADDITIONAL PAGE(S)

