

**Kentucky Public Pensions Authority
Ad Hoc Regulation Committee – Special Meeting
March 7, 2024, at 10:00 AM EST (9:00 AM CT)
Live Video Conference/Facebook Live**

AGENDA

- | | |
|--|---|
| 1. Call to Order | Keith Peercy |
| 2. Opening Statement | Legal Services |
| 3. Roll Call | Sherry Rankin |
| 4. Public Comment | Sherry Rankin |
| 5. Approval of Minutes – November 15, 2023* | Keith Peercy |
| 6. Administrative Regulation 105 KAR 1:001* | Carrie Bass
Jessica Beaubien |
| 7. Administrative Regulation 105 KAR 1:411* | Carrie Bass
Jessica Beaubien |
| 8. Administrative Regulation 105 KAR 1:190* | Carrie Bass
Jessica Beaubien |
| 9. Adjourn* | Keith Peercy |

****Committee Action May Be Taken***

**MINUTES OF MEETING
KENTUCKY PUBLIC PENSIONS
AUTHORITY
AD HOC REGULATION COMMITTEE
SPECIAL CALLED MEETING
NOVEMBER 15, 2023, AT 10:00 AM
VIA LIVE VIDEO TELECONFERENCE**

At the Special Called Meeting of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee held on November 15, 2023, the following members were present: Keith Peercy (Chair), Betty Pendergrass, and Jerry Powell. Staff members present were CERS CEO Ed Owens, III, KRS CEO John Chilton, David Eager, Rebecca Adkins, Erin Surratt, Mike Lamb, Michael Board, Victoria Hale, Carrie Bass, Jessica Beaubien, Jillian Hall, Dominique McKinley, Liza Welch, Amy Fields, Wendi Pierce, Ashley Gabbard, Shaun Case, and Sherry Rankin.

Mr. Peercy called the meeting to order.

Mr. Board read the Opening Statement.

Ms. Rankin called roll.

There being no ***Public Comment*** submitted, Mr. Peercy introduced agenda item ***Approval of Minutes – August 15, 2023 (Video 00:06:35 to 00:06:50)***. Mr. Powell made a motion to approve the minutes as presented. Ms. Pendergrass seconded the motion and the motion passed unanimously.

Mr. Peercy introduced agenda item ***Administrative Regulation 105 KAR 1:215 (Video 00:06:51 to 00:16:22)***. Ms. Jessica Beaubien stated that the KPPA approved an amendment to 105 KAR 1:215 for filing at the September 28, 2023, KPPA meeting. Therefore, 105 KAR 1:215 was filed with the Regulations Compiler on September 29, 2023. However, upon further internal review and consideration, KPPA staff determined that a new section for Informal Settlements was needed, reported Ms. Beaubien. She advised that the Regulations Compiler allows for a regulation to be amended after it is filed but prior to going before the Administrative Regulations Review Subcommittee pursuant to KRS Chapter 13A. Ms. Beaubien presented details of the process via

PowerPoint presentation and highlighted the three (3) additional changes to the amended regulation.

Ms. Pendergrass requested that the language, '*1. The issues regarding which the administrative hearing was requested are moot*', be amended to '*1. The issues that prompted an administrative hearing were resolved*' in Section 6. Informal Settlements (1)(a) of the regulation (p. 8). The Committee was agreed with the suggestion made by Ms. Pendergrass.

Mr. Powell made a motion to accept administrative regulation 105 KAR 1:215 as amended, and to forward it to the KPPA for approval to file the regulation with the Office of the Regulations Compiler at LRC. Ms. Pendergrass seconded the motion and the motion passed unanimously.

Mr. Percy introduced agenda item ***Administrative Regulation 105 KAR 1:390*** (Video 00: 16:23 to 00:19:37). Ms. Beaubien presented amendments to the existing Administrative Regulation 105 KAR 1:390, Employment After Retirement. The amendments included changes reflected from HB 506 regarding the one (1) month break in service for effective retirement dates beginning Jan 1, 2024. Additionally, other technical changes were made, and the forms incorporated by reference were updated, reported Ms. Beaubien.

Mr. Powell made a motion to approve regulation 105 KAR 1:390 as presented, and to forward it to the KPPA for approval to file the regulation with the Office of the Regulations Compiler at LRC. Ms. Pendergrass seconded the motion and the motion passed unanimously.

Mr. Percy introduced agenda item ***Administrative Regulation 105 KAR 1:470*** (Video 00:19:38 to 00:22:22). 105 KAR 1:470, Agency Communication, establishes how the Kentucky Public Pensions Authority will communicate with members, retired members, beneficiaries, and other recipients of a retirement allowance, and the procedures to change communication preferences as needed, said Ms. Beaubien.

Mr. Powell made a motion to approve regulation 105 KAR 1:470 as presented, and to forward it to the KPPA for approval to file the regulation with the Office of the Regulations Compiler at LRC. Ms. Pendergrass seconded the motion and the motion passed unanimously.

Mr. Percy introduced agenda item ***Administrative Regulation 105 KAR 1:455*** (*Video 00:22:23 to 00:24:40*). Ms. Beaubien presented Administrative Regulation 105 KAR 1:455, In Line of Duty Hazardous Retirement Disability Benefits. The administrative regulation establishes the procedures for filing an application or reapplication for in line of duty hazardous disability retirement benefits and total and permanent in line of duty hazardous disability retirement benefits, and the appeal procedures if denied, said Ms. Beaubien.

Mr. Powell made a motion to approve regulation 105 KAR 1:455 as presented, and to forward it to the KPPA for approval to file the regulation with the Office of the Regulations Compiler at LRC. Ms. Pendergrass seconded the motion and the motion passed unanimously.

There being no further business, Mr. Percy ***adjourned*** the meeting.

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CERTIFICATION

I do certify that I was present at this meeting, and I have recorded the above actions of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee on the various items considered by it at this meeting. Further, I certify that all requirements of KRS 61.805-61.850 were met in conjunction with this meeting.

Recording Secretary

We, the Chair of the Kentucky Public Pensions Authority Ad Hoc Regulation Committee and Executive Director, do certify that the Minutes of Meeting held on November 15, 2023, were approved on March 7, 2024.

KPPA Ad Hoc Regulation Committee Chair

Executive Director

I have reviewed the Minutes of the November 15, 2023, Kentucky Public Pensions Authority Ad Hoc Regulation Committee Meeting for content, form, and legality.

Executive Director, Office of Legal Services

MEMORANDUM

TO: Ad Hoc Regulation Committee (“Committee”) for the Board of the Kentucky Public Pensions Authority (“Board”)

FROM: Jessica Beaubien, Policy Specialist, Non-Advocacy Division, Office of Legal Services
Carrie Bass, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services

DATE: February 19, 2024

RE: Committee approval and recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:001, Definitions for 105 KAR Chapter 1, to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Purpose of amended administrative regulation:

Kentucky Revised Statutes 61.505(1)(g) authorizes the Board to promulgate and amend administrative regulations “on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively” as long as the regulations are consistent with the provisions of Kentucky Revised Statutes 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505. 105 KAR 1:001, Definitions for 105 KAR Chapter 1, is consistent with these provisions of the Kentucky Revised Statutes.

This amendment to 105 KAR 1:001, Definitions for 105 KAR Chapter 1, adds eight (8) new definitions and updates two (2) previous definitions to ensure consistent use of terminology across all regulations in Title 105 of the Kentucky Administrative Regulations.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:001, Definitions for 105 KAR Chapter 1, for filing approval to the full Board at the March 21, 2024 meeting.

List of attached materials:

1. 105 KAR 1:001, Definitions for 105 KAR Chapter 1.

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (Amendment)

4 105 KAR 1:001. Definitions for 105 KAR Chapter 1.

5 RELATES TO: KRS 16.505-16.652, 61.510-61.705, 78.510-78.852

6 STATUTORY AUTHORITY: KRS 61.505(1)(g)

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the
8 Kentucky Public Pension Authority on behalf of the Kentucky Retirement Systems and the
9 County Employees Retirement System to promulgate administrative regulations that are
10 consistent with the provisions of KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510
11 to 78.852. This administrative regulation establishes definitions for 105 KAR Chapter 1.

12 Section 1. Definitions. The following definitions shall apply to 105 KAR Chapter 1 unless
13 otherwise required by context or otherwise defined in a specific administrative regulation:

14 (1) "AAC" means:

15 (a) Prior to April 1, 2021, the Administrative Appeals Committee of the Board of Trustees
16 of the Kentucky Retirement Systems.

17 (b) Beginning April 1, 2021, the separate or joint Administrative Appeals Committees of
18 the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the
19 County Employees Retirement System in accordance with KRS 61.645(16) and 78.782(16).

20 (2) "Accumulated account balance" is defined by KRS 16.505(40), 61.510(41), and
21 78.510(38).

22 (3) "Accumulated contributions" is defined by KRS 16.505(7), 61.510(12), and 78.510(12).

(4) "Accumulated employer credit" is defined by KRS 16.505(39), 61.510(40), and 78.510(37).

(5) "Act in line of duty" or "in line of duty" is defined by KRS 16.505(19) and 78.510(48).

(6) "Active member" means a member who is participating in the systems.

(7) "Actuarial equivalent" is defined by KRS 16.505(13), 61.510(17), and 78.510(17).

(8) "Agency" means:

(a) Prior to April 1, 2021, the Kentucky Retirement Systems, which administered the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System; and

(b) Beginning April 1, 2021, the Kentucky Public Pensions Authority, which is authorized to carry out the day-to-day administrative needs of the Kentucky Retirement Systems (comprised of the State Police Retirement System and the Kentucky Employees Retirement System) and the County Employees Retirement System.

(9) "Agency reporting official" is defined by KRS 78.510(20).

(10) "Alternate payee" is defined by KRS 16.505(38), 61.510(39), and 78.510(36).

(11) "Authorized leave of absence" is defined by KRS 16.505(14).

(12) "Beneficiary" is defined by KRS 16.505(25), 61.510(26), and 78.510(25).

(13) "Boards" means the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the County Employees Retirement System.

(14) "Bona fide promotion or career advancement" is defined by KRS 61.598(1) and 78.545(22).

(15) "Career threshold" is defined by KRS 61.702(4)(e).9.a. and 78.5536(4)(e)9.a.

(16) "County" is defined by KRS 78.510(3).

(17) "Creditable compensation" is defined by KRS 16.505(8), 61.510(13), and 78.510(13).

(18) "Current rate of pay" is defined by KRS 16.505(24), 61.510(25), and 78.510(24).

(19) "Current service" is defined by KRS 16.505(4), 61.510(10), and 78.510(10).

(20) "DAC" means:

(a) Prior to April 1, 2021, the Disability Appeals Committee of the Board of Trustees of the Kentucky Retirement Systems.

(b) Beginning April 1, 2021, the separate or joint Disability Appeals Committees of the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the County Employees Retirement System in accordance with KRS 61.665(4) and 78.545(11).

(21) "Department" is defined by KRS 61.510(3).

(22) "Dependent child" is defined by KRS 16.505(17) and 78.510(49).

(23) "Disability retirement date" is defined by KRS 16.505(16), 61.590(5)(b), and 78.510(51).

(24) "Duty-related injury" is defined by KRS 61.621(2) and 78.545(20).

(25) "Early retirement date" is defined by KRS 16.505(20), 61.590(5)(c), and 78.545(4).

(26) "Employee" is defined by KRS 61.510(5) and 78.510(6).

(27) "Employer" is defined by KRS 16.505(3), 61.510(6), and 78.510(7).

(28) "Employer's effective cessation date" is defined by KRS 61.522(1)(c) and 78.535(1)(c).

(29) "End of day" means:

(a) 11:59 p.m. Eastern Time, on the date referenced; and

(b) If the date referenced falls on a Saturday, Sunday, a public holiday listed in KRS 2.110, a day on which the retirement office is actually and legally closed, or any other state or federal holiday that disrupts mail service, then the time period shall be met if the application, documentation, form, notice, or other requested or required information is filed or submitted no

later than 11:59 p.m. Eastern Time on the next business day following the weekend, holiday, or date of closure.

(30) "Examiner" means the medical examiners as provided in KRS 61.665 and 78.545(11).

(31) "File" means a form or document has been received at the retirement office by mail, fax, secure email, in-person delivery, or via Self Service on the Web site maintained by the agency (if available).

(32) "Final compensation" is defined by KRS 16.505(9), 61.510(14), and 78.510(14).

(33) "Final rate of pay" is defined by KRS 16.505(10), 61.510(15), and 78.510(15).

(34) "Fiscal year" is defined by KRS 16.505(32), 61.510(19), and 78.510(19).

(35) "Full-time student" means a person:

(a) Enrolled in a postsecondary program of study that meets the full-time student requirements of the institution in which he or she is enrolled;

(b) Enrolled in a continuing education or training program that meets the full-time requirements of the program or institution in which he or she is enrolled; or

(c) Enrolled in high school or a GED program that meets the full-time student requirements of the program or institution in which he or she is enrolled.

~~(36)~~^[35] "Gainful employment" means work in any capacity that is, or may be, performed with regularity and is, or may be, usually done for pay, whether or not pay is received, including seasonal, volunteer, part-time, and on-call work.

~~(37)~~^[36] "Grandfathered service" is defined by KRS 61.552(9)(b) and 78.545(7).

~~(38)~~^[37] "Hazardous disability" is defined by KRS 16.505(23) and 78.510(47).

~~(39)~~^[38] "Hazardous position" means a regular full-time officer as defined by 16.505(22), or a "hazardous position" as defined by 61.592(1)(a), 78.510(42), and 78.5520(1).

(40) "Hazardous service" means the number of years and months of employment as an employee in a hazardous position.

(41)[39] "Hospital and medical insurance plan" is defined by KRS 61.702(1)(a) and 78.5536(1)(a).

(42)[40] "In line of duty" or "act in line of duty" is defined by KRS 16.505(19) and 78.510(48).

(43)[41] "Inactive member" means a member who is not participating in the system.

(44)[42] "Increment" is defined by KRS 61.510(29) and 78.510(44).

(45)[43] "Instructional staff" is defined by KRS 61.510(48).

(46)[44] "Invalid," if used in reference to a form, means that the form does not meet the requirements to be valid, and shall not be processed by the agency.

(47)[45] "Last day of paid employment" is defined by KRS 16.505(30), 61.510(32), and 78.510(45).

(48)[46] "Level percentage of payroll amortization method" is defined by KRS 61.510(28) and 78.510(43).

(49)[47] "Medical information" as used in KRS 61.610, 61.615, 61.665, 78.5526 and 78.5528:

(a) Means reports of examinations or treatments; medical signs that are anatomical, physiological, or psychological abnormalities that can be observed; psychiatric signs that are medically demonstrable phenomena indicating specific abnormalities of behavior, affect, thought, memory, orientation, or contact with reality; or laboratory findings that are anatomical, physiological, or psychological phenomena that can be shown by medically acceptable laboratory diagnostic techniques, including chemical tests, electrocardiograms, electroencephalograms, X-rays, and psychological tests; and

(b) Does not mean written statements from medical providers alone unless accompanied by supporting contemporaneous records as established in paragraph (a) of this subsection.

(50)[48] "Member" is defined by KRS 16.505(21), 61.510(8), and 78.510(8).

(51)[49] "Membership date" is defined by KRS 16.505(35), 61.510(36), and 78.510(33).

(52)[50] "Month" is defined by KRS 16.505(34), 61.510(35), and 78.510(32).

(53)[54] "Monthly average pay" is defined by KRS 16.505(41), 61.510(45), and 78.510(52).

(54)[52] "Monthly contribution rate" means the maximum contribution the systems will pay toward the premium of a retired member based on:

(a) The amount determined by the boards as provided in KRS 61.702(1)(b), 61.702(4)(b)-(d), 78.5536(1)(b), and 78.5536(4)(b)-(d) for a retired member who began participating in the systems on or before June 30, 2003; or

(b) The amount per month earned by the retired member based on years of service as provided in KRS 61.702(4)(e) and 78.5536(4)(e) for a retired member who began participating in the systems on or after July 1, 2003.~~[is defined by KRS 61.702(1)(b) and 78.5536(1)(b)].~~

(55)[53] "Nominal fee" is defined by KRS 61.510(43) and 78.510(40).

(56)[54] "Non-core services independent contractor" is defined by KRS 61.5991(9).

(57)[55] "Nonhazardous position" is defined by KRS 61.510(44) and 78.510(41).

(58) "Nonparticipating position" means any position of employment with a participating employer other than a regular full-time position or a regular full-time officer position.

(59)[56] "Normal retirement age" means the age at which the member meets the requirements for his or her normal retirement date.

(60)[57] "Normal retirement date" is defined by KRS 16.505(15), 61.510(18), 61.590(5)(a), and 78.510(18).

(61)[58] "Objective medical evidence" is defined by KRS 16.505(31), 61.510(33), and 78.510(46).

(62)[59] "Officers and employees of the General Assembly" is defined by KRS 61.510(20).

(63)[60] "Optional allowance" is defined by KRS 16.505(18).

(64)[64] "Participant" is defined by KRS 16.505(36), 61.510(37), and 78.510(34).

(65)[62] "Participating" is defined by KRS 16.505(33), 61.510(34), and 78.510(31).

(66)[63] "Participating employer" means any employer that participates in one (1) of the systems operated by the agency.

(67) "Participating position" means a regular full-time position, a regular full-time officer position, or other positions that meet the requirements of KRS 61.680(6)(a) and 78.545.

(68)[64] "Participation date" means the earlier of "membership date" as defined in this section or the date on which the member began participating in another state-administered retirement system if the member has not retired or taken a refund from the other state-administered retirement system.

(69)[65] "Past service" is defined by KRS 61.552(5)(a) and 78.545(7).

(70)[66] "Person" means a natural person.

(71)[67] "Premium" means the monthly dollar cost required to provide hospital and medical insurance plan coverage for a recipient, a recipient's spouse, or a disabled or dependent child.

(72)[68] "Prior service" is defined by KRS 16.505(5), 61.510(11), and 78.510(11).

(73)[69] "Provide," if used in reference to a form or other document, means the agency makes a form or document available on its Web site (if appropriate) or by mail, fax, secure email, or via Self Service on the Web site maintained by the agency (if available).

(74)[70] "Qualified domestic relations order" is defined by KRS 16.505(37), 61.510(38), and 78.510(35).

(75)[74] "Recipient" is defined by KRS 16.505(26), 61.510(27), and 78.510(26).

(76)[72] "Reemployment" means the retired member's first date of employment with a participating employer following his or her most recent retirement date.

(77)[73] "Regular full-time officers" is defined by KRS 16.505(22).

(78)[74] "Regular full-time position" is defined by KRS 61.510(21) and 78.510(21).

(79)[75] "Retired member" is defined by KRS 16.505(11), 61.510(24), and 78.510(23).

(80)[76] "Retirement allowance" is defined by KRS 16.505(12), 61.510(16), and 78.510(16).

(81) "Retirement date" means a member's effective retirement date as described in KRS 61.590(5) and 78.545(4).

(82)[77] "Retirement office" is defined by KRS 16.505(28), 61.510(31), and 78.510(29).

(83)[78] "School board" is defined by KRS 78.510(4).

(84)[79] "School term or year" is defined by KRS 78.510(28).

(85) "Self-Service Web site" means the secure Member Self-Service or Retiree Self-Service agency Web site.

(86)[80] "Service" is defined by KRS 16.505(6), 61.510(9), and 78.510(9).

(87)[84] "State" means the Commonwealth of Kentucky.

(88) "State-administered retirement system" means the retirement systems with reciprocity as described in KRS 61.680.

(89) "Submit" means the required form, documentation, report, or payment has been received by the retirement office via mail, fax, electronic mail, the Self-Service Web site, the

Employer Self-Service Web site, or other mode specifically detailed in an administrative regulation.

(90)[82] "Systems" means the State Police Retirement System (KRS 16.505 to 16.652), the Kentucky Employees Retirement System (KRS 61.510 to 61.705), and the County Employees Retirement System (KRS 78.510 to 78.852).

(91)[83] "Total and permanent disability" is defined by KRS 16.582(1)(a) and 78.5524(1)(a)1.

(92)[84] "Valid," if used in reference to a form, means that all required sections of a form are filled out, the form has been fully executed by the required person or the person's legal representative, and all supporting documentation required by the form is included with the form.

(93)[85] "Volunteer" is defined by KRS 61.510(42) and 78.510(39).

(18 Ky.R. 1692; 2195; eff. 1-10-1992; 22 Ky.R. 1325; 3-7-1996; 31 Ky.R. 785; 1049; eff. 1-4-2005; 33 Ky.R. 2-2-2007; 44 Ky.R. 258; eff. 11-3-2017; 49 Ky.R. 1535, 1899; eff. 7-5-2023.)

APPROVED:

DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

DATE

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on Tuesday, June 25, 2024, at 10:00 a.m. Eastern Time at the Kentucky Public Pensions Authority (KPPA), 1270 Louisville Road, Frankfort, Kentucky 40601. Individuals interested in presenting a public comment at this hearing shall notify this agency in writing no later than five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until June 30, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

KPPA shall file a response with the Regulations Compiler to any public comments received, whether at the public comment hearing or in writing, via a Statement of Consideration no later than the 15th day of the month following the end of the public comment period, or upon filing a written request for extension, no later than the 15th day of the second month following the end of the public comment period.

CONTACT PERSON: Jessica Beaubien, Policy Specialist, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8570, facsimile (502) 696-8615.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:001
Contact person: Jessica Beaubien
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes definitions for Title 105 of the Kentucky Administrative Regulations.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the definitions for Title 105 of the Kentucky Administrative Regulations.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statute by establishing definitions for Title 105 of the Kentucky Administrative Regulations, which contains administrative regulations for the Kentucky Public Pensions Authority and the systems for which it provides operations.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will assist in the effective administration of the statutes by establishing definitions for the administrative regulations in Title 105 of the Kentucky Administrative Regulations.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment adds several new definitions.

(b) The necessity of the amendment to this administrative regulation: These additional definitions are needed to assist in the effective administration of statutes by establishing them as definitions for the administrative regulations in Title 105 of the Kentucky Administrative Regulations.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the authorizing statute by adding definitions for Title 105 of the Kentucky Administrative Regulations, which contains administrative regulations for the Kentucky Public Pensions Authority and the systems for which it provides operations.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will assist in the effective administration of the statutes by adding definitions for the administrative regulations in Title 105 of the Kentucky Administrative Regulations.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation may affect over 420,000 members of the systems for which the Kentucky Public Pensions Authority provides operations as well as their spouses, dependent children, and beneficiaries. Additionally, this administrative regulation may affect 1,452 employers that participate in the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System. Finally, this administrative regulation will affect the Kentucky Public Pensions Authority and the three (3) systems for which it provides operations, the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: None.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): This regulation will not cost any additional funds.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): This administrative regulation will assist all entities identified in question (3) with understanding the administrative regulations in Title 105 of the Kentucky Administrative Regulations.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: None.

(b) On a continuing basis: None.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: There is no funding needed.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding required.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees or directly or indirectly increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All entities have the same requirements.

FISCAL NOTE

Regulation number: 105 KAR 1:001

Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8570

Email: Legal.Non-Advocacy@kyret.ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? 1,452 employers that participate in the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System may be impacted by this administrative regulation.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 61.505(1)(g).

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. None.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? None.

(d) How much will it cost to administer this program for subsequent years? None.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): None.

Expenditures (+/-): None.

Other Explanation: There is no fiscal impact associated with this administrative regulation.

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? None.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? None.

(d) How much will it cost the regulated entities for subsequent years? None.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings(+/-): None.

Expenditures (+/-): None.

Other Explanation: There is no fiscal impact associated with this administrative regulation.

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)].* This administrative regulation will not have a major economic impact.

