

## APPLICATION FOR RETIREMENT STATUS

I hereby request retirement status with MPT. The last day I treated or will treat a patient is

\_\_\_\_\_.  
month/day/year

I will be completely and fully retired from all practice of medicine, unless otherwise provided for herein, effective the following day.

I understand that in order to qualify for retirement status with MPT I must have:

- (1) attained the age of at least fifty-eight (58);
- (2) paid my Initial Trust Deposit in full;
- (3) been a member of MPT for at least three years if I am between 60 – 64 years of age, or
- (4) been a member of MPT for at least four years if I am 59 years of age, or
- (5) been a member of MPT for at least five years if I am 58 years of age.

My date of birth is \_\_\_\_\_.  
month/day/year

***My signature on this application represents that I understand the terms and conditions of retirement status with MPT as follows:***

MPT will not provide any professional liability coverage for any Professional Services rendered following the effective date of my retirement.

MPT will continue to provide me with the professional liability protection services described in Article VIII of the MPT Agreement for Claims arising out of Occurrences from the first date of my MPT membership (or retroactive coverage if applicable) up to and including the effective date of my retirement status.

While on retirement status I may provide professional services without being in violation of the terms and conditions of retirement status only under the following conditions:

- (1) If I practice medicine, I must work on a volunteer basis and not receive any remuneration.
- (2) I may review medical charts and records for attorneys, insurance companies, or other entities for remuneration.
- (3) I may perform independent medical examinations.

I will be relieved from assessments levied in the future, and the assessment I am paying or have paid in the year that I retire will be prorated based upon my retirement date.

(Continued on reverse)

