



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014

909-885-7980

### DECLARATION FOR SUPPLEMENTAL DISABILITY BENEFIT

Please Print Name, Address, city zip below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUE DATE: \_\_\_\_\_

I, \_\_\_\_\_; am a retired member of the San Bernardino County Employees' Retirement Association and have been granted a disability retirement. I understand that I have been determined by the Retirement Board to be so disabled that I am incapable of gainful employment, I am entitled to a supplemental disability retirement allowance in the sum of \$300 per month pursuant to Section 31740 of the Government Code; that "gainful employment" is defined as the performance of any service for compensation with the exception of service as a juror or witness in a court proceeding, or service as an election official.

I further understand that the Retirement Board has made a determination that it believes me to be incapable of gainful employment, and I hereby declare that I also believe that I am incapable of gainful employment, that I have not performed any gainful employment since my disability retirement was granted and that I am not seeking gainful employment.

I understand that the supplemental disability benefit will continue only so long as I am incapable of gainful employment; that I am under obligation to inform the Retirement Board immediately if I see or engage in any gainful employment; that I shall be under obligation to refund to the Retirement Association any supplemental disability benefits improperly received as a result of failure on my part to notify the Retirement Board of gainful employment; and that I shall be required to execute a declaration similar to this one each (6) months in order to continue to qualify for the supplemental retirement benefit.

I declare all of the foregoing statements to be true under penalty of perjury.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, (CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

\_\_\_\_\_  
(S.S.N. OF DECLARANT)

RETURN TO: SAN BERNARDINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
348 W. HOSPITALITY LANE, 3<sup>RD</sup> FLOOR  
SAN BERNARDINO, CA 92415-0014