

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 2025.

\_\_\_\_\_  
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 12/31/2025)

### 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 2025. 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

**Email:** [compliance@ersri.org](mailto:compliance@ersri.org) | **Website:** [www.ersri.org](http://www.ersri.org)