MEMORANDUM

TO: Ad Hoc Regulation Committee (“Committee”) for the Board of the Kentucky Public Pensions Authority (“Board”)

FROM: Jessica Beaubien, Policy Specialist, Non-Advocacy Division, Office of Legal Services
Carrie Bass, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services

DATE: February 19, 2024

RE: Committee approval and recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:411, Hospital and Medical Insurance for Retired Members and Kentucky Retirement Systems Insurance Fund Trust, to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Purpose of amended administrative regulation:

Kentucky Revised Statutes 61.505(1)(g) authorizes the Board to promulgate and amend administrative regulations “on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively” as long as the regulations are consistent with the provisions of Kentucky Revised Statutes 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505. 105 KAR 1:411, Hospital and Medical Insurance for Retired Members and Kentucky Retirement Systems Insurance Fund Trust, is consistent with these provisions of the Kentucky Revised Statutes.

This administrative regulation establishes procedures for the administration of the hospital and medical insurance benefits provided by the Kentucky Retirement Systems and the County Employees Retirement System, as well as establishes eligibility requirements, necessary documentation for proof of insurance, deadlines for filing for reimbursement, and forms.

This amendment:

- Removes definitions from Section 1 that can be found in 105 KAR 1:001, the general definitions regulation applicable to all Kentucky Public Pensions Authority, Kentucky Retirement Systems, and County Employees Retirement System regulations.
- Updates the language throughout the regulation to be consistent with the language used in all Kentucky Public Pensions Authority regulations and the definitions found in 105 KAR 1:001.
- Adds details to Section 4 to indicate the difference between the dollar amount contribution rate and the percentage contribution rate that the systems pay toward a retired member’s hospital and medical insurance plan premium based on membership date or hire date.
- Adds clarifying language to Section 5 concerning the fee that recipients may be required to pay for tobacco usage or failure to complete a wellness or wellbeing promise.
- Updates Section 13 to detail how the dollar contribution reimbursement is applied for recipients with reciprocity, as well as how the reimbursement will be applied to a recipient who is on their spouses’ insurance, including in another state-administered retirement system.

Additional recommendations needed for the dollar contribution reimbursement plan:**Dollar Contribution Reimbursement Calculation Method Recommendation**

105 KAR 1:411 Section 13 details the dollar contribution reimbursement plan. Reimbursement under this plan is currently calculated as written in Section 13(2) of this regulation, which provides that recipients are reimbursed up to their monthly contribution rate less premiums paid by an employer or other state-administered retirement system. This calculation mirrors the administration of the out-of-state reimbursement plan codified in KRS 61.702(6) and KRS 78.5536(6) and is legally supported by the Court of Appeals of Kentucky's opinion in *Keisker v. Kentucky Ret. Sys.*, No. 2005-CA-000995-MR, 2006 WL 573894 (Ky. App. 2006). For examples demonstrating this calculation option in practice, please review the calculations performed using "Reimbursement Option 1" on the "Dollar Contribution Reimbursement Options" document attached to this Memorandum.

The KPPA has received feedback from legislators, stakeholder groups, and recipients who have elected to participate in the dollar contribution reimbursement plan and have received less reimbursement than they expected based on the calculation option in 105 KAR 1:411 Section 13(2). There is another option for calculating the dollar contribution reimbursement amount that also has legal support under *Keisker* and would provide some recipients with a greater reimbursement amount under the dollar contribution reimbursement plan (however, this alternate option would result in a greater cost to the health insurance trust established in KRS 61.701). For examples demonstrating this alternate calculation option in practice, please review the calculations performed using "Reimbursement Option 2" on the "Dollar Contribution Reimbursement Options" document attached to this Memorandum.

A Committee recommendation is needed regarding whether the alternate calculation option (reflected in "Reimbursement Option 2") should be used going forward.

Retroactivity of Dollar Contribution Reimbursement Calculation Method Recommendation

If the Committee recommends amending 105 KAR 1:411 Section 13(2) to use the alternate option (reflected in "Reimbursement Option 2"), the Committee will also need to make a recommendation as to whether the change in the reimbursement calculation method will be applied retroactive to January 1, 2023, when the dollar contribution reimbursement plan became effective.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:411, Hospital and Medical Insurance for Retired Members and Kentucky Retirement Systems Insurance Fund Trust, for filing approval to the full Board at the March 21, 2024 meeting, including, if necessary, the recommendations on the dollar contribution reimbursement calculation method going forward and whether a change to the dollar contribution reimbursement calculation method should be applied retroactively.

List of attached materials:

1. 105 KAR 1:411, Hospital and Medical Insurance for Retired Members and Kentucky Retirement Systems Insurance Fund Trust.
2. Dollar Contribution Reimbursement Options.

3. Form 6131, Bank Draft Authorization for Direct Pay Accounts.
4. KPPA Health Plans for Medicare Eligible Persons Form.
5. Retiree Health Insurance Enrollment/Change Form.
6. Form 6240, Application for Out of State Reimbursement for Medical Insurance.
7. Form 6241, Employer Certification of Health Insurance for Health Insurance Reimbursement Plan.
8. Form 6242, Insurance Agency/Company Certification of Health Insurance for Health Insurance Reimbursement Plan.
9. Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions.
10. Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance.
11. Form 6281, Employer Certification of Health Insurance for Dollar Contribution Reimbursement Plan.
12. Form 6282, Insurance Agency/Company Certification of Health Insurance for Dollar Contribution Reimbursement Plan.

DOLLAR CONTRIBUTION REIMBURSEMENT OPTIONS (2/19/2024)

Reimbursement Option 1 This is the current calculation method used. Under this option, the monthly contribution rate for the recipient is reduced by the amount any employer (participating employer or non-participating employer) or other state-administered retirement system (via the recipient's spouse) paid for the recipient to receive health insurance coverage. The recipient can receive reimbursement of any health insurance premiums they paid up to what remains of the monthly contribution rate after the employer or state-administered retirement system payments are subtracted.

Reimbursement Option 2 Under this option, the recipient can be reimbursed for every dollar the recipient paid toward their premiums up to the recipient's monthly contribution rate.

Calculation comparison examples:

Scenario 1			
Total cost of insurance	\$500	Reimbursement Option 1	Reimbursement Option 2
Portion paid by employer	\$250	Monthly Contribution Rate	\$300
Portion paid by employee	\$250	Less employer paid	
Monthly Contribution Rate	\$300		
		Remaining	
		Employee paid	\$250
		Reimbursed	\$50
		Employee paid	\$250
		Reimbursed	\$250

Scenario 2			
Total cost of insurance	\$700	Reimbursement Option 1	Reimbursement Option 2
Portion paid by employer	\$300	Monthly Contribution Rate	\$200
Portion paid by employee	\$400	Less employer paid	
Monthly Contribution Rate	\$200		
		Remaining	
		Employee paid	\$400
		Reimbursed	\$0
		Employee paid	\$400
		Reimbursed	\$200

Scenario 3			
Total cost of insurance	\$600	Reimbursement Option 1	Reimbursement Option 2
Portion paid by employer	\$200	Monthly Contribution Rate	\$500
Portion paid by employee	\$400	Less employer paid	
Monthly Contribution Rate	\$500		
		Remaining	
		Employee paid	\$400
		Reimbursed	\$300
		Employee paid	\$400
		Reimbursed	\$400

Considerations:

- A large number of recipients will eventually be eligible for the dollar contribution reimbursement plan (all recipients eligible for health insurance benefits based on a member with a membership date on or after 7/1/2003).
- For some recipients who choose to receive health insurance coverage through an employer or another state-administered retirement system (via their spouse) and the employer or state-administered retirement system subsidizes part of the premium for health insurance coverage, there is a significant difference between the two reimbursement options.
- Reimbursement Option 2 potentially results in a greater cost to the insurance trust.

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (Amendment)

4 105 KAR 1:411. Hospital and medical insurance for retired members and Kentucky Retirement
5 Systems Insurance Fund Trust.

6 RELATES TO: KRS 16.505, 16.576(4), 61.505(1)(g), 61.510, 61.701, 61.702, 78.510,
7 78.5536, 26 U.S.C. 105(b), 106, 115, 213(d), 42 U.S.C. 300bb-8(3), 1395y(b), Pub.L. 111-148

8 STATUTORY AUTHORITY: KRS 61.505(1)(g), 61.702, 78.5536

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the
10 Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the
11 Kentucky Retirement Systems and the County Employees Retirement System that are
12 consistent with KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. KRS
13 61.702 and 78.5536 provide for the systems operated by the Kentucky Public Pensions Authority
14 to offer hospital and medical insurance coverage to recipients (including retired members and
15 some beneficiaries of deceased members), their spouses, and their disabled or dependent
16 children, and require the promulgation of administrative regulations concerning requirements for
17 medical insurance reimbursement programs. This administrative regulation establishes
18 procedures for the administration of the hospital and medical insurance benefits provided by the
19 Kentucky Retirement Systems and the County Employees Retirement System, as well as
20 establishes eligibility requirements, necessary documentation for proof of insurance, deadlines
21 for filing for reimbursement, and forms.

22 Section 1. Definitions.

~~(1) ["Agency" means: (a) Prior to April 1, 2021, the Kentucky Retirement Systems, which administered the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System; and (b) Beginning April 1, 2021, the Kentucky Public Pensions Authority, which is authorized to carry out the day-to-day administrative needs of the Kentucky Retirement Systems (comprised of the State Police Retirement System and the Kentucky Employees Retirement System) and the County Employees Retirement System.~~

~~(2) "Boards" means the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the County Employees Retirement System.~~

~~(3) "Complete" means all required sections of a form are filled out, the form has been fully executed by the recipient or the recipient's legal representative, and all supporting documentation required by the form is included with the form.~~

~~(4) "Dependent child" is defined by KRS 16.505(17) and 78.510(49).~~ (5) "Eligible spouse and dependent children" means spouses and dependent children who are eligible to receive all or a portion of their premiums paid for by the boards in accordance with KRS 61.702 and 78.5536.

~~[(6) "File" means a form or document has been received at the retirement office by mail, fax, secure email, in person delivery, or via Self Service on the Web site maintained by the agency (if available).]~~

(2)~~(7)~~ "MEM" means:

(a) A Medicare eligible member who is retired and reemployed:

1. With a participating employer that offers the member a hospital and medical insurance benefit; or

2. By a participating employer that is prevented from offering a hospital and medical benefit to the member as a condition of reemployment under KRS 70.293, 95.022, or 164.952; and

(b) A Medicare eligible member who is retired and whose spouse meets the following criteria:

1. The spouse is also a member;
2. The spouse is reemployed with a participating employer that offers the spouse a hospital and medical insurance benefit, or by a participating employer that is prevented from offering a hospital and medical benefit to the spouse as a condition of reemployment under KRS 70.293, 95.022, or 164.952; and
3. The spouse's hospital and medical insurance plan coverage is provided by the retired member's benefits pursuant to KRS 61.702(2) and 78.5536(2).

(3) "Months of service" is defined by KRS 61.702(1)(c) and 78.5536(1)(c). ~~[(8) "Member" is defined by KRS 16.505(21), 61.510(8), and 78.510(8).~~

~~[(9) "Monthly contribution rate" means: (a) The amount determined by the boards as the maximum contribution the systems will pay toward the premium of a retired member who began participating in the systems on or before June 30, 2003; or~~

~~(b) For a retired member who began participating in the system on or after July 1, 2003, the amount per month earned by the retired member based on years of service as provided in KRS 61.702(4)(e) and 78.5536(4)(e).]~~

(4)[(10)] "Premium" means the monthly dollar cost required to provide hospital and medical insurance plan coverage for a recipient, a recipient's spouse, or a disabled or dependent child.

~~[(11) "Provide", if used in reference to a form or other document, means the agency makes a form or document available on its Web site (if appropriate) or, upon request by a recipient or other person, by mail, fax, secure email, or via Self Service on the Web site maintained by the agency (if available).]~~

(5)[(12)] "Qualifying event" means a change in life circumstances that:

(a) Meets the agency's requirement for a member to alter an existing hospital and medical insurance plan, or sign up for a new one outside of new or open enrollment if the alteration is consistent with the change; and

(b) Is included on the list of qualifying events provided annually to the members by the agency.

~~[(13) "Recipient" is defined by KRS 16.505(26), 61.510(27), and 78.510(26).]~~

~~(14) "Retired member" is defined by KRS 16.505(11), 61.510(24), and 78.510(23).~~

~~(15) "Retirement allowance" is defined by KRS 16.505(12), 61.510(16), and 78.510(16).~~

~~(16) "Retirement office" is defined by KRS 16.505(28), 61.510(31), and 78.510(29).~~

~~(17) "Systems" means the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System.]~~

~~(6)[(48)]~~ "Wellness" or "wellbeing promise" means an annual health assessment or screening that, if completed by the due date established by the Kentucky Employees' Health Plan~~[timely]~~, provides a discounted insurance rate for the following fiscal year's health insurance plan premium.

Section 2. Trust Fund.

(1) Pursuant to KRS 61.701, fund assets shall be dedicated for use toward health benefits, as provided in KRS 61.702 and 78.5536, and as permitted under 26 U.S.C. 105 and 106 of the United States Internal Revenue Code, to retired recipients and employees of employers participating in the systems. Certain dependents or beneficiaries shall be included, such as qualified beneficiaries as described in 42 U.S.C. 300bb-8(3) of the United States Public Health Service Act.

(2) The boards may adopt a trust agreement and take all action authorized by KRS 61.701(6).

Section 3. Contribution Rates.

(1)(a) The boards shall adopt monthly contribution rates as follows:

1. Medicare eligible coverage;
2. Non-Medicare eligible coverage; and
3. MEM coverage.

(b) The boards may choose to adopt a monthly contribution rate for MEM coverage that is separate from the monthly contribution rate the boards adopt for Medicare and non-Medicare eligible coverage, or may choose to adopt a monthly contribution rate that is the same for Non-Medicare eligible coverage and MEM coverage.

(2) The boards shall adopt a contribution plan for each monthly contribution rate in subsection (1) of this section.

~~[(3) The boards may adopt separate contribution rates for:~~

~~(a) Tobacco and non-tobacco users; and~~

~~(b) Wellness or wellbeing promise completion and incompleteness.]~~

Section 4. Payments by the Boards.

(1)(a) The monthly contribution rate paid by the boards towards premiums for a recipient or eligible spouse or dependent child shall not exceed the monthly contribution rate to which the recipient is entitled under KRS 61.702 and 78.5536.

(b) The actual amount the systems will pay toward a retired member's hospital and medical insurance plan premium, or his or her eligible spouse and dependent children's hospital and medical insurance plan premium, is dependent on the membership date of the member.

1. Except as provided in subparagraph 3. of this paragraph, if the membership date is prior to July 1, 2003, the systems will pay a percentage of the contribution rate toward the hospital

1 and medical insurance plan premiums in accordance with KRS 61.702(4)(b)-(d) and 78.5536(b)-
 2 (d).

3 2. Except as provided in subparagraph 3. of this paragraph, if the membership date is on
 4 or after July 1, 2003, the systems will pay a dollar amount of the contribution rate toward hospital
 5 and medical insurance plan premiums in accordance with KRS 61.702(4)(e) and 78.5536(4)(e).

6 3. For a member with a hire date that began July 1, 2003 through July 31, 2004, his or her
 7 hire date shall be used to determine if the hospital and medical insurance plan premiums are
 8 paid as a percentage of the single premium contribution rate as prescribed in subparagraph 1.
 9 of this paragraph, or as a dollar amount of the contribution rate as prescribed in subparagraph
 10 2. of this paragraph.

11 (2) For a retired member who retired based on reciprocity with any other state-administered
 12 retirement system, the boards shall not pay more than a portion of the single monthly contribution
 13 rate for the hospital and medical insurance plan chosen by the retired member based on the
 14 retired member's service credit with the systems.

15 (3)(a) A retired member who is not Medicare eligible or is a MEM may cross-reference
 16 health insurance coverage with a spouse enrolled in the same hospital and medical insurance
 17 plan.

18 (b) A retired member identified in paragraph (a) of this subsection who has hazardous
 19 service and a membership date prior to July 1, 2003 may be able to use any unused portion of
 20 the monthly contribution rate the retired member is entitled to receive toward the premium cost
 21 attributable to the spouse, if the spouse's portion of the premium is not fully paid by the boards
 22 pursuant to KRS 61.702 and 78.5536.

23 (4) Pursuant to KRS 61.702(4)(d), 61.702(4)(e)5., 78.5536(4)(d), and 78.5536(4)(e)5.,
 24 funds from the insurance trust fund or the 401(h) accounts provided for in KRS 61.702(3)(b) and

78.5536(3)(b) shall be used to pay the determined[a] percentage of the monthly contribution rate for family coverage for eligible spouses and dependent children~~[as defined in KRS 16.505(17) and 78.510(49)]~~.

(5)(a) Members not eligible for Medicare who began participation in the system on or after July 1, 2003 and have accrued an additional full year of service as a participating employee beyond his or her career threshold may receive an additional five (5) dollar contribution toward monthly hospital and medical insurance premiums in accordance with KRS 61.702(4)(e)6.b. and 78.5536(4)(e)6.b.

(b)1. If a member who is eligible for an additional five (5) dollar contribution pursuant to paragraph (a) of this subsection has service in multiple systems operated by the agency, each system in which the member participates that meets the requirements of KRS 61.702(4)(e)6.b.iii. and 78.5536(4)(e)6.b.iii shall pay a portion of the additional five (5) dollar contribution based on the percentage of the member's service in each system.

2. If a member who is eligible for an additional five (5) dollar contribution pursuant to paragraph (a) of this subsection has service in multiple systems operated by the agency, and not all of the systems in which the member participates meet the requirements of KRS 61.702(4)(e)6.b.iii. and 78.5536(4)(e)6.b.iii, only those systems that meet the requirements of KRS 61.702(4)(e)6.b.iii. and 78.5536(4)(e)6.b.iii shall pay a portion of the additional five (5) dollar contribution based on the percentage of the member's service in each system.

Section 5. Premiums Paid by Recipient.

(1) A recipient may be charged one or more of the following monthly fees related to his or her hospital and medical insurance coverage:

(a) Tobacco user fee; and

(b) Wellness or wellbeing promise incompleteness fee.

(2) Any premium amount or fee that is not paid or payable by the insurance trust fund established under KRS 61.701 or a 401(h) account in accordance KRS 61.702 and 78.5536 shall be deducted from the monthly retirement allowance of the recipient.

(3)(a)[~~(2)(a)~~] If the amount of a premium or fee is not fully paid by the insurance trust fund established under KRS 61.701, a 401(h) account, and the recipient's monthly retirement allowance, then the recipient shall pay the balance of the premium monthly by electronic transfer of funds by completing and filing a valid~~[complete]~~ Form 6131, Bank Draft Authorization for Direct Pay Accounts~~[, at the retirement office]~~.

(b) If a valid~~[complete]~~ Form 6131, Bank Draft Authorization for Direct Pay Accounts, is required and is not filed~~[at the retirement office]~~, then the recipient, the recipient's spouse, and any disabled or dependent children shall not be enrolled in a hospital and medical insurance plan established pursuant to KRS 61.702 and 78.5536.

(c)1. If the electronic transfer of funds based on a valid~~[complete]~~ Form 6131, Bank Draft Authorization for Direct Pay Accounts,~~[on file at the retirement office]~~ fails, then the agency shall provide an invoice to the recipient.

2. If a recipient fails to remit the balance of the premium or fee by the date provided on the invoice, then the enrollment of the recipient, the recipient's spouse, and any disabled or dependent children in the hospital and medical insurance plan shall be cancelled the month after the last month the recipient paid the premium.

(d) If the hospital and medical insurance plan coverage of a recipient, the recipient's spouse, or any disabled or dependent children is cancelled pursuant to this subsection, the recipient shall not be eligible to enroll in a hospital and medical insurance plan established pursuant to KRS 61.702 and 78.5536 until the next open enrollment period for hospital and medical insurance plan coverage.

Section 6. Eligibility to Participate in Hospital and Medical Insurance Plans.

(1) A person shall not be eligible to participate in the hospital and medical insurance plans established pursuant to KRS 61.702 and 78.5536 until the person is a recipient of a monthly retirement allowance, except as provided in KRS 16.576(4).

(2) A person who retires under disability retirement shall not be eligible to participate in the hospital and medical insurance plans established pursuant to KRS 61.702 and 78.5536 until the month the person receives his or her first monthly retirement allowance payment.

(3) A recipient's spouse, disabled child, or dependent child shall not be eligible to participate in the hospital and medical insurance plans established pursuant to KRS 61.702 and 78.5536 unless the recipient is participating in the hospital and medical insurance plans established pursuant to KRS 61.702 and 78.5536.

(4) An alternate payee shall not be eligible for participation in the hospital and medical insurance plans established pursuant to KRS 61.702 and 78.5536.

Section 7. Participation in a Hospital and Medical Insurance Plan.

(1) A recipient, spouse, or disabled or dependent child who is Medicare eligible, except individuals identified in subsection (2) of this section, shall participate in the hospital and medical insurance plan established for Medicare eligible recipients pursuant to KRS 61.702 and 78.5536.

(2) MEMs, and spouses of MEMs and disabled or dependent children of MEMs who are Medicare eligible, shall participate in the group hospital and medical insurance plan established for MEMs pursuant to KRS 61.702(2)(b)3.b. and 78.5536(2)(b)3.b..

(3) A recipient, spouse, or disabled or dependent child who is not Medicare eligible shall participate in a non-Medicare eligible group hospital and medical insurance plan established pursuant to KRS 61.702 and 78.5536.

1 (4) If a recipient, spouse, or disabled or dependent child is eligible for Medicare but the
2 other persons enrolled in a group hospital and medical insurance plan are not, then the recipient,
3 spouse, or disabled or dependent child who is not eligible for Medicare may continue to
4 participate in the non-Medicare eligible group hospital and medical insurance plan established
5 pursuant to KRS 61.702 and 78.5536.

6 (5) Members identified in subsections (1) through (4) of this section may waive enrollment
7 in the hospital and medical insurance plan by filing:

8 (a) A completed KPPA Health Plans for Medicare Eligible Persons form, for Medicare
9 eligible recipients; or

10 (b) A completed Retiree Health Insurance Enrollment/Change Form, for MEMs and non-
11 Medicare eligible recipients.

12 (6) Members identified in subsections (1) through (4) of this section who do not enroll in or
13 waive the hospital and medical insurance plan shall be automatically enrolled in an appropriate
14 default plan in accordance with Section 9 of this administrative regulation.

15 Section 8. Required Forms.

16 (1) If the boards use the group hospital and medical insurance provided by the Kentucky
17 Department of Employee Insurance to provide health insurance coverage for its non-Medicare
18 eligible recipients, spouses, disabled or dependent children, and MEMs, then the agency shall
19 provide these recipients and MEMs with the Retiree Health Insurance Enrollment/Change Form,
20 required for enrollment, waiver, or changes to the group hospital and medical insurance plan.

21 (2) On behalf of the boards, the agency shall arrange hospital and medical insurance
22 coverage for Medicare eligible recipients, spouses, and disabled or dependent children, except
23 MEMs. The agency shall provide these recipients with the KPPA Health Plans for Medicare

1 Eligible Persons form, required for enrollment, waiver, or changes to the hospital and medical
2 insurance plans.

3 (3) The agency shall provide the Form 6256, Designation of Spouse and/or Dependent
4 Child for Health Insurance Contributions, for recipients to complete to receive health insurance
5 contributions toward an eligible spouse and dependent children who are between the ages of
6 eighteen (18) and twenty-two (22).

7 Section 9. Default Plans.

8 (1) The boards shall adopt a default plan for new retired members upon initial enrollment,
9 and for recipients who do not file a complete insurance enrollment form during annual open
10 enrollment, if required.

11 (2) The boards shall adopt a default plan for retired members and recipients who are
12 Medicare eligible, and a default plan for retired members and recipients who are non-Medicare
13 eligible and recipients who are subject to 42 U.S.C. 1395y.

14 Section 10. Initial and Annual Enrollment and Qualifying Events.

15 (1)(a) The recipient shall complete and file the valid~~complete~~ insurance enrollment forms
16 as described in Section 8 of this administrative regulation~~[at the retirement office]~~ by the last day
17 of the month the initial retirement allowance is paid.

18 (b) If the recipient fails to file the valid~~complete~~ insurance enrollment forms as required by
19 paragraph (a) of this subsection, the retired member shall be automatically enrolled in the
20 appropriate default plan adopted by the boards as described in Section 9 of this administrative
21 regulation.

