

**Washington Hospitals Self-Insured Workers' Compensation Program**  
**P O Box 19557**  
**Seattle, WA 98109**

**SEPARATION/RETIREMENT FORM**

1. Why have you decided to separate/retire from the hospital?

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2. Is your decision to retire/separate from the hospital based in whole, or in part, on a physical or mental condition/problem?

Yes       No

3. Is your decision to retire/separate from the hospital based in whole, or in part, on a situation that arose in the work place?

Yes       No

4. Do you presently have an open claim for workers' compensation benefits?

Yes       No

5. Have you submitted a claim for workers' compensation benefits?

Yes       No

6. If you have not filed a claim for workers' compensation benefits, do you intend to do so in the future?

Yes       No

IF YOU ANSWERED "NO" TO ALL OF THE PREVIOUS QUESTIONS, PLEASE TURN TO THE LAST PAGE FOR SIGNATURE. IF YOU ANSWERED "YES" TO ANY OF THE PREVIOUS QUESTIONS, PLEASE ANSWER THE FOLLOWING QUESTIONS:

7. Describe in as much detail as possible the specific condition/problems that have influenced your decision to retire/separate from the hospital.

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**SEPARATION/RETIREMENT FORM**

8. Which conditions/problems, if any, described in question "7" arose in the work place?

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9. Do you believe you are physically or mentally capable of working at any job, either here at the hospital or elsewhere?

Yes       No

10. If you don't believe you are physically or mentally capable of working at any job, please list the names and addresses of all your health care providers who have indicated this to you.

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11. If you are physically or mentally capable of performing some jobs, do you still want to work if there are work opportunities available within your capabilities either here at the hospital or elsewhere in the community?

Yes       No

12. If your answer to question "11" is "NO," please explain in as much detail as possible why you do not want to work.

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13. Have you discussed with anyone at the hospital whether a job can be modified to accommodate your physical or mental condition?

Yes       No

If so, who? Were you offered a modified job? When? By Whom?

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14. If a job could be modified to accommodate your physical or mental condition, would you still want to separate/retire from the hospital?

Yes       No

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15. If you answer to question "14" is "YES," please explain in as much detail as possible why you would still want to separate/retire from the hospital.

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16. Have you ever contacted Personnel to determine what your benefits would be?

- Yes       No

If so, when? \_\_\_\_\_

17. Do you have any retirement benefits other than those provided by the hospital and Social Security? Have you ever contacted a private carrier that will provide you with retirement benefits?

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18. Do you intend to continue working after your retirement from the hospital?

- Yes       No

If so, why and what? \_\_\_\_\_

I have reviewed this form and have discussed any questions I have or had concerning retirement.

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| Employee | Hospital | Date |
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| Personnel Director | Hospital | Date |
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| Supervisor | Hospital | Date |
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| Administrator | Hospital | Date |
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Comments:

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