



Physician's Certificate

FOR OFFICE USE ONLY

Toll-Free: 1-800-821-2251
www.state.ak.us/dr

Division of Retirement and Benefits
PO Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-4460
TDD: (907) 465-2805
Fax: (907) 465-5404



Public Employees' Retirement System (PERS) Teachers' Retirement System (TRS) Alaska Cost-of-Living Allowance

Member

Patient (Dependent) _____

Retiree _____

Retiree Social Security Number _____

Departure date from Alaska: _____

Physician

Pursuant to AS 39.35.480 (PERS) or AS 14.25.142 (TRS), it is medically necessary that this patient (dependent) be continuously absent for a period of _____ months. This absence should commence _____.

Signature of Certifying Physician

Physician _____

Address _____

Date _____