



Teachers' Retirement System of Louisiana
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 www.TRSL.org • web.master@trsl.org

Form 12PDMC (10/16)

08-12PDMC

Statement of Child's Permanent Disabling Condition

Print in ink or type all entries except signatures. Describe, in detail, the nature of the child's disabling condition. If additional space is needed, please attach additional sheets. **This statement must be submitted to the Teachers' Retirement System of Louisiana (TRSL) with the Physician's Statement of Disabling Condition (Form 12C/CP).**

Section 1 — Member and child information

Member name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number

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Child name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number

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Section 2 — Description of child's condition

- When did the disability begin? (mm/yyyy)
 _____ / _____ (Approximate date is acceptable.)
- Describe the nature of the child's disabling condition

3. Reports regarding the child's disabling condition will be submitted by the following physicians. (If more space is needed, please attach additional sheets.)

Name of physician	Daytime telephone ()
Street/P.O. Box	Area of specialty
City, state, zip	

Name of physician	Daytime telephone ()
Street/P.O. Box	Area of specialty
City, state, zip	

Mark the major area of specialty of the physician consulted for the child's disability. This will determine the State Medical Disability Board physician that will review the child's medical records.

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|--------------------------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Other (please specify): _____ | | |

I understand that the child's file will not be submitted to the State Medical Disability Board until all required information, including copies of all medical records pertinent to the disabling condition, is received from all physicians listed on this form.

Signature of child 18 years or older with legal capacity/parent/tutor/curator/trustee (Do not print or type.)	Date signed (mm/dd/yyyy)
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