22 (c) If the recipient identified in paragraph (a) of this subsection files the
23 valid~~completed~~ insurance enrollment forms as described in Section 8 of this administrative
24 regulation by the last day of the month in which he or she receives his or her initial retirement

allowance payment, the retired member shall be enrolled in the selection indicated on the form effective the first day of the following month.

(2) If a recipient has a qualifying event, the recipient shall complete and file the valid~~[complete]~~ insurance enrollment forms as described in Section 8(1) or (2) of this administrative regulation~~[at the retirement office]~~ within the time period prescribed by state and federal law and the health insurance plan documents.

(3)(a) If enrollment is mandatory:

1. The recipient shall complete and file the valid~~[complete]~~ insurance enrollment forms as described in Section 8 of this administrative regulation~~[at the retirement office]~~ by the last day of the month of the annual open enrollment period.

2. If the recipient fails to file the complete insurance enrollment forms as required by subparagraph 1. of this paragraph, the recipient shall be automatically enrolled in the default plan adopted by the boards as described in Section 9 of this administrative regulation.

(b) If enrollment is not mandatory:

1. The recipient may complete and file the valid~~[complete]~~ insurance enrollment forms as described in Section 8 of this administrative regulation~~[at the retirement office]~~ by the last day of the month of the annual open enrollment period.

2. If the recipient does not file the valid~~[complete]~~ insurance enrollment forms as required by subparagraph 1. of this paragraph, the recipient, and the recipient's spouse and disabled or dependent children as applicable, shall remain on the same plan with the same level of coverage as the previous plan year.

(4)(a)1. In order to receive health insurance contributions toward an eligible spouse or a dependent child who is between the ages of eighteen (18) and twenty-two (22), the recipient shall complete and file a valid~~[complete]~~ Form 6256, Designation of Spouse and/or Dependent

Child for Health Insurance Contributions, by the end of day on November 30th of the calendar year prior to the calendar year in which coverage is effective, regardless of whether enrollment is mandatory or not mandatory.

2. If a qualifying event results in a new eligible spouse or dependent child, in order to receive health insurance contributions toward the eligible spouse or a dependent child who is between the ages of eighteen (18) and twenty-two (22), the recipient shall complete and file a valid~~[complete]~~ Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions.

(b)1. If the recipient does not file a valid~~[complete]~~ Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, in accordance with paragraph (a) of this subsection, health insurance contributions shall not be paid toward the premiums for an eligible spouse or dependent children unless a complete Form 6256 is~~[at the retirement office]~~ in the calendar year in which coverage is in effect.

2. If the recipient files a valid~~[complete]~~ Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, between December 1 and December 31 of the calendar year prior to the calendar year in which coverage is effective, then health insurance contributions may be paid for an eligible spouse or a dependent child who is between the ages of eighteen (18) and twenty-two (22) as of January of the calendar year in which coverage is effective. If the health insurance contributions are not paid for an eligible spouse or a dependent child as of January of the calendar year in which coverage is effective, then health insurance contributions shall be paid starting in February of the calendar year in which coverage is effective and the recipient shall also be reimbursed for the January health insurance contributions for the eligible spouse or dependent child.

3. If the recipient files a valid~~[complete]~~ Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, prior to December 31 of the calendar year in which coverage is in effect, health insurance contributions shall be paid toward premiums for an eligible spouse or a dependent child who is between the ages of eighteen (18) and twenty-two (22) in any month in the calendar year in which coverage is effective after the valid Form 6256 is filed~~[at the retirement office]~~. If a valid~~[complete]~~ Form 6256 is filed~~[at the retirement office]~~ prior to December 31 of the calendar year in which coverage is in effect, the recipient shall also be reimbursed for up to three (3) months of health insurance contributions for the eligible spouse and dependent children.

Section 11. Changes in Spouse and Disabled or Dependent Child Eligibility.

(1) Recipients, spouses, and disabled or dependent children shall notify the agency of any change that may affect the eligibility of the spouse, disabled child, or dependent child to enroll in a hospital and medical insurance plan offered by the agency or the eligibility of the spouse or dependent child to have all or a portion of their premiums paid for by the boards in accordance with KRS 61.702 and 78.5536.

(2)(a) The recipient shall repay any premiums that were paid by the boards after the spouse or dependent child ceased to be eligible to have all or portion of their premiums paid in accordance with KRS 61.702 and 78.5536.

(b) If the agency is unable to recover from the recipient the full amount of premiums paid in accordance with paragraph (a) of this subsection, the agency may withhold any remaining amount from the recipient's monthly retirement allowance payment.

(c) If the agency is not able to recover the full amount of the premiums paid in accordance with paragraphs (a) and (b) of this subsection, the agency may recover any remaining amount from the spouse or dependent child.

Section 12. Medical Insurance Reimbursement Plan for Recipients Living Outside of Kentucky.

(1) A recipient may participate in the medical insurance reimbursement plan pursuant to KRS 61.702(6) and 78.5536(6) if the recipient lives in an area outside of the coverage of the group hospital and medical insurance plans offered by the agency.

(2) The medical insurance reimbursement plan shall be available in any month the recipient:

(a) Resides outside of Kentucky;

(b) Is not eligible for the same level of hospital and medical benefits as recipients who resided inside of Kentucky with the same Medicare status; and

(c) Has paid hospital and medical insurance plan premiums capable of being reimbursed.

(3) Recipients eligible to participate in the medical insurance reimbursement plan shall be reimbursed up to the applicable monthly contribution rate for premiums paid for hospital and medical coverage less any premiums paid by the recipient's employer.

(4)(a) In order to receive the applicable reimbursement, an eligible recipient shall complete and file a valid Form 6240, Application for Out of State Reimbursement for Medical Insurance, and as applicable a valid Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, ~~[at the retirement office]~~ with one (1) or more of the following as proof of coverage and payment of premiums for hospital and medical insurance that covers the entire time period for the requested reimbursement:

1. A valid Form 6241, Employer Certification of Health Insurance for Health Insurance Reimbursement Plan, completed by the employer;

2. A valid Form 6242, Insurance Agency/Company Certification of Health Insurance for Health Insurance Reimbursement Plan, completed by the insurance agency or company;

3. A signed statement from the employer listing individuals covered, dates of hospital and medical insurance coverage, amount of premiums deducted from wages, and the cost of the single coverage; or

4. A signed statement or invoice from the insurance company listing individuals covered, the dates and cost of single hospital and medical insurance coverage, along with proof of payment such as a receipt or bank statement clearly indicating payment for the statement or invoice provided.

(b)1. If any provided documentation is deemed insufficient by the agency, the agency may request additional proof of medical and hospital insurance coverage or payment.

2. The agency may verify the recipient's eligibility for reimbursement for hospital and medical insurance by requesting verification of coverage and payments directly from the insurance company indicated on the Form 6240, Application for Out of State Reimbursement for Medical Insurance.

(5) An eligible recipient may file for reimbursement quarterly each calendar year in accordance with subsection (4) of this section.

(6) If the eligible recipient files for reimbursement in accordance with subsection (4) of this section, the eligible recipient shall be reimbursed on the following schedule:

(a) In February, if all documentation is filed~~[at the retirement office]~~ by January 20;

(b) In May, if all documentation is filed~~[at the retirement office]~~ by April 20;

(c) In August, if all documentation is filed~~[at the retirement office]~~ by July 20; or

(d) In November, if all documentation is filed~~[at the retirement office]~~ by October 20.

(7) The agency shall not reimburse an eligible recipient for premiums for a calendar year in which the eligible recipient failed to file a request for reimbursement in accordance with subsection (4) of this section by March 20 of the following calendar year.

(8)(a) If a recipient receives a payment from the agency that does not qualify as a premium reimbursement, the recipient shall return the payment to the agency at the retirement office.

(b) If the recipient fails to return the payment, the agency may withhold the payment from the recipient's monthly retirement allowance payment.

Section 13. Dollar Contribution Medical Insurance Reimbursement Plan for Recipients Hired on or after July 1, 2003.

(1)(a) Except as provided in paragraph (b) of this subsection, beginning~~Beginning~~ January 1, 2023, a recipient with a hire date on or after July 1, 2003 may participate in the hospital and medical insurance dollar contribution reimbursement plan pursuant to KRS 61.702(6) and 78.5536(6), if the recipient chooses to purchase a hospital and medical insurance plan not provided by the systems.

(b) A recipient who retired with reciprocity with another state-administered retirement system in accordance with KRS 61.680 and 78.545 shall not be eligible for the hospital and medical insurance dollar contribution reimbursement plan provided by KRS 61.702(6) and 78.6636(6) if the recipient elects to receive hospital and medical insurance coverage through another state-administered retirement system. The systems shall pay a pro rata share of the recipient's premium for hospital and medical insurance coverage in accordance with KRS 6.577, 21.427, and 105 KAR 1:020.

(2) Recipients eligible to participate in the dollar contribution medical insurance reimbursement plan shall be reimbursed up to the applicable monthly contribution rate for premiums paid for hospital and medical coverage less any premiums paid by:

(a) The~~the~~ recipient's employer;

(b) His or her spouse's employer; or

1 (c) Another state-administered retirement system, if the recipient is receiving hospital and
 2 medical insurance coverage based on their spouse's membership with another state-
 3 administered retirement system.

4 (3)(a) In order to receive the applicable reimbursement, an eligible recipient shall complete
 5 and file a valid Form 6280, Application for Dollar Contribution Reimbursement for Medical
 6 Insurance,~~[at the retirement office]~~ with one (1) or more of the following as proof of payment of
 7 premiums for hospital and medical insurance coverage that covers the entire time period for the
 8 requested reimbursement:

9 1. A valid Form 6281, Employer Certification of Health Insurance for Dollar Contribution
 10 Reimbursement Plan, completed by the employer;

11 2. A valid Form 6282, Insurance Agency/Company Certification of Health Insurance for
 12 Dollar Contribution Reimbursement Plan, completed by the insurance agency or company;

13 3. A signed statement from the employer or state-administered retirement system listing
 14 individuals covered, dates of hospital and medical insurance coverage, amount of premiums
 15 deducted from wages, and the cost of the single coverage; or

16 4. A signed statement or invoice from the insurance company listing the individuals
 17 covered, dates, and cost of single hospital and medical insurance coverage; along with proof of
 18 payment such as a receipt or bank statement clearly indicating payment for the statement or
 19 invoice provided.

20 (b)1. If any provided documentation is deemed insufficient by the agency, the agency may
 21 request additional proof of medical and hospital insurance coverage or payment.

22 2. The agency may verify the recipient's eligibility for reimbursement for hospital and
 23 medical insurance by requesting verification of coverage and payments directly from the

insurance company indicated on the Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance.

(4) An eligible recipient may file for reimbursement in accordance with subsection (3) of this section, quarterly each calendar year.

(5) If the eligible recipient files a request for reimbursement in accordance with subsection (3) of this section, the eligible recipient shall be reimbursed on the following schedule:

(a) In February, if all documentation is filed~~[at the retirement office]~~ by January 20;

(b) In May, if all documentation is filed~~[at the retirement office]~~ by April 20;

(c) In August, if all documentation is filed~~[at the retirement office]~~ by July 20; or

(d) In November, if all documentation is filed~~[at the retirement office]~~ by October 20.

(6) The agency shall not reimburse an eligible recipient for premiums for a calendar year in which the eligible recipient failed to file a request for reimbursement in accordance with subsection (3) of this section by March 20 of the following calendar year.

(7)(a) If a recipient receives a payment from the agency that does not qualify as a premium reimbursement, the recipient shall return the payment to the agency at the retirement office.

(b) If the recipient fails to return the payment, the agency may withhold the payment from the recipient's monthly retirement allowance payment.

Section 14. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) Form 6131, "Bank Draft Authorization for Direct Pay Accounts", April 2021;

(b) "KPPA Health Plans for Medicare Eligible Persons", September 2022;

(c) "Retiree Health Insurance Enrollment/Change Form", September 2022;

(d) Form 6240, "Application for Out of State Reimbursement for Medical Insurance," September 2022;

1 (e) Form 6241, "Employer Certification of Health Insurance for Health Insurance
2 Reimbursement Plan", September 2022;

3 (f) Form 6242, "Insurance Agency/Company Certification of Health Insurance for Health
4 Insurance Reimbursement Plan", September 2022;

5 (g) Form 6256, "Designation of Spouse and/or Dependent Child for Health Insurance
6 Contributions", September 2022;

7 (h) Form 6280, "Application for Dollar Contribution Reimbursement for Medical Insurance",
8 September 2023~~2022~~;

9 (i) Form 6281, "Employer Certification of Health Insurance for Dollar Contribution
10 Reimbursement Plan", September 2022; and

11 (j) Form 6282, "Insurance Agency/Company Certification of Health Insurance for Dollar
12 Contribution Reimbursement Plan", September 2022.

13 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,
14 at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601,
15 Monday through Friday, 8 a.m. to 4:30 p.m., or on the agency's Web site at kyret.ky.gov.

16 (49 Ky.R. 1203, 1633, 1750; eff. 5-30-2023.)

APPROVED:

DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

DATE

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on Tuesday, June 25, 2024, at 10:00 a.m. Eastern Time at the Kentucky Public Pensions Authority (KPPA), 1270 Louisville Road, Frankfort, Kentucky 40601. Individuals interested in presenting a public comment at this hearing shall notify this agency in writing no later than five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until June 30, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

KPPA shall file a response with the Regulations Compiler to any public comments received, whether at the public comment hearing or in writing, via a Statement of Consideration no later than the 15th day of the month following the end of the public comment period, or upon filing a written request for extension, no later than the 15th day of the second month following the end of the public comment period.

CONTACT PERSON: Jessica Beaubien, Policy Specialist, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8570, facsimile (502) 696-8615.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:411
Contact person: Jessica Beaubien
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes procedures for the administration of the health and hospital insurance benefits provided by the Kentucky Retirement Systems and the County Employees Retirement System, as well as establishes eligibility requirements, necessary documentation for proof of insurance, deadlines for filing for reimbursement, and forms.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish procedures for the administration of the health and hospital insurance benefits provided by the Kentucky Retirement Systems and the County Employees Retirement System, as well as establishes eligibility requirements, necessary documentation for proof of insurance, and forms. In addition, this administrative regulation satisfies the requirements in KRS 61.702(6) and 78.5536(6) to promulgate an administrative regulation to establish medical insurance reimbursement programs for members who began participating in the system on or after July 1, 2003 and purchase their own hospital and medical insurance, and for retirees who are not eligible for the same level of hospital and medical benefits as recipients living in Kentucky.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 61.510 to 61.705, 16.505 to 16.652, and 78.510 to 78.852. KRS 61.702 and 78.5536 provide for the systems operated by the Kentucky Public Pensions Authority to offer hospital and medical insurance coverage to recipients (including retired members and some beneficiaries of deceased members), their spouses, and their disabled or dependent children, this administrative regulation conforms to the authorizing statute by establishing procedures for the administration of the health and hospital insurance benefits by the systems. Additionally, this administrative regulation satisfies the requirements in KRS 61.702(6) and 78.5536(6) to promulgate an administrative regulation to establish medical insurance reimbursement programs for members who began participating in the system on or after July 1, 2003 and purchase their own hospital and medical insurance, and for retirees who are not eligible for the same level of hospital and medical benefits as recipients living in Kentucky.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists in the effective administration of the statutes by establishing procedures for the administration of the health and hospital insurance benefits provided by the Kentucky Retirement Systems and the County Employees Retirement System, as well as establishes eligibility requirements, necessary documentation for proof of insurance, deadlines for filing for reimbursement, and forms in accordance with KRS 61.702 and 78.5536.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment updates language to be uniform with all Kentucky Public Pensions Authority regulations, and with the definitions found in 105 KAR 1:001. It also updates the regulation to add details on the difference in the percentage payment versus the dollar payment towards hospital and medical insurance premiums based on membership date. Additionally, it provides details of eligibility for the dollar contribution reimbursement for recipients with reciprocity with another state-administered retirement system.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to ensure the effective administration of KRS 61.702 and 78.5536.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to the authorizing statute by providing additional details in the procedures for the administration of the health and hospital insurance benefits by the systems.

(d) How the amendment will assist in the effective administration of the statutes: This amendment will assist in the effective administration of the statutes by updating language to be uniform with all Kentucky Public Pensions Authority regulations, and with the definitions found in 105 KAR 1:001. It will also assist by updating the regulation to add details on the difference in the percentage payment versus the dollar payment towards hospital and medical insurance premiums based on membership date. Additionally, the amendment is adding details of eligibility for the dollar contribution reimbursement for recipients with reciprocity with another state-administered retirement system.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: One (1) entity that provides day-to-day operations for three (3) public pensions systems: Kentucky Public Pensions Authority (the public pension systems are the Kentucky Employees Retirement System, the County Employees Retirement System, and the State Police Retirement System). Potentially, as many as 421,609 individuals who are members of the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System, and the spouses, disabled or dependent children, and beneficiaries of these members.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Regulated entities will be minimally impacted by these changes as this administrative regulation is already being administered as written.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The cost of compliance with this administrative regulation should be negligible, as this administrative regulation is already being administered as written.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The benefits should be negligible, as this administrative regulation is already being administered as written.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: The costs associated with the implementation of this amendment should be negligible, as this administrative regulation is already being administered as written.

(b) On a continuing basis: The continuing costs associated with this amendment should be negligible.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding required. Please be advised that the tobacco usage and wellness or wellbeing promise incompleteness fees in Section 5 are not set by the Kentucky Public Pensions Authority or any of the systems for which it provides day-to-day operations; instead, these fees may be established by a vendor that provides group hospital and medical insurance plan coverage for Medicare-eligible recipients and/or the Kentucky Employees Health Plan. See KRS 61.702(2)-(3), 78.5536(2)-(3).

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees or directly or indirectly increase any fees. Please be advised that the tobacco usage and wellness or wellbeing promise incompleteness fees in Section 5 are not set by the Kentucky Public Pensions Authority or any of the systems for which it provides day-to-day operations; instead, these fees may be established by a vendor that provides group hospital and medical insurance plan coverage for Medicare-eligible recipients and/or the Kentucky Employees Health Plan. See KRS 61.702(2)-(3), 78.5536(2)-(3).

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All regulated entities are subject to the same processes and procedures.

FISCAL NOTE

Regulation number: 105 KAR 1:411

Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8570

Email: Legal.Non-Advocacy@kyret.ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation impacts the Kentucky Public Pensions Authority and the three systems for which it provides day-to-day operations (the County Employees Retirement System, the Kentucky Employees Retirement System, and the State Police Retirement System).

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 61.505(1)(g), 61.702, 78.5536.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect. This administrative regulation will not significantly affect expenditures or revenues of a state or local government agency.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? The cost to Kentucky Public Pensions Authority to administer this administrative regulation should be negligible because this administrative regulation is already being administered as written.

(d) How much will it cost to administer this program for subsequent years? The cost to Kentucky Public Pensions Authority to administer this administrative regulation should be negligible because this administrative regulation is already being administered as written.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): None.

Expenditures (+/-): Negligible.

Other Explanation: The fiscal impact of this administrative regulation should be negligible because this administrative regulation is already being administered as written.

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? None.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? Unknown.

(d) How much will it cost the regulated entities for subsequent years? Unknown.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings(+/-): None.

Expenditures (+/-): Unknown.

Other Explanation: The fiscal impact of this administrative regulation should be negligible because this administrative regulation is already being administered as written.

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)].* This administrative regulation will not have a "major economic impact" because this administrative regulation is already being administered as written.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The Form 6131, Bank Draft Authorization for Direct Pay Accounts, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to authorize the withdrawal of the balance of his or her monthly health insurance premium directly from his or her account at a financial institution. No change has been made to this material.

The Form 6200, KPPA Health Plans for Medicare Eligible Persons, is a three (3) page form that Medicare eligible retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to enroll, dis-enroll, or waive coverage through the health care plans offered by the Kentucky Public Pensions Authority. No change has been made to this material.

The Form 6200 Retiree Health Insurance Enrollment/Change Form is a three (3) page form that Non-Medicare eligible retirees and MEMs from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to enroll, dis-enroll, or waive coverage through the health care plans offered by the Kentucky Public Pensions Authority. No change has been made to this material.

The Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement system can use to establish health insurance contributions for any eligible spouse or dependents. No change has been made to this material.

The Form 6240, Application for Out of State Reimbursement for Medical Insurance, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System who reside in another state can use to request reimbursement for health insurance premiums. No change has been made to this material.

The Form 6241, Employer Certification of Health Insurance for Health Insurance Reimbursement Plan, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System who reside in another state can use to have his or her employer verify the health insurance coverage and premiums paid. No change has been made to this material.

The Form 6242, Insurance Agency/Company Certification of Health Insurance for Health Insurance Reimbursement Plan is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System who reside in another state can use to have his or her insurance agency/company verify the health insurance coverage and premiums paid. No change has been made to this material.

The Form 6280, Application for Dollar Contribution Reimbursement for Medical Insurance, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to request

reimbursement for health insurance premiums under the Dollar Contribution Reimbursement Plan. This form was amended to update a referenced form number.

The Form 6281, Employer Certification of Health Insurance for Dollar Contribution Reimbursement Plan, is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to have his or her employer verify the health insurance coverage and premiums paid. No change has been made to this material.

The Form 6282, Insurance Agency/Company Certification of Health Insurance for Dollar Contribution Reimbursement Plan is a two (2) page form that retirees from the Kentucky Employees Retirement System, County Employees Retirement System, and State Police Retirement System can use to have his or her insurance agency/company verify the health insurance coverage and premiums paid. No change has been made to this material.



Form 6131
Revised 04/2021

Bank Draft Authorization for Direct Pay Accounts

Recipient Information

The recipient is the person who is receiving the monthly benefit from the Kentucky Public Pensions Authority. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Email:		

Financial Institution Information

Financial Institution Name:
Depositor Account Number:
Depositor Routing Number:
Account Type: <input type="radio"/> Checking <input type="radio"/> Savings

Required Documents: Please indicate the documentation you are submitting with this form.

For debits from a Checking Account: I have attached to this form	<input type="radio"/> a VOIDED personalized check	<input type="radio"/> verification from my financial institution
For debits from a Savings Account: I have attached to this form	<input type="radio"/> verification from my financial institution	

A new Form 6131 must be completed to change your account number or financial institution.

I authorize and request the Kentucky Public Pensions Authority to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: _____

Date: _____

For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

My Name
My Address
My City, State, & Zip

DATE

PAY TO THE ORDER OF \$

DOLLARS

Bank Name
Bank Address

MEMO

925 525 1152

9 Digit Bank Routing Number Your Account Number Check Number

Instructions for Completing Form 6131 Bank Draft Authorization for Direct Pay Accounts

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used **ONLY** to authorize debits from your account by Kentucky Public Pensions Authority for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Public Pensions Authority before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Public Pensions Authority, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KPPA. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KPPA. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KPPA in writing.
4. KPPA discontinues the bank draft program with your financial institution. In this case, KPPA will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KPPA.

You may reach the Kentucky Public Pensions Authority at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the Kentucky Public Pensions Authority website: www.kyret.ky.gov



Form 6240
Revised 09/2022

Application for Out of State Reimbursement for Medical Insurance

Applicant Information: Please provide your Member ID or Social Security Number in the Applicant ID box below.

Applicant Name:		Applicant ID:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No	Daytime Phone:		
Are you eligible for Medicare Part A or Part B? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please contact our office immediately at 1-800-928-4646, prompt 1, to discuss your options. You may not need to complete this form.			
Medical Insurance Policy Information: If you have more than one medical insurance policy, complete a separate form for each policy.			
Company Name:		Policy Number:	
Company Address:			
City:	State:	Zip Code:	Company Phone:

The out of state reimbursement plan for hospital and medical insurance ("the reimbursement plan") is available to certain retired members and beneficiaries of the Kentucky Employees Retirement System (KERS), County Employees Retirement System (CERS), or State Police Retirement System (SPRS). In accordance with the provisions of Kentucky Revised Statutes 61.702(6)(a)1, 78.5536(6)(a)1, and 105 KAR 1:411, eligible members and beneficiaries may be reimbursed for a portion of hospital and medical insurance premiums paid. To be eligible for this reimbursement plan, the member or beneficiary must meet the following criteria:

- The member or beneficiary must not reside in Kentucky,
- The member or beneficiary must not be eligible for Medicare, and
- The member or beneficiary must not be eligible for the same level of health insurance coverage as non-Medicare eligible members and beneficiaries who live in Kentucky.

If you are a nonhazardous retiree, you will only be reimbursed the cost of single coverage up to the allowable maximum. Hazardous duty retirees may be eligible to receive premium contributions towards their spouse and eligible dependents. If you are a hazardous duty retiree and enrolled a spouse or health insurance dependents, the following documentation is required:

- Child age 17 and under: If your dependent child is under the age of 17, a legible copy of the birth certificate or a valid court order showing the name of the hazardous duty retiree as a parent will be required if not on file with KPPA.
- Child age 18-22: If your dependent child is between the ages of 18 and 22, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, and a legible copy of the birth certificate or a valid court order showing the name of the hazardous duty retiree as a parent will be required if not on file with KPPA.
- Spouse: A Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions. A legible copy of the marriage certificate or a legible photocopy of the top half of the front page of the retiree's most recent federal tax return (Form 1040) will be required if not on file with KPPA.

ATTACH COPIES OF PROOF OF INSURANCE POLICY AND PAYMENT.

SEE BACK OF FORM FOR EXAMPLES OF ACCEPTABLE DOCUMENTATION.

**You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**

I certify that all 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, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursements the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Applicant Signature: _____

Date: _____

Kentucky Public Pensions Authority Medical Insurance Reimbursement Plan

An eligible recipient must submit to KPPA an Application for Out of State Reimbursement for Medical Insurance (this form) along with additional documents as proof of payment for hospital and medical insurance premiums.

- If the plan holder is receiving insurance coverage through an employer, refer to Option 1 and ensure that a Form 6241 completed by you and the employer or other documentation as indicated below is filed with the KPPA.
 - If the plan holder is not receiving insurance coverage through an employer, refer to Option 2 and ensure that a Form 6242 completed by you and the insurance company or other documentation as indicated below is filed with the KPPA.
-

Option 1

- Form 6241, Employer Certification or Health Insurance for Out of State Reimbursement Plan, may be submitted, OR
- A signed statement from the employer listing individual(s) covered, dates of hospital and medical insurance coverage, amount of premiums deducted from wages, and the cost of the single coverage.

Option 2

- Form 6242, Insurance Agent/Company Certification of Health Insurance for Out of State Reimbursement Plan, may be submitted, OR
- The following documents may be submitted:
 - A signed statement or invoice from the insurance company listing the individual(s) covered, dates, and cost of single hospital and medical insurance coverage; and
 - Proof of payment such as a receipt or bank statement clearly indicating payment for the statement or invoice provided.

If KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

Eligible recipients who submit this completed form and proof of payment for hospital and medical insurance will be reimbursed based on the date all required documentation is on file with KPPA. When submitted by:

- April 20, reimbursed in May;
- July 20, reimbursed in August;
- October 20, reimbursed in November; or
- January 20, reimbursed in February.

KPPA will not reimburse eligible recipients for any premiums paid in a calendar year if the Application for Out of State Reimbursement for Medical Insurance and proof of payment for hospital and medical insurance premiums is received in the KPPA office after March 20 of the following year. If you have any questions, please call 1-800-928-4646.

Additional copies of the application can be obtained from the KPPA or downloaded from the KPPA website at kyret.ky.gov.



Form 6241
Revised 09/2022

Employer Certification of Health Insurance for Health Insurance Reimbursement Plan

This section to be completed by KPPA member.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone:	Other Phone:	<input type="checkbox"/> Please check this box if your spouse is the plan holder.	

Kentucky law provides for the reimbursement of hospital and medical insurance premiums for recipients of a retirement allowance who are not eligible for the same level of hospital and medical benefits as recipients living in Kentucky and having the same medical insurance eligibility status. The recipient shall be eligible for reimbursement of substantiated medical insurance premiums for an amount not to exceed the monthly premium determined in KRS 61.702, KRS 78.5536 and 105 KAR 1:411.

The Kentucky Public Pensions Authority (KPPA) will reimburse eligible recipients who have submitted all required forms and documentation once each calendar year quarter. Pursuant to 105 KAR 1:411, proof of payment of medical insurance premiums for the requested time period is required to determine the recipient's eligibility for reimbursement under the out of state reimbursement for medical insurance premiums plan. This fully completed form can satisfy this requirement.

I wish to be reimbursed for my medical insurance premiums. I hereby authorize the release of all pertinent medical insurance information to KPPA for this purpose.

Signature: _____ Date: _____

The rest of this form is to be completed by Personnel and/or Benefits Administrator. All questions must be answered in order for this form to be valid.

Employee's Name:	Employee's Social Security Number:
Relation to Member:	If the spouse is the plan holder, does the employer pay any or all of the cost of the member's insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the amount paid per month?	

Medical Insurance Policy Information

Company Name:		Policy Number:	
Company Address:		Company Phone:	
City:	State:	Zip Code:	Monthly Insurance Premium:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Insurance Effective Date	Gender	Tobacco Usage*

*"Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, cigars, and any other tobacco products regardless of the method of use.

Employer Certification of Health Insurance for Health Insurance Reimbursement Plan**Medical Insurance Policy Information *continued***When are premiums paid? ☐ In Advance ☐ In Arrears

KPPA will not reimburse eligible members until the covered period has expired.

In accordance with KRS 61.702(6)(a)1, KRS 78.5536(6)(a)1, and 105 KAR 1:411, KPPA will reimburse eligible recipients on a quarterly basis. If the recipient is a nonhazardous member, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum.

Please complete the following payment history for the applicable quarter.

1st Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
January								
February								
March								
2nd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
April								
May								
June								
3rd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
July								
August								
September								
4th Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
October								
November								
December								

*105 KAR 1:411 states that the reimbursement rate shall be reduced by the amount contributed by an employer toward the recipient's insurance premiums.

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

I certify that all 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, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursements the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Position Title: _____ Telephone Number: _____

Signature of Authorized Representative: _____ Date: _____

**You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**



Form 6242
Revised 09/2022

Insurance Agent/Company Certification of Health Insurance for Health Insurance Reimbursement Plan

This section to be completed by KPPA member.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone:		Other Phone:	

Kentucky law provides for the reimbursement of hospital and medical insurance premiums for recipients of a retirement allowance who are not eligible for the same level of hospital and medical benefits as recipients living in Kentucky and having the same medical insurance eligibility status. The recipient shall be eligible for reimbursement of substantiated medical insurance premiums for an amount not to exceed the monthly premium determined in KRS 61.702, KRS 78.5536 and 105 KAR 1:411. If the recipient is a nonhazardous retiree, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum.

The Kentucky Public Pensions Authority (KPPA) will reimburse eligible recipients who have submitted all required forms and documentation once each calendar year quarter. Pursuant to 105 KAR:1:411 proof of payment of medical insurance premiums for the requested time period is required to determine the recipient's eligibility for reimbursement under the -out of state reimbursement for medical insurance premiums plan. This fully completed form can satisfy this requirement.

I wish to be reimbursed for my medical insurance premiums. I hereby authorize the release of all pertinent medical insurance information to the KPPA for this purpose.

Signature: _____ Date: _____

This rest of this form should be completed by Agent or Authorized Representative of Insurance Company. All questions must be answered in order for this form to be valid.

Policy holder Name:			
Policy holder Social Security Number:		Relation to Member:	
Medical Insurance Policy Information			
Company Name:		Policy Number:	
Company Address:		Company Phone:	
City:	State:	Zip Code:	Monthly Insurance Premium:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Effective Date of Coverage	Gender	Tobacco Usage*

Insurance Agent/Company Certification of Health Insurance for Health Insurance Reimbursement Plan**Medical Insurance Policy Information *continued***

When are premiums paid?

☐ In Advance☐ In Arrears

KPPA will not reimburse eligible members until the covered period has expired

In accordance with KRS 61.702(6)(a)1, KRS 78.5536(6)(a)1 and 105 KAR 1:411, the KPPA will reimburse eligible recipients on a quarterly basis. If the recipient is a nonhazardous retiree, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum.

Please complete the following payment history for the applicable quarter.

1st Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
January						
February						
March						
2nd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
April						
May						
June						
3rd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
July						
August						
September						
4th Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
October						
November						
December						

Insurance Company/Agency Name: _____

Insurance Company/Agency Address: _____

City: _____ State: _____ Zip Code: _____

I certify that all 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 benefits, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursement the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Position Title: _____ Telephone Number: _____

Signature of Authorized Representative/Agent: _____ Date: _____

**You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**



Form 6256
Revised 09/2022

Designation of Spouse and/or Dependent Child for Health Insurance Contributions

Only dependents who meet the definition of a **Dependent Child** as defined by KRS 16.505(17) and 78.510(49) are eligible to receive health insurance contributions.

The Form 6256 DOES NOT enroll you or your dependents in a health insurance plan. The Form 6256 DOES NOT remove you or your dependents from a health insurance plan. This form ONLY establishes health insurance contribution for Spouse and Dependent Children.

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance Contributions to the Kentucky Public Pensions Authority (KPPA):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent child obtaining 18 years of age.
- Upon initial enrollment of your health insurance dependent(s).
- When requesting reimbursement or premiums paid for a spouse and/or dependent child under a qualifying reimbursement plan.

You are required to notify KPPA when your health insurance dependent has a change in marital or full-time student status.

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:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Email:	

Spouse Information

Spouse Name:	Social Security Number:	Spouse Date of Birth:
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Only dependents who meet the definition of a **Dependent Child** as defined by KRS 16.505(17) and 78.510(49) are eligible to receive health insurance contributions. KRS 16.505(17) and 78.510(49) states "Dependent Child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies or becomes totally and permanently disabled as a direct result of an act in line of duty or as a result of a duty-related injury and is eligible for the benefits provided by KRS 61.621(5)(a), "Dependent Child" also means a naturally or legally adopted disabled child regardless of age, to the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and Grandchildren must be legally adopted in order to qualify as Dependent Child per this statute.**

Dependent Child Information (Age 18-22 Dependent Information Only)

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

Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent child married or has this dependent child been married previously? ☐ Yes ☐ No

Is this dependent child age 18 or older? ☐ Yes ☐ No

Is this dependent child a full-time student? ☐ Yes ☐ No

Dependent Child Information (Age 18-22 Dependent Information Only)

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

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent child married or has this dependent child been married previously? ☐ Yes ☐ NoIs this dependent child age 18 or older? ☐ Yes ☐ NoIs this dependent child a full-time student? ☐ Yes ☐ No**Dependent Child Information (Age 18-22 Dependent Information Only)**

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

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent child married or has this dependent child been married previously? ☐ Yes ☐ NoIs this dependent child age 18 or older? ☐ Yes ☐ NoIs this dependent child a full-time student? ☐ Yes ☐ No**Certification**

I, _____ (Member Name), do hereby certify that the person(s) designated above is the retiree's

spouse* and/or dependent child** as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies or becomes totally and permanently disabled as a direct result of an act in line of duty or as a result of a duty-related injury and is eligible for the benefits provided by KRS 61.621(5)(a), "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Public Pensions Authority as soon as the person(s) designated above no longer qualifies as a spouse* and/or dependent child** as defined by KRS 16.505(17) and 78.510(49). I understand that Kentucky Public Pensions Authority shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a spouse* or dependent child** as defined by KRS 16.505(17) and 78.510(49). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a spouse* or dependent child** as defined by KRS 16.505(17) and 78.510(49) or if I fail to notify Kentucky Public Pensions Authority when a dependent child 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).

*105 KAR 1:411

**KRS 16.505(17)

***KRS 78.510(49)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, is true and correct. I further 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 or 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 benefits, including reimbursements, I may be liable not only to repay the reimbursements I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Member Signature: _____ Date: _____

You are required to notify KPPA when your health insurance dependent has a change in marital or full-time student status.



Form 6280
09/2023

Application for Dollar Contribution Reimbursement for Medical Insurance

Applicant Information: Please provide your Member ID or Social Security Number in the Applicant ID box below.

Applicant Name:		Applicant ID:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		Daytime Phone:	
Medical Insurance Policy Information: If you have more than one medical insurance policy, complete a separate form for each policy.			
Company Name:		Policy Number:	
Company Address:			
City:	State:	Zip Code:	Company Phone:

The dollar contribution reimbursement plan for hospital and medical insurance ("the reimbursement plan") is available to certain retired members and beneficiaries of the Kentucky Employees Retirement System (KERS), County Employees Retirement System (CERS), or State Police Retirement System (SPRS). In accordance with Kentucky Revised Statute 61.702(6)(a)2, 78.5536(6)(a)2, and 105 KAR 1:411, eligible members and beneficiaries may be reimbursed for a portion of hospital and medical insurance premiums paid if they chose to purchase a hospital and medical insurance plan not provided by the Kentucky Public Pensions Authority (KPPA). To be eligible for this reimbursement plan, the member or beneficiary must meet the following requirements:

- Member began participating in KERS, CERS, or SPRS on or after July 1, 2003;
- Member has earned enough service credit to be eligible for dollar contribution reimbursement in accordance with KRS 61.702(4)(d) and 78.5536(4)(d);
- Member or eligible beneficiary is not enrolled in a health insurance plan through the KPPA; and
- If a beneficiary:
 - The beneficiary must be a spouse of a deceased member; and
 - The member did not die as a result of an act in line of duty as defined in KRS 16.505(19) and 78.510(48), or as a result of a duty-related injury as defined in KRS 61.621.

I certify that the above information is correct and that I am eligible to participate in the reimbursement plan. I understand that I will not be reimbursed for hospital and medical insurance premiums for any period during which I was not eligible for participation in the reimbursement plan. I further understand that if I do receive reimbursement for premiums which were not eligible, the KPPA may recover those payments from my future retirement allowances. I also understand that the KPPA may contact the insurance company or employer directly to verify the coverage and amount of premiums. 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 or 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 benefits, including reimbursements, I may be liable not only to repay the reimbursements I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Applicant Signature: _____

Date: _____

ATTACH COPIES OF PROOF OF INSURANCE POLICY AND PAYMENT.
SEE BACK OF FORM FOR EXAMPLES OF ACCEPTABLE DOCUMENTATION.
 You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
 Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601

Kentucky Public Pensions Authority Medical Insurance Reimbursement Plan

An eligible recipient must submit to KPPA an Application for Dollar Contribution Reimbursement for Medical Insurance (this form) along with additional documents as proof of payment for hospital and medical insurance premiums.

- If the plan holder is receiving insurance coverage through an employer, refer to Option 1 and ensure that a Form 6281 completed by you and the employer or other documentation as indicated below is filed with the KPPA.
 - If the plan holder is not receiving insurance coverage through an employer, refer to Option 2 and ensure that a Form 6282 completed by you and the insurance company or other documentation as indicated below is filed with the KPPA.
-

Option 1

- Form 6281, Employer Certification or Health Insurance for Dollar Contribution Reimbursement Plan, may be submitted, OR
- A signed statement from the employer listing individual(s) covered, dates of hospital and medical insurance coverage, amount of premiums deducted from wages, and the cost of the single coverage.

If the KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

Option 2

- Form 6282, Insurance Agent/Company Certification of Health Insurance for Dollar Contribution Reimbursement Plan, may be submitted, OR
- The following documents may be submitted:
 - A signed statement or invoice from the insurance company listing the individual(s) covered, dates, and cost of single hospital and medical insurance coverage; and
 - Proof of payment such as a receipt or bank statement clearly indicating payment for the statement or invoice provided.

If KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

Eligible recipients who submit this completed form and proof of payment for hospital and medical insurance will be reimbursed based on the date all required documentation is on file with KPPA. When submitted by:

- April 20, reimbursed in May;
- July 20, reimbursed in August;
- October 20, reimbursed in November; or
- January 20, reimbursed in February.

KPPA will not reimburse eligible recipients for any premiums paid in a calendar year if the Application for Dollar Contribution for Medical Insurance and proof of payment for hospital and medical insurance premiums is received in the KPPA office after March 20 of the following year. If you have any questions, please call 800-928-4646.

Additional copies of the application can be obtained from the KPPA or downloaded from the KPPA website at kyret.ky.gov.



Form 6281
09/2022

Employer Certification of Health Insurance for Dollar Contribution Reimbursement Plan

This section to be completed by KPPA member.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone:	Other Phone:	<input type="checkbox"/> Please check this box if your spouse is the plan holder.	

Kentucky law provides for the reimbursement of hospital and medical insurance premiums for recipients of a retirement allowance who are eligible for the dollar contribution health insurance benefit and are not enrolled in a health insurance plan through the Kentucky Public Pensions Authority (KPPA). The recipient shall be eligible for reimbursement of substantiated medical insurance premiums for their earned service dollar contribution rate determined in accordance with KRS 61.702(4)(d) and KRS 78.5536(4)(d). The KPPA will reimburse eligible recipients who have submitted all required forms and documentation once each calendar year quarter. Pursuant to 105 KAR 1:411, proof of payment of medical insurance premiums for the requested time period is required to determine the recipients eligibility for reimbursement under the dollar contribution reimbursement for medical insurance premiums plan. This fully completed form can satisfy this requirement.

I wish to be reimbursed for my medical insurance premiums. I hereby authorize the release of all pertinent medical insurance information to the KPPA for this purpose.

Signature: _____ Date: _____

The rest of this form is to be completed by Personnel and/or Benefits Administrator. All questions must be answered in order for this form to be valid.

Employee's Name:		Employee's Social Security Number:	
Relation to Member:	If the spouse is the plan holder, does the employer pay any or all of the cost of the member's insurance coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the amount paid per month?			

Medical Insurance Policy Information

Company Name:		Policy Number:	
Company Address:		Company Phone:	
City:	State:	Zip Code:	Monthly Insurance Premium:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Insurance Effective Date	Gender	Tobacco Usage*

*"Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, cigars, and any other tobacco products regardless of the method of use.

Employer Certification of Health Insurance for Dollar Contribution Reimbursement Plan**Medical Insurance Policy Information *continued***When are premiums paid? ☐ In Advance ☐ In Arrears

KPPA will not reimburse eligible members until the covered period has expired.

In accordance with KRS 61.702(6), KRS 78.5536(6), and 105 KAR 1:411, the KPPA will reimburse eligible recipients on a quarterly basis.

Please complete the following payment history for the applicable quarter.

1st Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
January								
February								
March								
2nd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
April								
May								
June								
3rd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
July								
August								
September								
4th Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Member Coverage	Amount Paid by Employee	Date Paid
October								
November								
December								

*105 KAR 1:411 states that the reimbursement rate shall be reduced by the amount contributed by an employer toward the recipient's insurance premiums.

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip Code: _____

I certify that all 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, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursements the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Position Title: _____ Telephone Number: _____

Signature of Authorized Representative: _____ Date: _____

**You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**



Form 6282
09/2022

Insurance Agent/Company Certification of Health Insurance for Dollar Contribution Reimbursement Plan

This section to be completed by KPPA member.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone:		Other Phone:	

Kentucky law provides for the reimbursement of hospital and medical insurance premiums for recipients of a retirement allowance who are eligible for the dollar contribution health insurance benefit and are not enrolled in a health insurance plan through the Kentucky Public Pensions Authority (KPPA). The recipient shall be eligible for reimbursement of substantiated medical insurance premiums for their earned service dollar contribution rate determined in accordance with KR 61.702(4)(d) and KRS 78.5536(4)(d). The KPPA will reimburse eligible recipients who have submitted all required forms and documentation once each calendar year quarter. Pursuant to 105 KAR 1:411 proof of payment of medical insurance premiums for the requested time period is required to determine the recipient's eligibility for reimbursement under the dollar contribution reimbursement for medical insurance premiums plan. This fully completed form can satisfy this requirement.

I wish to be reimbursed for my medical insurance premiums. I hereby authorize the release of all pertinent medical insurance information to the KPPA for this purpose.

Signature: _____ Date: _____

This rest of this form should be completed by Agent or Authorized Representative of Insurance Company. All questions must be answered in order for this form to be valid.

Policy holder Name:			
Policy holder Social Security Number:		Relation to Member:	
Medical Insurance Policy Information			
Company Name:		Policy Number:	
Company Address:		Company Phone:	
City:	State:	Zip Code:	Monthly Insurance Premium:

Please list the individuals covered under this policy:

Name	Social Security Number	Relationship	Date of Birth	Insurance Effective Date	Gender	Tobacco Usage*

*"Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, cigars, and any other tobacco products regardless of the method of use.

Insurance Agent/Company Certification of Health Insurance for Health Insurance Reimbursement Plan**Medical Insurance Policy Information *continued***

When are premiums paid?

☐ In Advance☐ In Arrears

KPPA will not reimburse eligible members until the covered period has expired

In accordance with KRS 61.702(6), KRS 78.5536(6) and 105 KAR 1:411, KPPA will reimburse eligible recipients on a quarterly basis.

Please complete the following payment history for the applicable quarter.

1st Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
January						
February						
March						
2nd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
April						
May						
June						
3rd Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
July						
August						
September						
4th Quarter	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Member	Date Paid
October						
November						
December						

Insurance Company/Agency Name: _____

Insurance Company/Agency Address: _____

City: _____ State: _____ Zip Code: _____

I certify that all 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 benefits, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursement the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Position Title: _____ Telephone Number: _____

Signature of Authorized Representative/Agent: _____ Date: _____

**You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**

**Return your completed form to:**

Kentucky Public Pensions Authority
 1260 Louisville Rd. • Frankfort KY 40601-6124
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 6200
Plan Year 2024
 Revised 09/2022

Kentucky Public Pensions Authority Health Plans for Medicare Eligible Persons

Kentucky Public Pensions Authority Health Plans offer medical and prescription drug coverage.

To enroll in a Kentucky Public Pensions Authority Health Plan, please provide the following information.

Enrollee Information: The enrollee is the person applying for coverage.

Enrollee Name:		Enrollee SSN:	
Retiree Name:		Member ID:	
Enrollee DOB:	Email:		
Home Phone Number:		Mobile Phone Number:	
Permanent Residence Street Address (P.O. Box not allowed):			
City:	State:	Zip Code:	
Mailing Address (only if different from permanent residence):			
City:	State:	Zip Code:	
If you are not the retiree, what is your relationship to the retiree?			
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other (please explain)			

A copy of your Medicare Card or Social Security Awards Letter is required to enroll. If a copy of your Medicare Card (Red, White, and Blue) is not already on file, please send a copy with this Enrollment Form.

Please read and answer these important questions.

Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No
 If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

Employment After Retirement

If you return **to work with an employer** who participates in Kentucky Public Pension Authority, you may be **prevented from enrolling in the KPPA Medicare Advantage Plan**. Medicare eligible retiree who are not able to enroll in the KPPA Medicare Advantage plan may be eligible to enroll in a plan designated for retirees affected by the Medicare Secondary Payer Act. Please contact our office at KPPAMedicareSecondaryPayer@kyret.ky.gov for assistance.

Is the Enrollee employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the Enrollee Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name (without abbreviations):	
Employer Street Address:	
Is the Enrollee eligible for Employer's Group Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Enrollee enrolled in the Employer's Group Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Enrollee in the process of retiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is their retirement date?

Paying your plan premium.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board (RRB). DO NOT pay Kentucky Public Pensions Authority the Part D- IRMAA.

If you are an authorized representative, please read the important notice below.

If you are an authorized representative completing this form on behalf of the applicant, you must provide our office with documentation of your legal authority to act on their behalf. Documentation of legal authority to act may consist of one of the following: a completed [KPPA Form 6460](#) "Special Power of Attorney"; a valid guardianship or emergency guardianship order; a valid Power of Attorney containing provisions allowing for health care decisions; a valid Living Will with a designation of a health care surrogate(s); or other documentation as approved by the Kentucky Public Pensions Authority. You can find [KPPA Form 6460](#) on our website at <https://kyret.ky.gov> or contact our office at (800) 928-4646 to request a copy.

This Enrollment Form will not be valid until the appropriate documentation is filed with our office and approved by the Kentucky Public Pensions Authority's legal department.

By completing this Enrollment Form, I agree to the following:

I will need to keep my Medicare Part A and/or Part B coverage. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period unless I qualify for certain special circumstances.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that Humana Group Medicare Advantage PPO will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Humana Group Medicare Advantage PPO will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. I authorize release of all Medicare Part A, Part B and Part D (Part C) claims information from any source for the purpose of processing my claims. This authorizes release of my Medicare claims information from the effective date of my coverage until termination of my coverage. The information on this Enrollment Form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

Any person who knowingly and with intent to defraud any insurance company or other person files an Enrollment Form for insurance containing any materially false information or, for the purpose of misleading, conceals information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law where I live) on this Enrollment Form means that I have read and understand the contents of this Enrollment Form. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Humana Group Medicare Advantage PPO, Kentucky Public Pensions Authority or by Medicare.

Waiver of Coverage/Disenrollment of Coverage

PLEASE BE ADVISED THAT IF YOU DO NOT WAIVE COVERAGE OR DISENROLL FROM COVERAGE, YOU WILL AUTOMATICALLY BE ENROLLED INTO A PLAN FOR THE 2023 PLAN YEAR

If you currently have coverage and wish to disenroll, please check the box below.

☐ I wish to waive coverage or disenroll* Reason:

* If you waive coverage or disenroll, you will not be allowed to change this election until the next open enrollment period unless you experience a qualifying event. If you wish to waive coverage or disenroll, complete all requested information on this form, then provide the necessary signatures on the last page of this form.

Available Plans

Please check which plan you want to enroll in.

☐ Kentucky Public Pensions Authority Medical Only** (The Medical Only Plan does not have prescription drug coverage).

☐ Humana Group Medicare Advantage PPO Plan - KPPA Essential Prescription Drug Plan

☐ Humana Group Medicare Advantage PPO Plan - KPPA Premium Prescription Drug Plan

** If you enroll for coverage under Medicare Part D, the only KPPA plan that you may elect is the Health Plan – Medical Only.

Certification

Applicant's Signature: _____ Date: _____

Retiree's Signature
(if different from applicant): _____ Date: _____

Return your completed Enrollment Form to:

Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601-6124

Kentucky Employees' Health Plan
Department of Employee Insurance
KPPA 800-928-4646
TRS 800-618-1687
LRP/JRP 502-564-5310



Kentucky Employees'
Health Plan



Plan Year 2024 RETIREE HEALTH INSURANCE ENROLLMENT/CHANGE FORM

Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date
<input type="checkbox"/> KPPA 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420
<input type="checkbox"/> KPPA RTW 80100 10006464				
KPPA Only:	<input type="checkbox"/> KPPA-KERS	<input type="checkbox"/> CERS - Oth.Ag	<input type="checkbox"/> KPPA-SPRS	
Reason(s) for Application:		Qualifying Event:		Termination:
<input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Applicant becomes the PH <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Exception <input type="checkbox"/> Demographic Change <input type="checkbox"/> Termination		<input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health <input type="checkbox"/> Spouse turned 65		<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other: _____
				Coverage End Date

Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI) If plan holder is not the Retiree	Applicant's Date of Birth
Mailing Address	Primary Phone #	Secondary Phone #
City, State, ZIP	Home County	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
***Required information for processing. Are you Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).			
KPPA Only:	<input type="checkbox"/> KPPA-KERS	<input type="checkbox"/> CERS - Oth.Ag	<input type="checkbox"/> KPPA-SPRS
Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #	
Spouse's Home Email Address		Spouse Work Email Address	

Section 4: Dependent Information Changes or Current (Circle one)

***Required information for processing:
Are any dependents Medicare eligible due to Social Security disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #2 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain

Retiree's SSN: _____

Applicant's SSN: _____

Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Add <input type="checkbox"/> Drop <input type="checkbox"/> Remain
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Section 5: Tobacco Use Declaration Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at kehpn.ky.gov. You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____
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Section 6: Coverage Level - Verification documents may be required; check with your Insurance Coordinator or HR office.
Note: If adding newly covered dependents you may be required to provide verification documents to Alight, the dependent audit vendor. Alight will contact you if verification documents are required.

<input type="checkbox"/> Single (self only)	<input type="checkbox"/> Parent Plus (self and child(ren))	<input type="checkbox"/> Couple (self and spouse)	<input type="checkbox"/> Family (self, spouse and child(ren))
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Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at webmdhealth.com/kehpn.

<input type="checkbox"/> LivingWell CDHP	<input type="checkbox"/> LivingWell PPO	<input type="checkbox"/> LivingWell Basic CDHP	<input type="checkbox"/> Default LivingWell Basic CDHP (no HRA funds) - INSURANCE COORDINATOR USE ONLY	<input type="checkbox"/> Waive Coverage, No HRA - without \$ _____ Reason for Waiving: _____
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Section 8: Signatures - Please submit this application to your retirement agency Insurance Coordinator - ADDRESS

BELOW By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at kehpn.ky.gov.

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature	Date	
Applicant Signature - if plan holder is not the retiree	Date	
Spouse Signature - REQUIRED if electing the cross-reference payment option	Date	
IC/HRG Signature	Date	
IC/HRG Printed Name	IC/HRG Phone Number	
Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option	Date	
Spouse's IC/HRG Printed Name	Spouse's IC/HRG Phone Number	
Kentucky Public Pensions Authority 1260 Louisville Road Frankfort, KY 40601	Teachers' Retirement Systems 479 Versailles Road Frankfort, KY 40601	Judicial Retirement Plan Legislators Retirement Plan 305 Ann Street, Suite 302 Frankfort, KY 40601

MEMORANDUM

TO: Ad Hoc Regulation Committee (“Committee”) for the Board of the Kentucky Public Pensions Authority (“Board”)

FROM: Jessica Beaubien, Policy Specialist, Non-Advocacy Division, Office of Legal Services
Carrie Bass, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services

DATE: February 19, 2024

RE: Committee approval and recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:190, Qualified Domestic Relations Orders, to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Purpose of amended administrative regulation:

Kentucky Revised Statutes 61.505(1)(g) authorizes the Board to promulgate and amend administrative regulations “on behalf of the Kentucky Retirement Systems and the County Employees Retirement System, individually or collectively” as long as the regulations are consistent with the provisions of Kentucky Revised Statutes 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505. 105 KAR 1:190, Qualified Domestic Relations Orders, is consistent with these provisions of the Kentucky Revised Statutes.

This administrative regulation establishes the requirements, procedures, and forms necessary to administer Qualified Domestic Relations Orders (“QDROs”). This amendment achieves the following:

- Updates the language throughout the regulation to be consistent with the language used in all Kentucky Public Pensions Authority regulations and the definitions found in 105 KAR 1:001.
- Reorganizes the sections of the regulation for clarity.
- For QDROs received by the KPPA prior to retirement, incorporates the Partial Lump Sum Payment Option (PLSO) that is now available as a payment option.
- Adds details on how multiple retirement accounts affect the administration of a QDRO.
- Adds details throughout to more accurately reflect the way QDROs are currently being administered.
- Updates all forms for clarity and to reflect the agency name change.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:190, Qualified Domestic Relations Orders, for filing approval to the full Board at the March 21, 2024 meeting.

List of attached materials:

1. 105 KAR 1:190, Qualified Domestic Relations Orders.

2. Form 6433, Authorization for Release of Information and Request for Information for Qualified Domestic Relations Orders.
3. Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property.
4. Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property.
5. Form 6436, Qualified Domestic Relations Order for Child Support.
6. Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency.
7. Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance.
8. Form 6130, Authorization for Deposit of Retirement Payment.
9. Form 6135, Payment of Retirement Payment by Check.

FINANCE AND ADMINISTRATION CABINET

Kentucky Public Pensions Authority

(Amendment)

105 KAR 1:190. Qualified domestic relations orders.

RELATES TO: KRS 16.505~~[16.505(36), (37), (38)]~~, 16.576, 16.645(5), 16.568, 16.577,
16.578, 16.582, 16.583, 61.505, 61.510~~[61.510(37), (38), (39)]~~, 61.542, 61.559, 61.580, 61.583,
61.590, 61.595, 61.597, 61.600, 61.605, 61.610, 61.615, 61.621, 61.625, 61.635, 61.637,
61.640, 61.661, 61.663, 61.690, 61.691, 78.510~~[78.510(34), (35), (36)]~~, 78.545~~[78.545(26)]~~,
78.640, 78.652, 78.5510, 78.5512, 78.5514, 78.5516, 78.5518, 78.5522, 78.5524, 78.5526,
78.5528, 78.5532, 78.5540, 205.712, 26 U.S.C. 414(p)

STATUTORY AUTHORITY: KRS 16.645, 61.505(1)(g)~~[61.645(9)(e)]~~, 61.690, 78.545

NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the Kentucky
Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky
Retirement Systems and the County Employees Retirement System that are consistent with
KRS 16.505 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. KRS 16.645, 61.690(3)(b), and
78.545 require the Kentucky Retirement Systems and the County Employees Retirement
System~~[61.690 requires the retirement systems]~~ to promulgate an administrative regulation
 establishing the requirements, procedures, and forms necessary to administer qualified
 domestic relations orders (QDROs). This administrative regulation establishes the requirements,
 procedures, and forms necessary to administer QDROs.

Section 1. Definitions.

(1) "Basic retirement allowance" means the basic payment option as defined by KRS 61.542(5)(f) and 78.545.~~["Alternate payee" is defined by KRS 16.505(38), 61.510(39), and 78.510(36).]~~

(2) "Benefit" means the retirement allowance as defined by KRS 16.505(12), 61.510(16), and 78.510(16).~~["Qualified domestic relations order" is defined by KRS 16.505(37), 61.510(38), and 78.510(35).]~~

(3) "Date of divorce" means the date the decree of dissolution of marriage is entered by a court of competent jurisdiction. ~~["Participant" is defined by KRS 16.505(36), 61.510(37), and 78.510(34).]~~

(4) "Effective retirement date" means the first date upon which a member's early, normal, or disability retirement benefits began or will begin.

(5) "Marital Service" means the amount of service earned and purchased during the marriage.

(6) "Unreduced retirement benefit" means the full retirement allowance for which a participant is entitled in accordance with KRS 16.576, 16.577, 16.583, 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516.

Section 2. Information requests.

(1) If information is necessary for the Court to calculate the amount due to the alternate payee for the purposes of a QDRO, the participant shall complete, sign, and file a valid Form 6433, Authorization for Release of Information and Request for Information for Qualified Domestic Relations Order, to obtain the needed information.

(2) In response to a filed valid Form 6433, if the participant has not yet retired, the agency shall provide as of the date of the divorce indicated on the QDRO, or if the date of divorce is not provided the last date contributions were reported, the participant's:

(a) Accumulated account balance during the marriage in each of the systems in which the participant has marital service;

(b) Total number of months of service credit earned and purchased in each of the systems in which the participant has service;

(c) The number of months of service credit earned and purchased during the marriage in each of the systems in which the participant has marital service;

(d) The hypothetical monthly retirement allowance pursuant to KRS 16.576, 16.577, 16.583, 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516 the participant would receive beginning on the date the participant is eligible for an unreduced retirement benefit, and broken down by each of the systems in which the participant has marital service. The hypothetical monthly retirement allowance shall be based on:

1. The participant's final compensation and service credit; or

2. The participant's accumulated account balance;

(e) The hypothetical partial lump sum payment option without survivor rights with a one-time lump-sum payment equal to twelve (12) monthly retirement allowances and the reduced ongoing monthly retirement allowance pursuant to KRS 61.635(12) and 78.545 that the participant would receive beginning on the date the participant is eligible for an unreduced retirement benefit, and broken down by each of the systems in which the participant has marital service. The hypothetical partial lump sum payment option and reduced ongoing monthly retirement allowance shall be based on:

1 1. The participant's final compensation and service credit; or

2 2. The participant's accumulate account balance; and

3 (f) The hypothetical actuarial equivalent refund payment or accumulated account balance
 4 refund payment the participant would receive, broken down by each of the systems in which the
 5 participant has marital service, when the participant is eligible for an unreduced retirement
 6 benefit based on:

7 1. The final compensation and service credit; or

8 2. The participant's accumulated account balance.

9 (3) In response to a filed valid Form 6433, if the participant retired prior to the effective date
 10 of the divorce indicated on the QDRO, the agency shall provide the participant's:

11 (a) Current monthly retirement benefit in each of the systems from which the participant is
 12 receiving a monthly retirement benefit;

13 (b) Total number of months of service credit earned and purchased during the marriage in
 14 each of the systems from which the participant is receiving a monthly retirement benefit; and

15 (c) Total number of months of service credit in each of the systems from which the participant
 16 is receiving a monthly retirement benefit.

17 (4)(a) The alternate payee may request and obtain the information necessary for the court to
 18 calculate the amount due to the alternate payee for purposes of the QDRO by completing and
 19 filing a valid Form 6433, Authorization for Release of Information and Request for Information
 20 for Qualified Domestic Relations Orders, and an attached court issued subpoena or order
 21 compelling the release of the requested information.

22 (b) The agency shall respond to a valid Form 6433 filed in accordance with this subsection
 23 in the same manner as indicated in subsections (2) or (3) of this section as applicable.

1 (5)(a) If information other than the information supplied by the agency in accordance with
 2 subsections (2) through (3) of this section is required:

3 1. The participant shall file an additional signed request for information in writing;

4 2. The alternate payee shall file an additional signed request for information in writing, and
 5 an attached court issued subpoena or order compelling the release of the requested information;
 6 or

7 3. Legal counsel shall file an additional signed request for information in writing, and
 8 documentation that he or she represents the participant or alternate payee, as applicable. An
 9 alternate payee's legal counsel shall also file a court issued subpoena or order compelling the
 10 release of the requested information.

11 (b) Requests for information other than the information supplied by the agency in accordance
 12 with subsections (2) through (4) of this section shall be answered pursuant to KRS 61.661 and
 13 78.545.

14 Section 3. QDROs prior to July 14, 2000. The provisions of this section shall only apply to
 15 QDROs that were approved ~~[by the retirement systems]~~ for enforcement by the agency prior to
 16 July 14, 2000. After the participant notifies the ~~agency[retirement system]~~ of his or her~~[the~~
 17 ~~participant's]~~ requested effective retirement date, the ~~agency[retirement systems]~~ shall
 18 administer a valid QDRO approved by the agency that was entered prior to the participant's
 19 effective retirement date as follows:

20 (1) The ~~agency[retirement systems]~~ shall provide~~[send]~~ the participant and the alternate
 21 payee information regarding the amount of the benefits payable pursuant to the QDRO.

(2) The amount of the benefits payable pursuant to a valid QDRO~~[approved for enforcement by the retirement systems prior to July 14, 2000,]~~ shall be determined~~[calculated]~~ as follows:

(a) The percentage of benefit due to the alternate payee shall be computed based on the following table:

$$\frac{\% \text{ allocated to Alternate Payee pursuant to QDRO}}{\text{Participant's total service credit}} \times \frac{\text{marital service per QDRO}}{\text{Participant's total service credit}} = \text{Percentage of benefit due to the alternate payee}$$

~~[The alternate payee shall receive the amount computed by multiplying the basic option amount due the participant by the percentage allocated to the alternate payee by the terms of the QDRO multiplied by a fraction, the numerator of which shall be the period of service specified in the QDRO and the denominator of which shall be the participant's total service credit. The participant shall be paid all amounts in excess of the amounts paid to the alternate payee.]~~

(b) If a lump sum payment equal to the balance of the participant's accumulated account balance is to be made, the percentage due to the alternate payee as calculated by paragraph(a) of this subsection~~[determined by this calculation]~~ shall be multiplied by the~~[balance of the]~~ participant's accumulated account balance and the result paid to the alternate payee. The participant shall be paid all amounts in excess of the amounts paid the alternate payee.

(c) If a monthly payment is to be made ~~[benefit is paid]~~, the percentage due to the alternate payee, as calculated by paragraph(a) of this subsection~~[options made available to the alternate payee]~~ shall be multiplied by the participant's basic retirement allowance and the result shall be paid monthly to the alternate payee~~[derived from the participant's basic option]~~. The participant shall be paid all amounts in excess of the amounts paid to the alternate payee.

(d) Service credit added for disability retirement benefits under KRS 16.582, 61.600, 61.605, 78.5522, or 78.5524~~[16.582]~~ shall not be included in determining the amount payable to the alternate payee. Service credit purchased during the period of marriage shall be included in the calculation under this paragraph.

(e) The payment options offered to the alternate payee:

1. Shall~~[shall]~~ be based on the alternate payee's life expectancy;~~[-]~~

2. Shall include only~~[The alternate payee shall be offered]~~ the payment options described in KRS 61.635 and 78.545 which do not provide lifetime benefits to a beneficiary; and ~~[-]~~

3. ~~If~~^{if} the participant is eligible, shall include the ten (10) year certain option as provided by KRS 16.576(4).

~~(f)[If the alternate payee predeceases the participant after the participant's retirement, a lump sum, determined actuarially, of the payments remaining to the alternate payee, if any, shall be paid to the alternate payee's estate.]~~ (g) The alternate payee of a QDRO approved for enforcement by the agency~~[retirement systems]~~ prior to July 14, 2000, shall receive increases given recipients under KRS 61.691 and 78.5518.

(3)(a) If the participant dies prior to his or her effective retirement date and prior to the death of the alternate payee, the participant's account shall be divided in accordance with the QDRO between the alternate payee and the participant's beneficiary.

1. ~~(4)~~ If the death benefit is a refund of the participant's accumulated account balance~~[contributions and interest]~~, the alternate payee shall only be offered a lump sum payment representing a portion of the participant's accumulated account balance calculated in accordance with subsection (2)(b) of this section.

2.[(5)] If the death benefit is calculated under KRS 16.578, ~~or~~ 61.640, or 78.5532, the
 alternate payee shall be allowed to choose a lifetime annuity, a sixty (60) month certain payment,
 a 120 month payment, or an actuarial equivalent refund~~[lump sum payment]~~.

(b)1.[(6)] If a participant with a pre-retirement QDRO dies after his or her effective retirement
date and prior to the death of the alternate payee, there shall be no change to the alternate
payee's benefits.

2. If a participant with a post-retirement QDRO dies prior to the death of the alternate payee,
the QDRO on file shall be void and no further payment shall be made to the alternate payee.

(4)(a) If the alternate payee predeceases the participant after the participant's effective
retirement date, a lump sum, determined actuarially, of the payments remaining to the alternate
payee, if any, shall be paid to the alternate payee's estate.

(b) If the alternate payee predeceases the participant prior to the participant's effective~~[dies~~
~~prior to the participant's death,]~~ retirement date~~;~~ or withdrawal of account, the QDRO on file
shall be void and payment shall not be made to the alternate payee or his or her estate.

(5) [(7)] When benefits become payable to the alternate payee, the agency~~[retirement system]~~
 shall establish a separate account for the alternate payee, which shall consist of the alternate
 payee's pro rata share determined pursuant to subsection (2) of this section~~[of the participant's~~
~~contributions, service, and benefit]~~. Once the alternate payee's account has been established,
 the alternate payee shall not be entitled to further benefits acquired by the participant.

Section 4. QDROs on or after July 15, 2010.~~[Section 3.]~~

(1) Section 4 through Section 20~~[All sections]~~ of this administrative regulation ~~[, except for~~
~~Section 2,]~~ shall only apply to QDROs approved for enforcement by the agency~~[retirement~~
~~systems]~~ on or after July 15, 2010.

(2) A QDRO may apply to any of the~~[retirement]~~ systems~~[administered by the Kentucky Retirement Systems as established by KRS Chapters 16, 61, and 78]~~ in which the participant has marital service~~[is a member during the period of the marriage]~~ that is the subject of the QDRO and from which the participant will receive retirement benefits, except for the excess benefit plans~~[retirement systems]~~ established by KRS 16.568, 61.663, and 78.652.

(3) A valid QDRO shall be complete and contain all~~[the following]~~ information[:

~~(a) The participant's name;~~

~~(b) The participant's mailing address;~~

~~(c) The participant's Kentucky Retirement Systems member identification number or the participant's Social Security number;~~

~~(d) The alternate payee's name;~~

~~(e) The alternate payee's mailing address;~~

~~(f) The system or systems to which the QDRO applies;~~

~~(g) The amount or percentage to be paid to the alternate payee;~~

~~(h) When payments under the QDRO are to end;~~

~~(i) How the cost of living increase provided in KRS 61.691 is to be administered, if administration is not otherwise provided for by KRS 61.690; and~~

~~(j) All information]~~ required on the form that applies to the subject matter of the order:

1. Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, for a QDRO concerning the division of marital property that is completed pre-retirement;

2. Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, for a QDRO concerning the division of marital property that is completed post-retirement;

3. Form 6436, Qualified Domestic Relations Order for Child Support, for a QDRO concerning the order of child support;

4. Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, for a QDRO concerning child support when completed by an Administrative Agency with the statutory authority to complete it; or

5. Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance, for a QDRO concerning alimony or maintenance.

~~[Section 4. (1) The participant shall sign and submit a Form 6433, Authorization for Release of Information and Request for Information for Qualified Domestic Relations Order to obtain the information necessary for the Court to calculate the amount due to the alternate payee for purposes of the QDRO. The participant shall provide the retirement systems with the following information:~~

~~(a) The participant's and the alternate payee's Social Security numbers;~~

~~(b) The participant's and the alternate payee's dates of birth;~~

~~(c) Date of marriage;~~

~~(d) Date of divorce;~~

~~(e) The participant's and the alternate payee's mailing addresses; and~~

~~(f) The addresses of the participant's and the alternate payee's legal counsel, if any.~~

~~(2) If the participant has not yet retired, the retirement systems shall provide as of the date of the divorce, the participant's:~~

~~(a) Accumulated contributions and interest contributed and earned during the marriage in each system in which the participant has marital service;~~

~~(b) Total number of months of service credit earned and purchased as of the effective date of the divorce or upon the request in each system in which the participant has service;~~

~~(c) The number of months of service credit earned and purchased during the marriage in each system in which the participant has marital service;~~

~~(d) The hypothetical monthly retirement benefit pursuant to KRS 61.595 the participant would receive when the participant is eligible for an unreduced retirement benefit based on the final compensation and service credit as of the effective date of the divorce or upon the request in each system in which the participant has marital service; and~~

~~(e) The hypothetical actuarial refund payment option or lump sum refund payment the participant would receive when the participant is eligible for an unreduced benefit based on the final compensation and service credit as of the effective date of the divorce or upon the request in each system in which the participant has marital service.~~

~~(3) The retirement systems shall use the participant's final compensation as of the date of the divorce or upon the request and the service credit accrued by the participant during the marriage or upon the request when calculating the participant's projected basic monthly retirement allowance and the projected actuarial refund or lump sum refund payment.~~

~~(4) If the participant retired prior to the effective date of the divorce, the retirement systems shall provide the participant's:~~

~~(a) Current monthly retirement benefit in each system from which the participant is receiving a monthly retirement benefit;~~

~~(b) Total number of months of service credit earned and purchased during the marriage in each system from which the participant is receiving a monthly retirement benefit; and~~

~~(c) Total number of months of service credit in each system from which the participant is receiving a monthly retirement benefit.~~

~~(5) The alternate payee may request and obtain the information necessary for the court to calculate the amount due to the alternate payee for purposes of the QDRO by submitting a Form 6433, Authorization for Release of Information and Request for Information for Qualified Domestic Relations Orders, and an attached court issued subpoena or order compelling the release of the requested information.~~

~~(6) If information other than the information supplied by the retirement systems in accordance with subsections (2) through (4) of this section is required:~~

~~(a) The participant shall submit to the systems an additional signed request for information in writing; or~~

~~(b) The alternate payee shall submit to the systems an additional request and an attached court issued subpoena or order compelling the release of the requested information.~~

~~(c) Requests for information other than the information supplied by the retirement systems in accordance with subsections (2) through (4) of this section shall be answered pursuant to KRS 61.661.]~~

Section 5. Pre-retirement QDROs for the division of marital property.

(1) Only a QDRO for the purpose of the division of marital property shall be filed prior to a participant's effective retirement date.

(2) A QDRO issued for purpose of the division of the participant's retirement account, pursuant to a divorce entered prior to the participant's effective retirement date, shall be filed

1 prior to retirement on a valid Form 6434, Pre-Retirement Qualified Domestic Relations Order for
 2 Division of Marital Property. A Form 6434 entered or initially filed after the participant's retirement
 3 date shall be in compliance with Section 6 of this administrative regulation.

4 (3) The effective date of the Form 6434, Pre-Retirement Qualified Domestic Relations Order
 5 for Division of Marital Property, shall be the participant's effective retirement date as provided in
 6 KRS 61.590 and 78.545, or if the Form 6434 is approved following the participant's effective
 7 retirement date, the month following the month the Form 6434 was approved for enforcement
 8 by the agency.

9 (a) If the participant receives a lump sum payment representing monthly retirement benefits
 10 paid retroactively to the participant's effective retirement date, the alternate payee shall receive
 11 a portion of the lump sum payment as provided on the Form 6434.

12 (b) If the participant is not receiving a retirement benefit, then the alternate payee shall not
 13 receive a retirement benefit.

14 (4)(a) A Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of
 15 Marital Property, filed on or after July 1, 2024 shall specify the amount to be paid to the alternate
 16 payee. The court shall use one (1) of the following methods to calculate the amount to be paid
 17 to the alternate payee:

18 1. A dollar amount;

19 2. A percentage of the participant's marital service; or

20 3. An alternative percentage of the participant's retirement payment option or accumulated
 21 account balance refund.

22 (b) If the court specifies a dollar amount to be paid to the alternate payee, then the court shall
 23 complete all fields to indicate:

1 1. A monthly dollar amount if the participant elects a monthly retirement allowance;

2 2. A one (1) time lump sum dollar amount if the participant elects the actuarial equivalent
 3 refund payment option pursuant to KRS 61.635(11) and 78.545;

4 3. A lump sum dollar amount from participant's refund of his or her accumulated account
 5 balance if the participant elects to terminate his membership pursuant to KRS 61.625 and
 6 78.545; and

7 4. A one-time lump-sum payment and a monthly dollar amount if the participant elects a
 8 partial lump-sum payment option pursuant to KRS 61.635(12) and 78.545.

9 (c) 1. If the court specifies that a percentage of the participant's marital service be paid to
 10 the alternate payee, the percentage shall be determined based on the following table:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

12 2. The agency shall determine the marital service based on the marital period as provided
 13 by the court in the QDRO;

14 3. The participant's total service credit shall be determined by the agency prior to the
 15 participant's filing of a request for a refund of the accumulated account balance, and shall be the
 16 total number of months of service credit used to calculate the participant's retirement payment
 17 options or the total number of months of service credit the participant had at the time of the
 18 request for refund of the accumulated account balance; and

19 4. To determine the amount due to the alternate payee, the above percentage shall be
 20 applied to the following as appropriate:

1 a. The participant's basic monthly retirement allowance pursuant to 16.576, 16.577, 16.583,
2 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516;

3 b. The participant's actuarial equivalent refund;

4 c. The participant's refund of his or her accumulated account balance; or

5 d. The one-time lump sum payment, and to either the reduced monthly retirement allowance
6 payment with no survivor rights option elected by the participant pursuant to KRS 61.635(12)(a)
7 and 78.545, or if the participant elected a payment option with survivor rights pursuant to KRS
8 61.635(12)(b) and 78.545, the correlating reduced monthly retirement allowance payment
9 without survivor rights.

10 (d)1. If the court specifies that an alternative percentage of the participant's retirement
11 payment option or accumulated account balance refund be paid to the alternate payee, the
12 payment to the alternate payee shall not exceed the participant's:

13 a. Retirement allowance amount elected at retirement;

14 b. Actuarial equivalent refund pursuant to KRS 61.635(11) and 78.545; or

15 c. Refund of his or her accumulated account balance pursuant KRS 61.625 and 78.545.

16 2. To determine the amount due to the alternate payee, the percentage indicated on the
17 QDRO shall be applied to the following as appropriate:

18 a. The participant's basic monthly retirement allowance pursuant to 16.576, 16.577, 16.583,
19 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516;

20 b. The participant's actuarial equivalent refund;

21 c. The participant's refund of his or her accumulated account balance; or

22 d. The one-time lump sum payment, and to either the reduced monthly retirement allowance
23 payment with no survivor rights option elected by the participant pursuant to KRS 61.635(12)(a)

and 78.545, or if the participant elected a payment option with survivor rights pursuant to KRS 61.635(12)(b) and 78.545, the correlating reduced monthly retirement allowance payment without survivor rights.

(5)(a) If a Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, is filed prior to July 1, 2024 and the participant elects to receive a partial lump sum payment option pursuant to KRS 61.635(12) and 78.545, the alternate payee:

1. Shall receive a dollar amount or percentage applied to the participant's basic monthly retirement allowance; and

2. Shall not receive a portion of the partial lump sum payable to the participant.

(b) A Form 6434 filed prior to July 1, 2024 shall specify the amount to be paid to the alternate payee. The court shall use one (1) of the following methods to calculate the amount to be paid to the alternate payee:

1. A dollar amount;

2. A percentage of the participant's marital service; or

3. An alternative percentage of the participant's retirement payment option or accumulated account balance refund.

(c) If the court specifies a dollar amount to be paid to the alternate payee, then the court shall complete all fields to indicate:

1. A monthly dollar amount if the participant elects a monthly retirement allowance, including the reduced monthly retirement allowance payable under a partial lump-sum option pursuant to KRS 61.635(12) and 78.545;

2. A one (1) time lump sum dollar amount if the participant elects the actuarial equivalent refund payment option pursuant to KRS 61.635(11) and 78.545; and

1 3. A lump sum dollar amount from participant's refund of his or her accumulated account
 2 balance if the participant elects to terminate his membership pursuant to KRS 61.625 and
 3 78.545.

4 (d) 1. If the court specifies that a percentage of the participant's marital service be paid to
 5 the alternate payee, the percentage shall be determined based on the following table:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

6
 7 2. The agency shall determine the marital service based on the marital period as provided
 8 by the court in the QDRO;

9 3. The participant's total service credit shall be determined by the agency prior to the
 10 participant's filing of a request for a refund of the accumulated account balance, and shall be the
 11 total number of months of service credit used to calculate the participant's retirement payment
 12 options or the total number of months of service credit the participant had at the time of the
 13 request for refund of the accumulated account balance; and

14 4. To determine the amount due to the alternate payee, the above percentage shall be
 15 applied to the following as appropriate:

16 a. The participant's basic monthly retirement allowance pursuant to 16.576, 16.577, 16.583,
 17 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516;

18 b. The participant's actuarial equivalent refund; or

19 c. The participant's refund of his or her accumulated account balance.

(e)1. If the court specifies that an alternative percentage of the participant's retirement payment option or accumulated account balance refund be paid to the alternate payee, the payment to the alternate payee shall not exceed the participant's:

a. Retirement allowance amount elected at retirement;

b. Actuarial equivalent refund pursuant to KRS 61.635(11) and 78.545; or

c. Refund of his or her accumulated account balance pursuant KRS 61.625 and 78.545.

2. To determine the amount due to the alternate payee, the percentage indicated on the QDRO shall be applied to the following as appropriate:

a. The participant's basic monthly retirement allowance pursuant to 16.576, 16.577, 16.583, 61.559, 61.595, 61.597, 78.5510, 78.5512, 78.5514, and 78.5516;

b. The participant's actuarial equivalent refund; or

c. The participant's refund of his or her accumulated account balance.

Section 6. Post retirement QDRO for the division of marital property.

(1) A QDRO issued for purposes of division of the participant's retirement account pursuant to a divorce decree entered after the participant's effective retirement date, or initially filed following the participant's effective retirement date, shall be filed on a valid Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property.

(2) The Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, shall specify the amount to be paid to the alternate payee. The court shall use one (1) of the following methods to calculate the amount to be paid to the alternate payee:

(a) A monthly dollar amount;

(b)1. A percentage of the participant's selected monthly retirement benefit attributable to the marital service, which shall be determined based on the following table:

$$\frac{\begin{array}{c} \text{Months of marital service in which participant was a} \\ \text{contributing member of the system affected by the QDRO} \\ \text{Participant's total service credit used to} \\ \text{calculate the retirement payment option} \end{array}}{\text{X } 100 \div 2 = \begin{array}{c} \text{Percentage of} \\ \text{benefit due to the} \\ \text{alternate payee} \end{array}}$$

2. The agency shall determine the marital service based on the marital period as provided by the court in the QDRO; or

(c) An alternative percentage of the participant's selected monthly retirement benefit in the system or systems affected by the QDRO.

Section 7. Child support QDROs.

(1) A QDRO issued for purposes of payment of child support shall be filed on:

(a) A valid Form 6436, Qualified Domestic Relations Order for Child Support entered by a court of competent jurisdiction; or

(b) A valid Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, completed by an administrative agency with statutory authority to issue an order for child support in accordance with the laws governing child support.

(2) The QDRO shall specify the monthly dollar amount of child support to be paid.

(3) The agency shall remit the payment for child support to the centralized registry established pursuant to KRS 205.712 and defined in 921 KAR 1:001, Section 1(5).

(a) The payment for child support shall be made payable to "Kentucky Child Support Enforcement".

(b) The participant's name and Social Security number shall be noted on the payment.

(4) The agency shall only accept a Form 6436, Qualified Domestic Relations Order for Child Support, or a Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, if the participant is retired and is receiving a monthly retirement benefit.

1 Section 8. Alimony or maintenance QDROs.

2 (1) A QDRO issued for purposes of payment of alimony or maintenance pursuant to KRS
 3 403.200 shall be filed on a valid Form 6438, Qualified Domestic Relations Order for
 4 Alimony/Maintenance completed by a court of competent jurisdiction in accordance with the laws
 5 governing alimony or maintenance.

6 (2) The QDRO shall specify the monthly dollar amount or percentage of the participant's
 7 monthly retirement allowance to be paid to the alternate payee for alimony or maintenance.

8 (3) The agency shall only accept a Form 6438, Qualified Domestic Relations Order for
 9 Alimony/Maintenance if the participant is retired and is receiving a monthly retirement allowance.

10 Section 9. Filing a QDRO.

11 (1) A QDRO shall be on the form incorporated by reference in this administrative regulation
 12 that applies to the subject matter of the order.

13 (a)[(2)] A QDRO shall be signed by the judge of a court with jurisdiction over the case, and
 14 entered and certified by the Clerk of the Court, except as provided in paragraph (b) of this
 15 subsection.

16 (b) The Form 6437, Qualified Domestic Relations Order for Payment of Child Support by an
 17 Administrative Agency, shall be signed[or] by the head of the administrative agency, or his or
 18 her[their] designee, with statutory authority to issue a QDRO. [(3) A QDRO shall be entered and
 19 certified by the Clerk of the Court or by the head of the administrative agency, or their designee,
 20 with statutory authority to issue a QDRO.]

21 (2) A valid copy of the QDRO that meets the requirements of subsection (1) of this section
 22 shall be filed. [(4) The participant, alternate payee, or their legal counsel shall submit a copy of
 23 the entered and certified QDRO to the retirement systems.]

1 ~~(3)(a) No one shall file~~~~[(5)(a) The participant, alternate payee, or their legal counsel shall not~~
2 ~~submit]~~ a QDRO that is before an appellate court and is not final.

3 (b) The agency~~[retirement systems]~~ shall not have responsibility or liability for payments
4 made pursuant to a QDRO filed~~[submitted]~~ in violation of this subsection that was altered or
5 dissolved by an order of an appellate court of competent jurisdiction.

6 (4) A fee of fifty (50) dollars shall be submitted by~~[(6) The participant, alternate payee, or their~~
7 ~~legal counsel shall submit a]~~ certified check or money order in the amount of fifty (50) dollars
8 made payable to the Kentucky State Treasurer as a nonrefundable processing fee with a
9 filed~~[the]~~ QDRO, except as provided in paragraph (b) or (c) of this subsection. The
10 agency~~[retirement systems]~~ shall not review the QDRO to approve for enforcement unless the
11 fee is submitted with the QDRO.

12 (a)~~[A QDRO shall provide who shall pay the fee, including if the fee is to be divided between~~
13 ~~the participant and the alternate payee.]~~ Only one (1) certified check or money order shall be
14 submitted in payment of the fee.

15 (b) There shall not be a fee required for ~~[submission of]~~ a Form 6436, Qualified Domestic
16 Relations Order for Child Support, or a Form 6437, Qualified Domestic Relations Order for Child
17 Support by an Administrative Agency.

18 (c) If the dissolution of marriage action was filed in forma pauperis, then the
19 agency~~[retirement systems]~~ shall waive the filing fee. A copy of the order allowing the dissolution
20 of marriage action to be filed in forma pauperis shall be filed~~[submitted to the retirement systems]~~
21 with the valid entered and certified QDRO.

22 (5)(a)~~[(7)]~~ If the agency~~[retirement systems]~~ determines that the QDRO does not comply with
23 KRS 16.645, 61.690, 78.545, 26 U.S.C. 414(p), or this administrative regulation, the participant,

1 alternate payee, or their legal counsel shall have until the end of day ninety (90) calendar days
 2 from the date the agency's[retirement systems'] notification of the deficiency was
 3 provided[mailed], as detailed[provided] in Section 11(4)[Section 6(4)] of this administrative
 4 regulation, to file[submit] a corrected QDRO without an additional fee.

5 (b) If a corrected valid QDRO is not filed[submitted] by the end of day[within] ninety (90)
 6 calendar days from[ef] the date of notification, then ~~[the participant, alternate payee, or their legal~~
 7 ~~counsel shall be required to submit]~~ an additional nonrefundable fifty (50) dollar fee with any new
 8 or corrected QDRO filed[submitted] after the ninety (90) calendar days shall be required.

9 (c) If the participant requests and receives a refund of his or her accumulated account
 10 balance during the ninety (90) calendar day period described in this subsection, and a corrected
 11 QDRO is filed after the participant has received a refund of his or her accumulated account
 12 balance, then the QDRO shall not be valid and enforceable by the agency.

13 Section 10. Deposit of Fees. All fees collected pursuant to this administrative regulation shall
 14 be deposited in the Retirement Allowance Account established in KRS 61.580 and 78.640.

15 Section 11. Determining if a QDRO is approved for enforcement.~~[Section 6.]~~

16 (1) The agency[retirement systems] shall determine if the QDRO is complete and qualifies
 17 as a valid QDRO pursuant to KRS 16.645, 61.690, 78.545, 26 U.S.C. 414(p), and this
 18 administrative regulation.

19 (a) A QDRO shall not be effective until the agency[retirement systems] has determined that
 20 it complies with KRS 16.645, 61.690, 78.545, 26 U.S.C. 414(p), and this administrative
 21 regulation, and approves[has approved] the QDRO for enforcement.

22 (b)~~[The retirement systems shall provide notification of its determination within ninety (90)~~
 23 ~~days of the submission the QDRO during the time period from July 15, 2010 until July 14, 2011.~~

(c) The agency[retirement systems] shall provide notification by the end of day[within] forty-five (45) calendar days from the date[of the submission of] the QDRO is filed on or after July 15, 2011.

(2) The agency[retirement systems] shall provide notification to[notify] the participant; the participant's legal counsel, if known; the alternate payee; and alternate payee's legal counsel, if known, that the QDRO has been approved for enforcement.

(a) If the participant has not yet retired, the agency[retirement systems] shall place an otherwise valid and approved[the] QDRO on file until the participant files a notification of retirement or an application for a refund of his or her accumulated account balance.

(b) If the participant has retired, the agency[retirement systems] shall begin to enforce the QDRO the month after it is approved for enforcement by the agency[retirement systems].

(3)(a) Except as provided in paragraph (c) of this subsection, the[The] alternate payee shall complete and file a valid[submit a completed] Form 6130, Authorization for Deposit of Retirement Payment, or if he or she does not have an account with a financial institution, a valid Form 6135, Payment of Retirement Payment by Check, prior to receiving payment under a QDRO.

(b) If the alternate payee has not filed a valid[submitted a completed] Form 6130, [Authorization for Deposit of Retirement Payment,] or a valid Form 6135,[Payment of Retirement Payment by Check,] by the last day of the month before the first payment under the QDRO is due to be paid to the alternate payee, the agency[retirement systems] shall segregate[:-(a) Segregate] and hold the alternate payee's payments[:-(b) Hold the segregated amount] for a period of no more than eighteen (18) calendar months, with the period beginning on the first day of the month following the date the first payment was required by the QDRO approved for enforcement by the agency[retirement systems;]. The agency shall:

1 1.[(e)] Pay the segregated amount to the alternate payee, if a valid Form 6130,[~~Authorization~~
2 ~~for Deposit of Retirement Payment,~~] or a valid Form 6135[~~, Payment of Retirement Payment by~~
3 ~~Check,~~] is filed[submitted] within the eighteen (18) calendar month hold period;

4 2.[(d)] Pay the segregated amount to the participant, if a valid Form 6130,[~~Authorization for~~
5 ~~Deposit of Retirement Payment,~~] or a valid Form 6135[~~, Payment of Retirement Payment by~~
6 ~~Check,~~] is not filed[submitted] within the eighteen (18) calendar month hold period; or

7 3.[(e)] Apply the QDRO prospectively only, if after the eighteen (18) calendar month hold
8 period expires a valid Form 6130,[~~Authorization for Deposit of Retirement Payment,~~] or a valid
9 Form 6135,[~~Payment of Retirement Payment by Check,~~] is filed[submitted].

10 (b) An alternate payee listed on a valid Form 6436, Qualified Domestic Relations Order for
11 Child Support, or a valid Form 6437, Qualified Domestic Relations Order for Child Support by
12 an Administrative Agency shall not file a Form 6130 or a Form 6135.

13 (4)(a) If the agency[retirement systems] determines that the QDRO does not comply with
14 KRS 16.645, 61.690, 78.545, 26 U.S.C. 414(p), or this administrative regulation, the
15 agency[retirement systems] shall provide written notification to[notify] the participant, the
16 participant's legal counsel, if known, the alternate payee, and alternate payee's legal counsel, if
17 known, detailing[that]:

18 1.[(a)] The agency[retirement systems] has determined the QDRO does not comply with KRS
19 16.645, 61.690, 78.545, 26 U.S.C. 414(p), or this administrative regulation;

20 2.[(b)] The reason for the determination that the QDRO does not comply with KRS 16.645,
21 61.690, 78.545, 26 U.S.C. 414(p), or this administrative regulation; and

22 3.[(c)] The changes necessary to make the QDRO in compliance with KRS 16.645, 61.690,
23 78.545, 26 U.S.C. 414(p), and this administrative regulation.

(b) If the sole deficiency is that the QDRO is not entered or certified, the agency shall segregate and hold any payments due the alternate payee pursuant to the QDRO for up to eighteen (18) calendar months, with the period beginning the first day of the month after the date the QDRO was found to be noncompliant in accordance with this subsection.

1. If within the eighteen (18) calendar month hold period, the entered and certified QDRO is filed, the agency shall pay the segregated amount to the alternate payee; or

2. When the eighteen (18) calendar month hold period ends, if the entered and certified QDRO is not on file, the agency shall pay the segregated amount to the participant.

3. If an entered and certified QDRO is filed after the eighteen (18) calendar month hold period expires, the QDRO shall only be applied prospectively.

Section 12. Multiple QDROs.

(1) If there are multiple QDROs on file for a participant's account, the QDROs shall be administered in the following order:

(a) QDROs for the Division of Marital Property;

(b) QDROs for Child Support;

(c) QDROs for Alimony/Maintenance.

(2) If multiple QDROs for the Division of Marital Property are on file, they shall be administered in the order of approval by the agency.

(3) If multiple QDROs for Child Support are on file, they shall be administered in the order of approval by the agency.

(4) If multiple QDROs for Alimony/Maintenance are on file, they shall be administered in the order of approval by the agency.

(5) The agency shall not administer a QDRO if enforcement of the QDRO would result in the total amount of payments due to the alternate payees to exceed the participant's monthly retirement benefit under the multiple QDROs approved for enforcement by the agency. The agency shall notify the participant and alternate payees if a QDRO cannot be administered due to the exhaustion of the participant's monthly retirement benefit.

Section 13. Multiple retirement accounts. For participants who retired and subsequently reemployed with an employer in a regular full-time position prior to September 1, 2008, new QDROs affecting the participant's retirement account shall be administered as follows:

(1) A valid Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, that is filed and approved for enforcement by the agency shall be applied to any retirement account of the participant from which the participant has not retired.

(2) Any of the following valid QDROs that are filed and approved for enforcement by the agency shall be applied to any retirement account of the participant from which the participant has retired:

(a) Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property;

(b) Form 6436 Qualified Domestic Relations Order for Child Support;

(c) Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency; or

(d) Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance.

Section 14. Amending or terminating QDRO's.[Section 7.]

(1) If a QDRO approved for enforcement by the agency[and on file at the retirement systems] is amended or terminated, the participant, alternate payee, or their legal counsel shall file:

1 (a) ~~The[the]~~ amended entered and certified valid QDRO as provided in Section 9 of this
2 administrative regulation; or

3 (b) ~~The[an]~~ entered and certified order from a court of competent jurisdiction terminating the
4 QDRO~~[to the retirement systems as provided in Section 5 of this administrative regulation]~~.

5 (2) Except as provided in paragraph (a) or (b) of this subsection, a fee~~[The participant,~~
6 ~~alternate payee, or their legal counsel shall submit a certified check or money order in the~~
7 ~~amount]~~ of twenty-five (25) dollars shall be submitted by certified check or money order made
8 payable to the Kentucky State Treasurer as a nonrefundable processing fee for the amended
9 QDRO or order terminating the QDRO. The agency~~[retirement systems]~~ shall not review the
10 amended QDRO or order terminating the QDRO unless the fee is submitted with the amended
11 QDRO or order terminating the QDRO.

12 (a) If the dissolution of marriage action was filed in forma pauperis, then the
13 agency~~[retirement systems]~~ shall waive the filing fee. A copy of the order allowing the dissolution
14 of marriage action to be filed in forma pauperis shall be filed~~[retirement systems]~~ with the entered
15 and certified valid QDRO.

16 (b) There shall not be a fee required for~~[submission of]~~ a Form 6436, Qualified Domestic
17 Relations Order for Child Support, or a Form 6437, Qualified Domestic Relations Order for Child
18 Support by an Administrative Agency.

19 (3) The agency~~[retirement systems]~~ shall review the amended QDRO using the same
20 procedures found in Section 11~~[Section 6]~~ of this administrative regulation.

21 (4) If the agency~~[retirement systems]~~ determines that the amended QDRO does not comply
22 with KRS 16.645, 61.690, 78.545, 26 U.S.C. 414(p), and this administrative regulation, or that
23 the order terminating the QDRO is insufficient, the participant, alternate payee, or their legal

counsel shall have until the end of day ninety (90) calendar days from the date of the agency's[retirement systems'] notification of the deficiency, as prescribed in Section 11(4) of this administrative regulation, was provided~~[mailed as provided in Section 6(4) of this administrative regulation]~~ to file~~[submit]~~ a corrected amended valid QDRO or a corrected order terminating the QDRO. If a corrected amended valid QDRO or a corrected order terminating the QDRO is not filed by the end of day ~~[submitted within]~~ ninety (90) calendar days from~~[of]~~ the date of notification, then~~[the participant, alternate payee, or their legal counsel shall be required to submit]~~ an additional nonrefundable twenty-five (25) dollar fee shall be submitted with an amended valid QDRO or order terminating the QDRO that is filed~~[submitted]~~ after the ninety (90) calendar day period~~[days]~~.

(5) An amended valid QDRO or an order terminating a QDRO approved by the agency~~[retirement systems]~~ shall only be administered prospectively.

