

<<Employer Letterhead>>

<<Date>>

<<Director>>
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

Dear <<Name of Director of the Division of Pensions and Benefits>>:

<<Name of SPRS employee>> is employed by <<name of location>> in the position of <<title>>, and is an active member of the State Police Retirement System (SPRS). As of <<date of last *Report of Contributions*>>, the latest date for which we have figures available, this member had <<number of years and months >> of credited service.

Based on medical documentation (enclosed) regarding his/her <<<describe injury>>, which was the direct result of the incident that occurred on <<date of accident>>, we believe that <<name of SPRS employee>> can no longer perform his or her assigned duties. Since we are unable to provide an alternative SPRS-covered position with duties capable of being performed by <<name of SPRS employee>>, he or she should be approved for an Involuntary Disability Retirement benefit from the SPRS, effective <<date of Involuntary Disability Retirement>>.

Sincerely,

<<Signature and printed name of Highest Authority
at Employing Location >>
<<Title>>