



## Election or Rejection of Participation For Mayors & Members of City Legislative Bodies

### Mayor/Council Member Information

Name: _____	Social Security Number: _____
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### Participation Status

I, \_\_\_\_\_, occupying a regular full-time position with  
*Name*

\_\_\_\_\_ as a \_\_\_\_\_  
*City* *Position Title*

**Elect**       **Reject**

membership in the County Employees Retirement System pursuant to the provisions of KRS 78.540(1).

Notice: Persons who reject participation will forfeit all service credit related to this position and will not be able to buy the service credit at a later date. By forfeiting this service credit, the person is foregoing retirement and health insurance benefits based upon the service credit.

### Certification

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 penalty of perjury in accordance with KRS 523.010, et seq.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_