Missouri Local Government Employees Retirement System
P.O. Box 1665, Jefferson City, MO 65102
P: 1-800-447-4334 F: 573-636-9671

LRS-16 (Rev 8-2012)

RESTATEMENT OF DISABILITY BY ATTENDING PHYSICIAN

Required by 70.680.5, RSMo.

PATIENT INFORMATION (PLEASE PRINT)

Name First Middle Last

Address Street City

State Zip Phone

PLEASE PRINT

Original Diagnosis of Disability

Has the patient's condition changed in the last year? Yes ❑ No ❑ If yes, please explain

Date of most recent examination: Month / Day / Year Purpose of Examination

Is the patient still being treated for his or her disabling condition? Yes ❑ No ❑ If yes, describe the nature of the treatment

Has the patient been employed in any position during the past year? Yes ❑ No ❑ If yes, describe the work performed

Is the patient's present condition such that he/she continues to be permanently and totally incapacitated from performing the duties of his/her occupation at the time of retirement?

Yes ❑ No ❑ Comments:

I certify that the opinions expressed herein are rendered with a reasonable degree of medical certainty.

Attending Physician Name Signature

Address

Phone Date