

ANNUAL MEDICAL UPDATE

For Members Receiving a Disability Retirement Allowance

Please bring this form with you to one of your doctor's appointments during 2026.

Name of Member:	Member Date of Birth:
Doctor's Name:	Date of Examination:

To be completed by your Doctor **(Due by December 31, 2026)**

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 <input type="radio"/>	Further independent examination is recommended to determine. <input type="radio"/>

Please attach a copy of the Member's current medical report.

Additional Notes (Optional):

Doctor's Signature: _____ Date: _____

This box is only applicable for Members who are unable to see a doctor during 2026. Member, please check the reason below and return to ERSRI.		
I cannot afford to see a doctor. <input type="radio"/>	I do not have a doctor. <input type="radio"/>	My doctor will not sign the form. <input type="radio"/>
Other (please explain): _____		

Please submit this form to:

Employees' Retirement System of Rhode Island
Re: Disability Compliance
50 Service Avenue, 2nd Floor
Warwick, RI 02886

Fax: 401-462-7691
E-mail: compliance@ersri.org