

DISABILITY EARNINGS REPORT

EMPLOYEES' RETIREMENT SYSTEM  
OF THE  
GOVERNMENT OF THE VIRGIN ISLANDS  
48B-50C Kronprindsens Gade  
Charlotte Amalie, St. Thomas, U. S. V. I. 00802  
Phone #809-776-7703 Fax # 809-776-4499

INSTRUCTIONS:

- (1) If you received a disability pension for the entire calendar year, indicate any and all earnings from gainful employment.
- (2) If you retired with disability pension during the calendar year, indicate only those earnings from gainful employment after your retirement date.
- (3) If you had no earnings, indicate "NONE" in the space provided.

TO THE BOARD OF TRUSTEES:

In accordance with the provisions of Title 3, Chapter 27, Section 711 (b) of the Virgin Islands Code (as extracted below) I, the undersigned do swear and affirm that while receiving my disability annuity, I earned \$ \_\_\_\_\_ in the calendar year \_\_\_\_\_ from gainful occupation.

_____	_____
Social Security No.	Name
_____	_____
Date	Signature
_____	_____
Street or P. O. Box No.	City, State & Zip Code

Extract from Title 3, Chapter 27, Section 711 (b). Virgin Islands Code:

"Should any member receiving a duty disability annuity or non-duty disability annuity resume a gainful occupation, and his earnings therefrom together with his disability annuity exceed the rate of compensation of the member at the date of retirement, the Board shall reduce the amount of disability annuity to an amount which, when added to the compensation being earned by the member, shall not exceed the rate of compensation of the member at the date he last became a disability beneficiary."

On this \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me the above named \_\_\_\_\_ who is known to me and who subscribed the foregoing statement before me and made oath that the foregoing answers each and all complete and true.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC