



POLICE AND FIRE
RETIREMENT SYSTEM
OF THE
CITY OF DETROIT

500 WOODWARD AVE STE 3000
DETROIT, MICHIGAN 48226
PHONE 313•224•3362
TOLL FREE 800•339•8344
FAX 313•224•3522

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SSN: _____

REPORT OF DISABILITY BENEFICIARY EARNINGS

Total wages, salary, commissions, or other earnings received for the months of _____.

Do not enter earnings for other months on this form.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	TOTAL EARNED

Date _____

Signature of Disability Beneficiary

Telephone Number

Please return this form to:

Retirement Systems City of Detroit
500 Woodward Avenue Ste 3000
Detroit, MI 48226-5493

