KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form

Form 6448
11/2023

Designation of a Dependent Child for Qualifying Total and Permanent Disability

Member Information Please provide your Member ID or Social Security number in the Member ID box below.			
Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Dependent Information			
Dependent Name:	Dependent Social Security Number:		Date of Birth:
Address:	City:	State:	Zip Code:

Has this child "been determined to be eligible for federal Social Security disability benefits" or "been claimed as a qualifying child for tax purposes due to the child's total and permanent disability?" ☐ YES ☐ NO
If YES, please submit a current statement of disability issued by the Social Security Administration, or the most recent tax return showing the dependent is claimed due to his or her total and permanent disability.

Complete the following if the dependent child is over the age of eighteen, unmarried, and a full-time student.			
Dependent's School:		Phone Number:	
School Address:	City:	State:	Zip Code:

Certification

I, _____, do hereby state I am the parent or guardian of the dependent child as defined by KRS 16.505(17) and 78.510(49), or I am the dependent child over the age of 18 of the deceased member. I understand that benefits shall immediately cease when the person designated above no longer qualifies as a dependent child.
I UNDERSTAND AND AGREE that I will:
• Immediately provide written notification to the Kentucky Public Pensions Authority as soon as the person designated above marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17) and 78.510(49).
•Be responsible for repayment of any benefits paid to the person designated above if said person is not a dependent child as defined by KRS 16.505(17) and 78.510(49), or if I fail to notify the Kentucky Public Pensions Authority if said person no longer qualifies as a dependent child.
I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I (personally) may be liable for restitution of the benefits for which the person designated above was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

Notary Certificate

State of: _____

County of: _____

The foregoing instrument was acknowledged before me this ____ of _____ 20 ____ , by _____.

My Commission Expires: _____

Notary Public: _____