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 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Toll free – 888-320-7377 Fax – 503-598-0561
 Website – <https://oregon.gov/pers>



2190

Cancellation of Application for Disability Benefits

This form is for all PERS disability programs. Call or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Personal email	

Section B: Request to cancel disability application

Please read this entire form carefully. If you want to cancel your application for disability benefits, please sign and date this form and return it to our office. Please contact the Disability Eligibility Unit if you have additional questions by leaving a message with the Customer Service Center at 888-320-7377. PERS will return your call within one business day.

I understand that by signing this form I am canceling my application for disability benefits. I am requesting this cancellation by signing below.

I also understand that I am waiving my right to a contested case hearing regarding this application for disability benefits.

Section C: Applicant signature

 Signature of applicant (do not print)

 Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.