NMI SETTLEMENT FUND

POST OFFICE BOX 501247, SAIPAN, MP 96950

APPLICATION FOR DISABILITY RETIREMENT ANNUITY

(PLEASE TYPE OR PRINT)

I hereby apply for Disability Retirement Annuity payable under the laws of the Northern Mariana Islands Settlement Fund.

1. NAME OF APPLICANT: (First – Middle – Last)	2. U.S. SOCIAL SECURITY No.:
3. MAILING ADDRESS:	4. SEX: ☐ Male ☐ Female
	5. DATE OF BIRTH:
6. MARITAL STATUS: ☐ Married ☐ Divorced ☐ Single ☐ Widowed	7. CITIZENSHIP:
8. CAUSE OF DISABILITY: ☐ Job Related Accident ☐ No Job Related	9. YEARS OF SERVICE:
10. NAME OF SPOUSE: / 11. DATE OF BIRTH:	12. U.S. SOCIAL SECURITY NO.:

13. ARE YOU RECEIVING DISABILITY BENEFITS FOR SUBSTANTIALLY THE SAME AILMENT FROM THE UNITED STATES GOVERNMENT? If Yes, Answer A and B? ☐ YES ☐ NO

A. What type of benefit? _____

B. Sources of benefit: _____

IN ORDER FOR THE NORTHERN MARIANA ISLANDS SETTLEMENT FUND TO PROPERLY CONSIDER MY APPLICATION FOR DISABILITY BENEFITS, I HEREBY SUBMIT THE FOLLOWING DOCUMENTS; AS APPLICABLE:

- ☐ Accident report if disabled by job related accident.
- ☐ Service computation data from personnel office.
- ☐ Personnel action in effect at time of disability.
- ☐ Birth Certificate for myself and spouse, if married.
- ☐ Marriage certificate, if married.

Briefly Describe Your Disability

Tel: 670.322.3863 ▪ Fax: 670.664.8080

THAT SHOULD THIS APPLICATION BE APPROVED, I PRIMOSE TO ADHERE AND ABIDE BY THE FOLLOWING CONDITIONS; AND THAT I UNDERSTAND FULLY THAT FAILURE TO COMPLY MAY RESULT IN THE REVOCATION OF THE DISABILITY BENEFITS:

1. **That should my disability improves to a point that I may be gainfully employed, that I will promptly inform the Northern Mariana Islands Settlement Fund of such development.**
2. **That should I be employed or self-employed, I will notify the Northern Mariana Islands Settlement Fund.**
3. **That I must undergo a medical examination by the Board selected physicians every year for the first 5 years, and every 3 years thereafter.**

I UNDERSTAND THAT ANY PERSON WHO KNOWLINGLY MAKES FALSE STATEMENT, OR FALSIFIES OR PERMITS TO BE FALSIFIED ANY RECORDS IN ATTEMPT TO DEFRAUD THE SETTLEMENT FUND, IS GUILTY OF A MISDEMEANOR, PUNISHABLE. THEREFORE, UNDER THE LAWS OF THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, THE FUND HAS THE RIGHT TO RECOVER ANY PAYMENT MADE UNDER FALSE REPRESENTATIONS. I AFFIRM THAT THE INFORMATION I HAVE GIVEN ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____

Signature of Applicant **Date**