~~[Section 8. All fees collected pursuant to this administrative regulation shall be deposited in the Retirement Allowance Account established in KRS 61.580. Section 9.~~

~~(1) A QDRO issued for purposes of division of the participant's retirement account pursuant to a divorce entered prior to the participant's effective retirement date shall be submitted on the Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, unless the QDRO is initially submitted following the participant's retirement date.~~

~~(2) The effective date of the Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, shall be the participant's effective retirement date as provided in KRS 61.590 or, if the Form 6434 is approved following the participant's effective retirement date, the month following the month the Form 6434 was approved for enforcement by the retirement systems. If the participant receives a lump sum payment representing monthly retirement~~

~~benefits paid retroactively to the participant's effective retirement date, the alternate payee shall receive a portion of the lump sum payment as provided in the Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property. If the participant is not receiving a retirement benefit, then the alternate payee shall not receive a retirement benefit.~~

~~Section 10. The Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, shall specify the amount to be paid to the alternate payee. The court shall use one (1) of the following methods to calculate the amount to be paid to the alternate payee:~~

~~(1) A monthly dollar amount if the participant elects a monthly retirement benefit or a one (1) time lump sum dollar amount if the participant selects the actuarial refund payment option pursuant to KRS 61.635(11) at the participant's retirement, or a lump sum dollar amount from participant's refund of contributions and interest if the participant elects to terminate his membership pursuant to KRS 61.625;~~

~~(2) A percentage equal to one half of the participant's basic monthly retirement benefit attributable to any service credit earned or purchased during the marriage pursuant to KRS 61.595 or 16.576, actuarial refund pursuant to KRS 61.635(11), or lump sum payment pursuant to KRS 61.625, which shall be determined as follows:~~

~~(a) The numerator of the fraction shall be the number of months during which the participant was both a contributing member of the retirement systems affected by the QDRO and married to the alternate payee, including service purchased during the marriage. The retirement systems shall utilize the marital period as provided by the court in the QDRO;~~

~~(b) The denominator of the fraction, which shall be determined by the retirement system as of the participant's effective retirement date or the participant's termination date prior to the participant's filing of a request for a refund of contributions and interest, shall be the total number~~

1 of months of service credit used to calculate the participant's retirement payment options or the
 2 total number of months of service credit the participant had at the time of the request for refund
 3 of contributions and interest; and

4 ~~(c) The resulting fraction shall be converted to a percentage, which shall be divided by two~~
 5 ~~(2) to determine the percentage of the benefit due to the alternate payee; or~~

6 ~~(3) An alternative percentage of the participant's basic monthly retirement benefit pursuant~~
 7 ~~to KRS 61.595 or 16.576, actuarial refund pursuant to KRS 61.635(11), or lump sum payment~~
 8 ~~pursuant KRS 61.625, in the system or systems affected by the QDRO.]~~

9 Section 15. Disability retirement benefits for members participating prior to August 1,
 10 2004.[Section 11.]

11 (1) The provisions of this section shall only apply to participants who were participating prior
 12 to August 1, 2004.

13 (2) If a participant with~~[who was participating prior to August 1, 2004, and who has]~~ a QDRO
 14 on file~~[at the retirement systems]~~ is awarded disability retirement benefits pursuant to KRS
 15 16.582, 61.600,~~[or] 61.621,~~ 78.545, 78.5522, or 78.5524, the alternate payee's portion of the
 16 participant's disability retirement benefit shall be calculated as follows:

17 (a) If the QDRO ordered that the alternate payee be paid a specific dollar amount from the
 18 participant's retirement benefit as provided in Section 5(5)(a), Section 7, or Section 8~~[Section~~
 19 ~~10(1)]~~ of this administrative regulation, the agency~~[retirement systems]~~ shall pay the specific
 20 dollar amount regardless of any enhancement of the participant's retirement benefit; or

21 (b) If the QDRO ordered that the alternate payee be paid a percentage of the participant's
 22 retirement benefit as provided in Section 5(5)(b)-(c) or Section 8~~[Section 10(2) and (3)]~~ of this
 23 administrative regulation, the agency~~[retirement systems]~~ shall not use the service credit added

to the participant's account pursuant to KRS 16.582(5)(a),~~[or]~~ 61.605(1), 78.5522(6), or
78.5524(5) when calculating the amount the alternate payee is due under the QDRO on file at
 the agency~~[retirement systems]~~.

~~(3)~~~~(2)(a)~~ If the participant's disability retirement benefits are discontinued pursuant to KRS
 61.610,~~[and]~~ 61.615, 78.5526, and 78.5528, then:

(a) If~~[and]~~ the participant does not begin receiving~~[is not eligible to receive]~~ early retirement
 benefits, the alternate payee's payment shall be discontinued.

~~(b) If [the participant's disability retirement benefits are discontinued pursuant to KRS 61.610~~
~~and 61.615 and]~~ the participant's benefit is changed to the participant's early retirement benefit,
 the alternate payee shall receive payment from the early retirement benefit pursuant to the
 QDRO.

~~(c) If the participant's disability retirement benefits are reinstated pursuant to KRS 61.615~~
~~and 78.5528, the alternate payee's payment shall be reinstated.~~

~~(d) If the participant later begins receiving early retirement benefits~~~~[while his disability~~
~~retirement benefits are discontinued]~~, the alternate payee shall receive payment from the early
 retirement benefit pursuant to the QDRO.

(e) If the participant later begins receiving retirement benefits at normal retirement age, the
alternate payee shall receive payment pursuant to subsection (2)(a)-(b) of this section.

Section 16. Disability retirement benefits for members participating on or after August 1,
2004.~~[Section 12.]~~

(1) The provisions of this section shall only apply to participants whose participation began
 on or after August 1, 2004.

(2) If a participant~~[whose participation began on or after August 1, 2004, and]~~ who has a QDRO on file~~[at the retirement systems]~~ is awarded disability retirement benefits pursuant to KRS 16.582, 61.600,~~[or]~~ 61.621, 78.545, 78.5522, or 78.5524 the alternate payee's portion of the participant's disability retirement benefit shall be calculated as follows:

(a) If the QDRO ordered that the alternate payee be paid a specific dollar amount from the participant's retirement benefit as provided in Section 5(5)(a), Section 7, or Section 8~~[Section 40(1)]~~ of this administrative regulation, the agency~~[retirement systems]~~ shall pay the specific dollar amount regardless of any enhancement of the participant's retirement benefit; or

(b) If the QDRO ordered that the alternate payee be paid a percentage of the participant's retirement benefit as provided in Section 5(5)(b)-(c) or Section 8~~[Section 10(2) and (3)]~~ of this administrative regulation, the agency~~[retirement systems]~~ shall use the participant's benefit pursuant to KRS 16.582(5)(b) and (c), [or] 61.605(2), 78.5522(6)(b) and (c), or 78.5524(5)(b) and (c) when calculating the amount the alternate payee is due under the QDRO on file~~[at the retirement systems]~~.

~~(3)~~~~(2)(a)~~ If the participant's disability retirement benefits are discontinued pursuant to KRS 61.610,~~[or]~~ 61.615, 78.5526, and 78.5528, then:

(a) ~~If [and]~~ the participant does not begin receiving~~[is not eligible to receive]~~ early retirement benefits, the alternate payee's payment shall be discontinued.

(b) ~~If [the participant's disability retirement benefits are discontinued pursuant to KRS 61.610 and 61.615 and]~~ the participant's benefit is changed to the participant's early retirement benefit, the alternate payee shall receive payment from the early retirement benefit pursuant to the QDRO.

(c) If the participant's disability retirement benefits are reinstated pursuant to KRS 61.615 and 78.5528, the alternate payee's payment shall be reinstated.

(d) If the participant later begins receiving early retirement benefits~~[while his disability retirement benefits are discontinued]~~, the alternate payee shall receive payment from the early retirement benefit pursuant to the QDRO.

(e) If the participant later begins receiving retirement benefits at normal retirement age, the alternate payee shall receive payment pursuant to subsection (2)(a)-(b) of this section.

~~[Section 13. A QDRO issued for purposes of division of the participant's retirement account pursuant to a divorce decree entered after the participant's effective retirement date, or initially submitted to the retirement system following the participant's effective retirement date, shall be submitted on the Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property.~~

~~Section 14. (1) The Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, shall specify the amount to be paid to the alternate payee.~~

~~(2) The court shall use one (1) of the following methods to calculate the amount to be paid to the alternate payee:~~

~~(a) As a monthly dollar amount;~~

~~(b) As a percentage of the participant's selected monthly retirement benefit, which shall be determined as follows:~~

~~1. The numerator of the fraction shall be the number of months during which the participant was both a contributing member of the retirement systems affected by the QDRO and married to the alternate payee, including service purchased during the marriage. The retirement systems shall utilize the marital period as provided by the court in the QDRO;~~

~~2. The denominator of the fraction, shall be the total number of months of service credit used to calculate the participant's retirement payment option; and~~

~~3. The resulting fraction shall be converted to a percentage, which shall be divided by two (2) to determine the percentage of the benefit due to the alternate payee; or~~

~~(c) An alternative percentage of the participant's selected monthly retirement benefit in the system or systems affected by the QDRO.~~

~~Section 15. (1) If the retirement systems determines that the Form 6435, Post Retirement Qualified Domestic Relations Order for Division of Marital Property, does not comply with KRS 61.690, 26 U.S.C. 414(p), or this administrative regulation, the retirement systems shall:~~

~~(a) Segregate and hold the amount that would have been payable to the alternate payee if the Form 6435, Post Retirement Qualified Domestic Relations Order for Division of Marital Property, had been in compliance with KRS 61.690, 26 U.S.C. 414(p), and this administrative regulation;~~

~~(b) Hold the segregated amount for a period of no more than the eighteen (18) month hold period. The eighteen (18) month hold period begins on the date the first payment would be required by the Form 6435, Post Retirement Qualified Domestic Relations Order for Division of Marital Property, that the retirement systems determined was not in compliance with KRS 61.690, 26 U.S.C. 414(p), and this administrative regulation;~~

~~(c) If a Form 6435, Post Retirement Qualified Domestic Relations Order for Division of Marital Property, is submitted and determined to be in compliance with KRS 61.690, 26 U.S.C. 414(p), and this administrative regulation within the eighteen (18) month hold period, pay the segregated amount to the alternate payee;~~

~~(d) If no subsequent Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, is submitted and determined to be in compliance with KRS 61.690, 26 U.S.C. 414(p), and this administrative regulation within the eighteen (18) month hold period, pay the segregated amount to the participant; or~~

~~(e) If after the eighteen (18) month hold period a subsequent Form 6435, Post-Retirement Qualified Domestic Relations Order, is submitted and determined to be in compliance with KRS 61.690, 26 U.S.C. 414(p), and this administrative regulation, the Form 6435, Post-Retirement Qualified Domestic Relations Order shall only be applied prospectively.~~

~~(2) The effective date of the first payment to the alternate payee shall be the month following the month the Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, is approved for enforcement by the retirement systems.~~

~~Section 16. (1) A QDRO issued for purposes of payment of child support shall be submitted on the Form 6436, Qualified Domestic Relations Order for Child Support, or the Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency.~~

~~(2) The monthly dollar amount of child support to be paid by the participant shall be determined by a court of competent jurisdiction or an administrative agency with statutory authority to issue an order for child support in accordance with the laws governing child support.~~

~~(3) The retirement systems shall remit the payment for child support to the centralized registry established pursuant to KRS 205.712 and defined in 921 KAR 1:001, Section 1(5).~~

~~(a) The payment for child support shall be made payable to "Kentucky Child Support Enforcement".~~

~~(b) The participant's name and Social Security number shall be noted on the payment.~~

~~(4) An alternate payee listed on the Form 6436, Qualified Domestic Relations Order for Child Support, or the Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency shall not be required to submit a Form 6130, Authorization for Deposit of Retirement Payment or a Form 6135, Payment of Retirement Payment by Check.~~

~~(5) The retirement systems shall not accept a Form 6436, Qualified Domestic Relations Order for Child Support, or a Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, if the participant has not retired and is not receiving a monthly retirement benefit.~~

~~Section 17. (1) A QDRO issued for purposes of payment of alimony or maintenance pursuant to KRS 403.200 shall be submitted on the Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance.~~

~~(2) The amount of alimony or maintenance to be paid by the participant shall be determined by a court of competent jurisdiction in accordance with the laws governing alimony or maintenance.~~

~~(3) The retirement systems shall not accept a Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance if the participant has not retired and is not receiving a monthly retirement benefit.]~~

Section 17. Events that end or amend a QDRO for division of marital property, alimony, or maintenance.~~[Section 18.]~~

(1) The participant, the alternate payee, or legal counsel for either party shall be responsible for notifying the agency~~[retirement systems in writing]~~ of an event that causes payments to the alternate payee under a QDRO for Division of Marital Property or a QDRO for Alimony/Maintenance to end in accordance with KRS 16.645, 61.690(7), and 78.545.

1 (2) In the event of the participant or alternate payees' death, the QDRO on file shall be void
 2 and payment shall not be made to the alternate payee or his or her estate.

3 ~~(3)[(2)]~~ The agency~~[retirement systems]~~ shall segregate and hold any payments due the
 4 alternate payee~~[pending submission of proof of the event that causes payments to the alternate~~
 5 ~~payee to end is provided by the participant]~~ beginning the month after the agency's~~[retirement~~
 6 ~~systems']~~ receipt of the~~[participant's written]~~ notification until one of the following occurs:

7 ~~(a)[(3)]~~ The participant, alternate payee, or either party's legal counsel files~~[shall submit a~~
 8 ~~copy of the alternate payee's marriage certificate, the alternate payee's death certificate, or other~~
 9 ~~reliable documentation as]~~ proof of the event that causes payments to the alternate payee~~[the~~
 10 ~~participant's alimony or maintenance]~~ to end; or

11 (b) The agency independently verifies the event that causes payments to the alternate payee
 12 to end.

13 (4) As applicable, the~~[The]~~ participant, alternate payee, or either party's legal counsel shall
 14 file~~[submit]~~ a copy of the alternate payee's marriage certificate, the alternate payee's or
 15 participant's death certificate, or other reliable documentation as determined by the agency as
 16 proof of the event that causes payment to the alternate payee~~[the participant's alimony or~~
 17 ~~maintenance]~~ to end.

18 ~~(5)[The participant shall not be required to submit written notification if the]~~ If a QDRO
 19 specifies the number of months of payments, payment to the alternate payee shall cease after
 20 the designated number of months expire, and a notice of the exhaustion of payments shall not
 21 be required.

(6) If proof is not filed or obtained by the end of day~~[submitted within]~~ ninety (90) calendar days from~~[of]~~ the~~[written]~~ notification to the agency~~[retirement systems]~~, the payments being held shall be released to the alternate payee.

(7) The agency~~[retirement systems]~~ shall not be liable for any payments made to the alternate payee if the participant failed to provide proper notification and documentation of the event that causes payments to the alternate payee to end.

Section 18. Event that ends or amends a QDRO for child support.~~[Section 19.]~~

(1) The participant shall be responsible for notifying the agency~~[retirement systems in writing]~~ of an event that causes payments to the alternate payee under a QDRO for Child Support to be amended or to end.

(2)(a)~~[If an alternate payee is being paid child support pursuant to a Form 6436, Qualified Domestic Relations Order for Child Support, or the Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, the participant shall submit an entered and certified order from a court of competent jurisdiction or an administrative agency with statutory authority to order child support providing that payments under the Form 6436, Qualified Domestic Relations Order for Child Support, or the Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, shall end or be amended. (b)]~~ The agency~~[retirement systems]~~ shall segregate and hold the payments due to the alternate payee under a valid QDRO for child support~~[Form 6436, Qualified Domestic Relations Order for Child Support, or the Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency,]~~ if one of the following is filed:

1. An~~[the participant submits an]~~ order changing the custody of the child to someone other than the alternate payee;;~~]~~

1 2. A[a] copy of the child's marriage certificate;[;]

2 3. A[a] letter from the child's high school indicating the child's graduation date, if the child is
 3 age of eighteen (18) or older;[;]

4 4. The[the] child's birth certificate indicating the child is age eighteen (18) or older;[;]

5 5. An[an] order of emancipation of the minor child;[;] or

6 6. The[the] child's death certificate.

7 (b)[2-] If the QDRO for child support is for the support of more than one (1) child, the
 8 agency[retirement systems] shall not segregate or hold payments due to the alternate payee.

9 (c) If the participant does not file documentation to amend or terminate~~[submit an entered~~
 10 ~~and certified order amending or terminating]~~ the QDRO for child support in accordance with
 11 Section 14 of this administrative regulation by the end of day~~[from a court of competent~~
 12 ~~jurisdiction or an administrative agency with statutory authority to order child support within]~~
 13 ninety (90) calendar days from~~[of]~~ the participant's submission as provided in paragraph (a)~~[(b)]~~
 14 of this subsection, the payments being held shall be released to the alternate payee.

15 (3) The agency[retirement systems] shall not be liable for any payments made to the alternate
 16 payee if the participant failed to provide proper notification, documentation of the event, the
 17 amended QDRO, or the court order that causes payments to the alternate payee to end or be
 18 amended.

19 ~~[Section 20. (1) If there are multiple QDROs on file for a participant's account, the QDROs~~
 20 ~~shall be administered in the following order:~~

21 ~~(a) QDROs for the Division of Marital Property;~~

22 ~~(b) QDROs for Child Support;~~

23 ~~(c) QDROs for Alimony/Maintenance.~~

~~(2) If multiple QDROs for the Division of Marital Property are on file, they shall be administered in the order of approval by the retirement systems.~~

~~(3) If multiple QDROs for Child Support are on file, they shall be administered in the order of approval by the retirement systems.~~

~~(4) If multiple QDROs for Alimony/Maintenance are on file, they shall be administered in the order of approval by the retirement systems.~~

~~(5) If a QDRO for Child Support is submitted subsequent to the participant's retirement and subsequent to the administration of the QDROs on file at the time of the participant's retirement it shall be given priority over any QDROs for Alimony/Maintenance being administered.~~

~~(6) (a) The retirement systems shall not administer a QDRO if enforcement of the QDRO would result in the total amount of payments due to the alternate payees to exceed the participant's monthly retirement benefit under the multiple QDROs approved for enforcement by the retirement systems. The retirement systems shall notify the participant and alternate payees if a QDRO cannot be administered due to the exhaustion of the participant's monthly retirement benefit.~~

~~(b) The retirement systems shall recalculate the amounts due under the QDROs being administered by the retirement systems on a participant's account after the effective date of any cost of living increase provided pursuant to KRS 61.691.~~

~~Section 21. The alternate payee shall be responsible for notifying the retirement systems in writing of any change in mailing address. The retirement systems shall contact the alternate payee at the last known mailing address on file to notify the alternate payee when a benefit subject to the QDRO becomes payable. The retirement systems shall not have a duty or obligation to search for or locate an alternate payee.~~

~~Section 22. A QDRO shall not provide that the alternate payee be eligible to enroll in the health insurance plan administered by the retirement systems.]~~

Section 19. Correction/change to retirement benefits.[Section 23.]

(1) If the participant's retirement benefit is corrected pursuant to KRS 61.685 and 78.545, the alternate payee's payment shall also be corrected.

~~(a)[(2)]~~ If the alternate payee was overpaid because of the error that is being corrected pursuant to KRS 61.685 and 78.545, the ~~agency[retirement systems]~~ shall withhold the amount of the overpayment from the alternate payee's payment.

~~(b)[(3)]~~ If the alternate payee was underpaid because of the error that is being corrected pursuant to KRS 61.685 and 78.545, the ~~agency[retirement systems]~~ shall pay the alternate payee a lump sum payment of the additional funds due from the participant's payment.

(2) After the effective date of any cost-of-living increase provided pursuant to KRS 61.691 and 78.5518, the agency shall recalculate the amounts due under a QDRO being administered by the agency.

(3) Payment to the alternate payee shall not change as a result of a change in the participant's retirement benefits as provided in KRS 61.542(5)(b) and 78.545.

Section 20. Alternate payee's contact information. The alternate payee shall be responsible for notifying the agency in writing of any change in mailing address. The agency shall contact the alternate payee at the last known mailing address on file to notify the alternate payee when a benefit subject to the QDRO becomes payable. The agency shall not have a duty or obligation to search for or locate an alternate payee.

Section 21. Hospital and medical insurance. A QDRO shall not provide that the alternate payee be eligible to enroll in the hospital and medical insurance plan administered by the agency.

1 Section 22. Agency subpoena or as a party to a domestic relations action.~~[Section 24.]~~

2 (1) Any person or party who attempts to make the agency~~[retirement systems]~~ a party to a
 3 domestic relations action regarding a QDRO₁ or who requests a subpoena be issued for the
 4 personal appearance of a representative of the agency~~[retirement systems]~~ to appear at a
 5 deposition or in a court or administrative proceeding regarding a QDRO₁ shall reimburse the
 6 agency for the travel expenses and services of the agency's~~[retirement systems']~~ representative,
 7 or representatives, and the agency's~~[retirement systems']~~ legal counsel, as an administrative fee
 8 including:

9 (a) The Internal Revenue Service standard mileage rate;

10 (b) Parking and tolls;

11 (c) Meals if the agency's~~[retirement systems]~~ personnel are required to travel and be away
 12 from the retirement office from 6:30 a.m. to 9 a.m., 11 a.m. to 2 p.m., or 5 p.m. to 9 p.m.;

13 (d) The wages earned by the agency's~~[retirement systems]~~ employees during the time period
 14 they are away from the retirement office calculated by multiplying the hourly rate of each
 15 employee by the number of hours each employee was away from the office;

16 (e) The agency's costs and legal fees; and

17 (f) Lodging expenses, if necessary.

18 (2) The agency~~[retirement systems]~~ shall send an estimated amount owed for expenses to
 19 the person or party requesting the subpoena.

20 (a) The person or party shall remit payment via a certified check or money order for the
 21 estimated expenses made payable to the Kentucky State Treasurer before the date of
 22 appearance ordered in the subpoena.

(b) The ~~agency[retirement systems]~~ shall send an invoice for any additional expenses owed by the party or issue a refund for any amount over the cost of the expenses.

Section 23. Agency liability.~~[Section 25.]~~ Neither the agency nor its trustees nor its employees shall have any liability for making or withholding payments in accordance with the provisions of this administrative regulation.

Section 24.~~[Section 26.]~~ Incorporation by Reference.

(1) The following material is incorporated by reference:

(a)~~[Form 6015, "Estimate of a Monthly Retirement Allowance", April 2021; (b)]~~ Form 6434, "Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property", March 2024~~[April 2024]~~;

~~(b)[(e)]~~ Form 6435, "Post-Retirement Qualified Domestic Relations Order for Division of Marital Property", March 2024~~[April 2024]~~;

~~(c)[(d)]~~ Form 6436, "Qualified Domestic Relations Order for Child Support", March 2024~~[April 2024]~~;

~~(d)[(e)]~~ Form 6437, "Qualified Domestic Relations Order for Child Support by an Administrative Agency", March 2024~~[April 2024]~~;

~~(e)[(f)]~~ Form 6438, "Qualified Domestic Relations Order for Alimony/Maintenance", March 2024~~[April 2024]~~;

~~(f)[(g)]~~ Form 6130, "Authorization for Deposit of Retirement Payment", June 2023~~[April 2024]~~;

~~(g)[(h)]~~ Form 6135, "Payment of Retirement Payment by Check", June 2023~~[April 2024]~~; and

~~(h)[(i)]~~ Form 6433, "Authorization for Release of Information and Request for Information for Qualified Domestic Relations Orders", March 2024~~[April 2024]~~.

1 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,
2 at the Kentucky Public Pensions Authority~~[Kentucky Retirement Systems, Perimeter Park~~
3 ~~West]~~, 1260 Louisville Road, Frankfort, Kentucky 40601, Monday through Friday, from 8 a.m. to
4 4:30 p.m. This material is also available on the agency's website at kyret.ky.gov.

5 (18 Ky.R. 929; eff. 11-8-1991; Am. 21 Ky.R. 1521; 1881; eff. 2-8-1995; 37 Ky.R. 945; 11-5-
6 2010; 38 Ky.R. 494; eff. 9-28-2011; TAm eff. 6-11-2019; Cert eff. 6-11-2019; TAm eff. 4-25-
7 2023.)

APPROVED:

_____ DAVID L. EAGER, EXECUTIVE DIRECTOR KENTUCKY PUBLIC PENSIONS AUTHORITY	_____ DATE
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PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on Tuesday, June 25, 2024 at 10:00 a.m. Eastern Time at the Kentucky Public Pensions Authority (KPPA), 1270 Louisville Road, Frankfort, Kentucky 40601. Individuals interested in presenting a public comment at this hearing shall notify this agency in writing no later than five workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made.

