



◆ **ANNUAL EARNINGS STATEMENT FOR DISABILITY BENEFITS** ◆

A Member Information		
Social Security Number		Name
B Annual Earnings Information for the Calendar Year		
Enter the amount of your annual earnings. If your answer is "none" or "zero", enter "none" and continue to Section E. In addition, if you were self-employed enter your earnings and mark yes in Section D.		
Total Earnings Amount	\$	
Earnings that must be reported include: gross wages, salaries and tips and net earnings from self-employment: Earnings which should not be reported include: Any retirement benefits, social security benefits, workers' compensation, investment income, dividends, and wages received from your Commonwealth employer prior to retirement.		
C Employer Information		
If you reported earnings in Section B, please provide the name and address of your employer or enter "Yes" in Section D.		
Employer Name		
Street Address		
City, State, Zip Code		
D Self-Employed:		
E Certification:		
I understand that if my earnings exceed the income limitation for the year, my disability benefit will be reduced by the amount exceeding the limitation. I further understand that my earnings limitation is the difference between (a) my disability payments for this past year and my highest annual salary as a state employee or (b) the difference between my disability payments for this past year and \$5,000.00, whichever is greater. By signing the statement below, I hereby certify that the information provided by me in this statement is true and correct to the best of my knowledge and belief. I fully understand that this statement is made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.		
Your Signature	Daytime Telephone Number	Date Signed
Please Print Address: Street: _____ City, State, Zip: _____		