

**NMI Settlement Fund
Document Checklist-Disability Retiree Benefits
(Forms provided by Retiree)**

Member Name: _____

Initial

- | | |
|--|--------------------------|
| 1 Application for Disability Annuity (SF-3A) | <input type="checkbox"/> |
| 2 Disability Report Form (SF-3D) | <input type="checkbox"/> |
| 3 Attending Physician's Report (2 copies) (SF-3B) | <input type="checkbox"/> |
| 4 Application for Identification Card (SF-1G) | <input type="checkbox"/> |
| 5 Application & Authorization to Commence or Cease Allotment (SF-1F) | <input type="checkbox"/> |
| 6 W-4P Tax Withholding Certification | <input type="checkbox"/> |
| 7 Health Insurance Enrollment Form | <input type="checkbox"/> |
| 8 Life Insurance Enrollment Form | <input type="checkbox"/> |
| 9 Election to Continue or Reject Life Insurance (SF-2F) | <input type="checkbox"/> |
| 10 Authorization to Release Information (SF-2B) | <input type="checkbox"/> |

NMISF Employee: _____

Date: _____