

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM

3010 East Camelback Road, Suite 200
Phoenix, Arizona 85016-4416
(602) 255-5575 | www.psprs.com

FORM P5-LB

10/2024

FAX: (602) 296-2369

Email: Approvedretdocs@psprs.com

LOCAL BOARD DETERMINATION FOR DISABILITY RETIREMENT
(Completed by Local Board)

PRINT INFORMATION:	
FULL NAME OF EMPLOYEE (FIRST, MIDDLE, LAST, SUFFIX)	SSN

LOCAL BOARD INSTRUCTIONS:
Based on the "type of disability" selected by the employee on FORM P5-EE,
complete the applicable Disability Questionnaire.

Employer: _____

Service Date from (MM/DD/YYYY) _____ **to Term** (MM/DD/YYYY) _____

Industrial Leave (MM/DD/YYYY) _____ **to** (MM/DD/YYYY) _____

Leaves without Pay (# of missing pay periods) _____

WORK STATUS
(SELECT ALL THAT APPLY):

Working Full-time Not Working Limited Duty Unpaid Leave

Working Part-time Regular Assignment Paid Leave

Other: _____

Date employee became unable to perform the duties of his/her PSPRS position? (MM/DD/YYYY) _____

DETERMINATION:

Pursuant to A.R.S. §§ 38-847 and 38-859, the local board has determined that the employee:

- Does NOT qualify for a disability retirement.
- Qualifies for an ACCIDENTAL DISABILITY retirement effective the 1st of (enter month-year) _____
- Qualifies for an ORDINARY DISABILITY retirement effective the 1st of (enter month-year) _____
- Qualifies for a TEMPORARY DISABILITY retirement effective the 1st of (enter month-year) _____
- Qualifies for a CATASTROPHIC DISABILITY retirement effective the 1st of (enter month-year) _____

A.R.S. § 38-845.02 states that "the board shall not make a retroactive payment of a pension of a person that is more than one hundred eighty days before the date of the person's application for benefits."

PRINT Name of Local Board Secretary or Chairman	Signature	Board meeting Motion Date
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Pursuant to A.R.S. § 38-847(F), the Board of Trustees may perform a review of the disability retirements to ensure that the employee and local board are in compliance with statutory requirements.

<p>LOCAL BOARD INSTRUCTIONS</p> <ul style="list-style-type: none"> • Return to the PSPRS the FORM P5-EE and P5-LB. • Provide a copy of the "applicable documents" stated on Form P5-EE, disability questionnaire and a copy of the medical examination. • It is also required we receive the local board meeting minutes via email, or certified mail pursuant to A.R.S. 38-847 (H)(2).