If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted until June 30, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

KPPA shall file a response with the Regulations Compiler to any public comments received, whether at the public comment hearing or in writing, via a Statement of Consideration no later than the 15th day of the month following the end of the public comment period, or upon filing a written request for extension, no later than the 15th day of the second month following the end of the public comment period.

CONTACT PERSON: Jessica Beaubien, Policy Specialist, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8570, facsimile (502) 696-8615.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:190

Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8570

Email: Legal.Non-Advocacy@kyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements, procedures, and forms necessary for the Kentucky Public Pensions Authority to administer qualified domestic relations orders (QDROs).

(b) The necessity of this administrative regulation: This administrative regulation is necessary to allow the Kentucky Public Pensions Authority to effectively administer QDROs.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 16.505 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. Additionally, KRS 16.645, 61.690(3)(b), and 78.545 require the promulgation of an administrative regulation establishing the requirements, procedures, and forms necessary to administer QDROs.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation assists with the effective administration of the statutes by providing the requirements, procedures, and forms necessary to administer QDROs.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment updates the language used throughout to be consistent with 105 KAR 1:001. Additionally, the amendment adds a significant amount of detail to the requirements and procedures to effectively administer a QDRO. Lastly, the amendment details how the partial lump sum payment option retirement allowance election will be administered when a valid QDRO is filed with the Kentucky Public Pensions Authority prior to a member's retirement.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to update the language used throughout to be consistent with 105 KAR 1:001. Additionally, the amendment is necessary to add a significant amount of detail to the requirements and procedures to effectively administer a QDRO. Lastly, the amendment is necessary to detail how the partial lump sum payment option retirement allowance election will be administered when a valid QDRO is filed with the Kentucky Public Pensions Authority prior to a member's retirement.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 16.505 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. In addition, KRS 16.645, 61.690(3)(b), and 78.545 require the promulgation

of an administrative regulation establishing the requirements, procedures, and forms necessary to administer qualified domestic relations orders.

(d) How the amendment will assist in the effective administration of the statutes: This amendment assists with the effective administration of the statutes by amendment adding a significant amount of detail to the requirements and procedures to effectively administer a QDRO. The amendment also assists with the effective administration of the statutes by detailing how the partial lump sum payment option retirement allowance election will be administered when a valid QDRO is filed with the Kentucky Public Pensions Authority prior to a member's retirement.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation does not affect businesses, organizations, or state and local governments except for the KPPA. It is unknown how many individuals this administrative regulation affects because it is unknown how many QDROs may be filed with the Kentucky Public Pensions Authority in the future.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Kentucky Public Pensions Authority will be minimally impacted by these changes because this administrative regulation is largely already being administered as written.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The cost of compliance should be negligible, as this administrative regulation is already being administered as written.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The benefits should be negligible, as this administrative regulation is already being administered as written.

(5) Provide an estimate of how much it will cost to implement this administrative regulation:

(a) Initially: The costs associated with the implementation of this amendment should be negligible.

(b) On a continuing basis: The continuing costs associated with this amendment should be negligible.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Administrative expenses of the Kentucky Public Pensions Authority are paid from the Retirement Allowance Account (trust and agency funds).

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: An increase in fees or funding will not be necessary to implement this amendment.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation already included fees for

administering a QDRO. This amendment does not change those fees or establish any new fees.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All entities are subject to the same processes and procedures.

FISCAL NOTE

Regulation number: 105 KAR 1:190
Contact person: Jessica Beaubien
Phone number: 502-696-8800 ext. 8570
Email: Legal.Non-Advocacy@kyret.ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? None except the Kentucky Public Pensions Authority.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 16.645, 61.505(1)(g), 61.690(3)(b), and 78.545

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? None.

(c) How much will it cost to administer this program for the first year? Minimal.

(d) How much will it cost to administer this program for subsequent years? Minimal.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-): None.

Expenditures (+/-): Minimal.

Other Explanation: The fiscal impact of this administrative regulation should be negligible because this administrative regulation is largely already being administered as written.

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? None.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? Negligible.

(d) How much will it cost the regulated entities for subsequent years? Negligible.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings(+/-): None.

Expenditures (+/-): Negligible.

Other Explanation: The fiscal impact of this administrative regulation should be negligible because this administrative regulation is largely already being administered as written.

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)].* This administrative regulation will not have a "major economic impact" because this administrative regulation is largely already being administered as written.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 6433, Authorization for Release of Information and Request for Information for Qualified Domestic Relations Orders, is a 1-page form used by participants or alternate payees to request the participant's retirement account information needed by the court and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6434, Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property, is a 6-page form used by the court for pre-retirement QDROs for the division of marital property and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6435, Post-Retirement Qualified Domestic Relations Order for Division of Marital Property, is a 6-page form used by the court for post-retirement QDROs for the division of marital property and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6436, Qualified Domestic Relations Order for Child Support, is a 5-page form used by the court for post-retirement QDROs for child support and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6437, Qualified Domestic Relations Order for Child Support by an Administrative Agency, is a 4-page form used by an authorized administrative agency for post-retirement QDROs for child support and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6438, Qualified Domestic Relations Order for Alimony/Maintenance, is a 5-page form used by the court for post-retirement QDRO's for alimony or maintenance and has been updated for consistent terminology and to make the language clearer and more concise.

Form 6130, Authorization for Deposit of Retirement Payment, is a 2-page form an alternate payee can complete to receive payment via direct deposit to his or her financial institution. This form was not significantly updated for this amendment.

Form 6135, Payment of Retirement Payment by Check, is a 1-page form an alternate payee can complete to receive payment via check. This form was not significantly updated for this amendment.



Form 6130
Revised 06/2023

Authorization for Deposit of Retirement Payment

Recipient Information

The recipient is the person who is receiving a monthly benefit from the Kentucky Public Pensions Authority. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			
Phone (select type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work		Email:	
If you are beneficiary of the account, please provide the member's name and Member ID below.			
Member Name:		Member ID:	

Financial Institution Information

Financial Institution Name:	Account Type: <input type="radio"/> Checking <input type="radio"/> Savings
Depositor Account Number:	Depositor Routing Number:

Required Documents: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account: I have attached to this form	<input type="radio"/> a VOIDED personalized check <input type="radio"/> verification from my financial institution
For deposits to a Savings Account: I have attached to this form	<input type="radio"/> verification from my financial institution

Authorization for Direct Deposit and International Transactions:

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, the employer I represent, and I (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

I authorize and request the Kentucky Public Pensions authority to directly deposit the net amount of my monthly retirement payment to my account at the financial institution designated above. I have attached to this form the documentation indicated above.

I understand that failure to sign this authorization and provide one of the documents listed above will cause a delay in setting up or changing account information.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC) and National Automated Clearing House Association (NACHA) regulations.

I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

Signature: _____

Date: _____

For your convenience:

The sample check below shows where to locate the required bank information to complete your Direct Deposit.

Instructions for Completing Form 6130

Authorization for Deposit of Retirement Payment

You may authorize deposit of your retirement benefit directly into your account at a financial institution by either complete this Form 6130, Authorization for Deposit of Retirement Payment, or by designating an account online through Member Self Service. Your designated financial institution account can be changed by either submitting a new Form 6130 or by updating the account information online through Member Self Service. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH). The North American Clearing House Association (NACHA) regulations require certification to identify any direct deposit payment made where the payment amount is subsequently transferred to a foreign bank account.

This form is to be used **ONLY** for the deposit of monthly benefit payments from the Kentucky Public Pensions Authority (KPPA). This form does not authorize withdrawals from your financial institution.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You are required to provide a VOIDED personalized check or verification from the financial institution for deposit to a checking account. For deposit to a savings account you must provide a verification from the financial institution. Your failure to sign and date the authorization form and provide the required documentation will cause a delay in setting up or changing the account information. Your monthly benefit payments will be deposited into your account at your financial institution on the 14th unless the day is a weekend or holiday, then the payment will be deposited into your account on the last business day prior to the 14th. If you are a current recipient of a monthly benefit and request a change to the account number or financial institution to which your monthly benefit is deposited, the completed form must be received at the Kentucky Public Pensions Authority' office before the 20th of the month if you wish the change to be effective with the next payment. If your form is received after the 20th of the month, the next monthly payment will be issued as a paper check, which will be mailed to your listed address; and the requested change for the direct deposit will be effective the following month. If you have additional questions regarding the change, please contact a KPPA Counselor at (800) 928-4646 or (502) 696-8800.

Once the authorization form has been processed by the Kentucky Public Pensions Authority, this authorization for deposit may be cancelled for any of the following reasons:

1. A new authorization for deposit of retirement payment form is submitted and processed at KPPA. This new Form 6130 will supersede your previous authorization form.
2. Your designated account information is updated online through Member Self Service.
3. The financial institution no longer accepts direct deposit. If your financial institution no longer accepts direct deposit, you must notify KPPA.
4. Your financial institution rejects your direct deposit indicating your account is closed. In this case, KPPA will notify you of the cancellation in advance.
5. Your monthly benefit no longer covers the cost of your health insurance premium and you must submit payment to our office for your health insurance premium.
6. Notice of your death is received at KPPA.

You may reach the Kentucky Public Pensions Authority at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the Kentucky Public Pensions Authority' website: kyret.ky.gov.



Form 6135
Revised 06/2023

Request for Payment By Check

Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			
Phone (Select Type) <input type="radio"/> Mobile <input type="radio"/> Home <input type="radio"/> Work	Phone Number:	Email Address:	

Reason for Receiving Retirement Allowance by Check

- ☐ I do not currently have an account with a financial institution. I will contact the retirement office when I have opened an account to which my benefit may be deposited.
- ☐ My financial institution does not participate in the Electronic Funds Transfer (EFT) program. The following must be completed by your financial institution:

Name of Institution: _____ Phone: _____

This recipient has an account in our institution, but we do not currently participate in the EFT program.

Authorized Signature of
Financial Institution Officer: _____ Title: _____

Certification

I certify that the information provided 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 may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

I understand that I must contact the retirement office if the above situation changes so that I may have my retirement allowance electronically transferred to my account. The retirement office may require me to verify the above information.

Signature: _____ Date: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Form 6433

03/2024

Print Form

**Authorization for Release of Information and Request for Information for
Qualified Domestic Relations Order**

Member Information	
Member Name:	Member ID or Social Security Number:
Address:	City: State: Zip Code:
Phone (select type) O Mobile O Home O Work	Personal Email:
Purpose of Request (select all that apply): <input type="checkbox"/> Division of Property <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Maintenance	
Are you a retired member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage: Date, or expected date, of Divorce:

☐ Check this box if this is a preliminary request and an actual case number has not been established. If checked, skip to the "Authorization" section and complete as directed. In the event that a divorce case is filed and a case number is established, or if the form incorrectly indicates that this was a preliminary request, a new authorization with all sections completed must be filed.

Divorce Case Information – must be completed if a case number has been established.	
Case Name:	v.
County:	Family/Circuit Court Case Number:

Attorney Information	
Is an attorney representing you? <input type="checkbox"/> Yes - complete this section <input type="checkbox"/> No - skip to the "Alternate Payee Information" Section	
Attorney Name:	Phone:
Firm Name:	Fax:
Address:	City: State: Zip Code:

Alternate Payee Information: Please provide the following information for the person who will be paid under the Qualified Domestic Relations Order (QDRO).			
Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip Code:
Alternate Payee's Attorney Information			
Is an attorney representing the alternate payee? <input type="checkbox"/> Yes – complete this section <input type="checkbox"/> No – skip to "Authorization" Section			
Attorney Name:	Phone:		
Firm Name:	Fax:		
Address:	City:	State:	Zip Code:

Authorization: This section must be complete with a signature witnessed.	
I _____ request that Kentucky Public Pensions Authority provide information pursuant to 105 KAR 1:190 Section 2 to me and authorize KPPA to release the information to my attorney, alternate payee, alternate payee's attorney, and the court. I agree to release and hold KPPA harmless from any liability whatsoever that may arise from the release of records or information under this Authorization. Said release shall be binding upon me, my spouse, successors, heirs and/or assigns.	
Signature: _____	Date: _____
Witness Signature: _____	Date: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Print

Form 6434

Revised 03/2024

Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property

INSTRUCTIONS FOR COMPLETION

GENERAL INFORMATION

- The printed language on the Form 6434, "Pre-Retirement Qualified Domestic Relations Order for Division of Marital Property" (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner. (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Information provided is to assist participants (active, inactive, and retired members) going through a divorce whose retirement account might be subject to division as marital property.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice. KPPA cannot make a determination of the status of a participant's retirement account as marital property. The Court must decide what is marital property and how the marital property is to be divided.
- The Court, the attorneys, and the parties to the dissolution of marriage action are strongly encouraged to review the KPPA's "Summary Plan Description" to understand how a participant's retirement benefits are determined. The "Summary Plan Description" contains detailed information concerning retirement benefits and can be found on KPPA's website, kyret.ky.gov.
- If specific participant retirement account information is necessary for the Court to calculate the amount due to the alternate payee, a completed Form 6433, "Authorization for Release of Information and Request for Information for a Qualified Domestic Relations Order" must be filed with KPPA. The Form 6433 can be found on KPPA's website, kyret.ky.gov.
- The alternate payee will not be eligible for benefits under the QDRO until the participant retires or receives a refund of their accumulated account balance.
- The participant is still required to submit a copy of the divorce decree even if the participant submits a QDRO.

SECTION BY SECTION INSTRUCTIONS. These instructions only cover sections that require completion by the Court.

Section 2. The Court must complete all fields.

Section 3. The Court must complete all fields.

Section 4. The Court must mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Court should mark only the systems affected by the QDRO for marital service.

NOTE: If the Participant is not certain which retirement system the service credit is in, it is vital that the Participant contact KPPA or access his/her Member Self-Service Portal to obtain the accurate retirement system information to provide to the Court.

Section 5. The Court must enter the date of the marriage that is the subject of this divorce action.

Section 6. The Court must enter the date of the dissolution of the marriage that is the subject of this divorce action.

Section 8. There are three payment options for division of the retirement account, the Court must choose one – Option A, B, or C.

Option A. The first payment option allows the Court to determine a specific dollar amount to be paid to the Alternate Payee. The Court shall designate a specific dollar amount be withheld from each possible payment type.

For example: The Participant's projected basic monthly retirement allowance is \$1,000.00 per month, projected actuarial equivalent refund amount is \$30,000, projected accumulated account balance amount is \$10,000, and projected one-time partial lump-sum payment amount is \$5,000 with an ongoing monthly retirement allowance of \$800. The Court could order:

X A. Dollar Amount PURSUANT TO 105 KAR 1:190 SECTION 5(4):

If the Participant elects a plan of payment that consists of (1) a monthly retirement allowance, (2) an actuarial equivalent refund, (3) a refund of his or her accumulated account balance, or (4) a one-time partial lump-sum payment with a reduced monthly retirement allowance, KPPA shall withhold and pay to the Alternate Payee, as appropriate:

\$ 200.00 per month from the Participant's monthly retirement allowance;

\$ 10,000.00 from the Participant's actuarial equivalent refund;

\$ 3,000.00 from the Participant's refund of his or her accumulated account balance;

\$ 1,000.00 from the Participant's one-time partial lump sum payment and thereafter, \$ 150.00 per month from the Participant's reduced monthly retirement allowance.

Option B. The second payment option establishes the alternate payee's payment as a percentage based on the marital service, as provided by the Court, which will be calculated at the time of the Participant's retirement or request for a refund of his or her accumulated account balance.

For example: Fred and Sue were married for 162 months. Fred had 60 months of service accrued in CERS prior to marriage. Fred continues to earn service credit after he and Sue divorce.

X B. Percentage calculated pursuant to 105 KAR 1:190 Section 5(4):

KPPA shall pay an amount withheld from the Participant's retirement payment option that is based on a percentage, which shall be determined pursuant to 105 KAR 1:190 Section 5(4) as set forth below:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

To determine the amount due to the Alternate Payee, the above percentage shall be applied to the Participant's elected plan of payment or accumulated account balance refund in accordance with 105 KAR 1:190 Section 5(4).

At retirement, Fred has accrued a total of 324 months of service credit. KPPA will calculate the percentage as follows:

$$\left[\frac{162 \text{ (months of service earned during marriage)}}{324 \text{ (months of total service credit at retirement)}} \right] \times 100 \div 2 = 25\% \text{ due to alternate payee}$$

Sue will be paid one of the following based on Fred's elected plan of payment:

- If Fred elects a monthly retirement benefit - 25% of his **basic** monthly retirement allowance payment (**not** of the payment option he selects). **Note:** If Fred's basic monthly retirement allowance payment would be \$1,000/month, but he selects the Survivorship 100% payment option that will pay him \$900/month, Sue will be paid \$250/month.
- If Fred elects an actuarial equivalent refund - 25% of the actuarial equivalent refund.
- If Fred elects a refund of his accumulated account balance - 25% of the refund of his accumulated account balance.
- If Fred elects a Partial Lum-Sum Payment Option (PLSO) - 25% of Fred's lump sum payment, **and** 25% of the corresponding monthly payment calculated based on the **without survivor rights option** (**not** of the PLSO with survivor rights payment option, if selected). **Note:** If Fred's reduced ongoing monthly retirement allowance with without survivor rights option would be \$800/month, but he selects a Survivorship option that will pay him \$700/month, Sue will be paid the correlating reduced monthly retirement allowance payment without survivor rights of \$200/month.

Option C. The third option allows the Court to set a percentage that may or may not be based on the marital service. The percentage set by the Court pursuant to this option shall be calculated at the time of retirement or request for a refund of his or her accumulated account balance.

For example: The Court awards Sue 40% of Fred's elected plan of payment from his retirement account. The Court would select Option C by placing an "X" and indicating the set percentage as follows:

X C. Alternative percentage designation pursuant to 105 KAR 1:190 Section 5(4)

KPPA shall withhold from the Participant's retirement payment option and pay to the Alternate Payee **40%** of the Participant's elected plan of payment or accumulated account balance refund, applied in accordance with 105 KAR 1:190 Section 5(4).

Sue will be paid one of the following based on Fred's elected plan of payment:

- If Fred elects a monthly retirement benefit - 40% of his **basic** monthly retirement allowance payment (**not** of the payment option he selects). **Note:** If Fred's basic monthly retirement allowance payment would be \$1,000/month, but he selects the Survivorship 100% payment option which will pay him \$900/month, Sue will still be paid \$400/month).
- If Fred elects an actuarial equivalent refund - 40% of the actuarial equivalent refund.
- If Fred elects a refund of his accumulated account balance - 40% of the refund of his accumulated account balance.
- If Fred elects a Partial Lum-Sum Payment Option (PLSO) - 40% of Fred's lump sum payment, **and** 40% of the monthly payment calculated based on the **without survivor rights option** (**not** of the PLSO with survivor rights payment option, if selected). **Note:** If Fred's reduced ongoing monthly retirement allowance with without survivor rights option would be \$800/month, but he selects a Survivorship option that will pay him \$700/month, Sue will still be paid the correlating reduced monthly retirement allowance payment without survivor rights of \$320/month).

Section 9. The Court shall order the time period the payments under the QDRO shall be made if the Participant selects a retirement payment option that pays a monthly retirement allowance. The Court shall choose whether to limit the payments to a certain number of months or until the Participant's or Alternate Payee's death, whichever comes first.

Section 10. The Court must decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided if the Court ordered the Alternate Payee be paid a specific dollar amount under Section 8, Option A. The cost-of-living adjustment is made in July unless the General Assembly takes action to stop it.

Section 11. The Court must indicate how the administrative fee for filing the QDRO is to be paid.

NOTE: KPPA can only accept one check or money order for the fee, so the parties will need to determine who will submit payment with the QDRO. Fees are \$50.00 for the original and \$25.00 for an amended. **QDROs submitted without a certified check or money order payable to the Kentucky State Treasurer for the full amount owed cannot be reviewed or processed by KPPA.**

Kentucky Public Pensions Authority**Form 6434**
Revised 03/2024This Order is: ☐ New ☐ Corrected ☐ Amended ☐ Corrected Amended**COMMONWEALTH OF KENTUCKY**

_____ Family/Circuit Court

Division _____

Civil Action No. _____ -CI- _____

Name

PETITIONER

vs.

Name

RESPONDENT

**PRE-RETIREMENT QUALIFIED DOMESTIC RELATIONS ORDER
FOR DIVISION OF MARITAL PROPERTY**

The Court finds the following facts and issues the following Order pursuant to KRS 403.190, KRS 16.645, 61.690, KRS 78.545, and 105 KAR 1:190:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, 61.690, KRS 78.545, and KRS Chapter 403.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID or SSN: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee:

Name: _____

Current Mailing Address: _____

City, State, Zip Code

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

☐**State Police Retirement System**

(Kentucky State Police troopers)

☐**County Employees Retirement System**

(City/county local governments, eligible local agencies, school boards)

☐**Kentucky Employees Retirement System**

(State departments, boards, state colleges and universities, employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

5. The date of the marriage is _____.

6. The date that the dissolution of the marriage was entered is _____.

7. Obligation of Participant and Alternate Payee: The Participant and the Alternate Payee are ordered to notify the Kentucky Public Pensions Authority (KPPA) in writing of a change in the individual's mailing address. KPPA shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide a current mailing address. KPPA is under no statutory or regulatory duty to attempt to find any party who does not inform KPPA of his/her current address and shall not attempt to locate any party who does not inform KPPA of his or her current address.

8. Amount Payable to the Alternate Payee: Upon the Participant receiving a payment from KPPA, the Court orders that KPPA shall, in accordance with KRS 16.645, 61.690, 78.545, and 105 KAR 1:190, withhold and pay to the Alternate Payee the following: **[Designate only one option (A, B or C) and complete entirely]** (see instructions for details and examples)

☐ **OPTION A - DOLLAR AMOUNT PURSUANT TO 105 KAR 1:190 SECTION 5(4):**

If the Participant elects a plan of payment that consists of (1) a monthly retirement allowance, (2) an actuarial equivalent refund, (3) a refund of his or her accumulated account balance, or (4) a one-time partial lump-sum payment with a reduced monthly retirement allowance, KPPA shall withhold and pay to the Alternate Payee, as appropriate:
(Each space **MUST** have a dollar amount provided)

\$ _____ per month from the Participant's basic monthly retirement allowance;

\$ _____ from the Participant's actuarial equivalent refund;

\$ _____ from the Participant's refund of his or her accumulated account balance;

\$ _____ from the Participant's one-time partial lump sum payment and thereafter, \$ _____ per month from the Participant's reduced monthly retirement allowance.

OR

☐ **OPTION B - PERCENTAGE CALCULATED PURSUANT TO 105 KAR 1:190 SECTION 5(4):**

KPPA shall pay to the Alternate Payee an amount withheld from the Participant's retirement payment option that is based on a percentage, which shall be determined pursuant to 105 KAR 1:190 Section 5(4) as set forth below:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

To determine the amount due to the Alternate Payee, the above percentage shall be applied to the Participant's elected plan of payment or accumulated account balance refund in accordance with 105 KAR 1:190 Section 5(4).

OR

☐ **OPTION C - ALTERNATIVE PERCENTAGE DESIGNATION PURSUANT TO 105 KAR 1:190 SECTION 5(4):**

KPPA shall withhold from the Participant's retirement payment option and pay to the Alternate Payee _____% of the Participant's elected plan of payment or accumulated account balance refund, applied in accordance with 105 KAR 1:190 Section 5(4).

9. If the Participant selects a retirement payment option that provides for a monthly retirement allowance, KPPA shall withhold the dollar amount or percentage provided in Section 8 of this Order: **(Select one option below)**

☐ for a time period of _____ months, subject to the provisions of KRS 16.645, 61.690, and 78.545.

OR

☐ until the Participant's or the Alternate Payee's death, whichever comes first.

10. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows:

(Do not complete this item if the Participant has been ordered to pay the Alternate Payee a percentage of his/her monthly retirement allowance.)

☐ All to the Participant.

OR

☐ Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

11. The payment of the administrative fee provided for in KRS 16.645, 61.690(10), 78.545, and 105 KAR 1:190 shall be paid in full to the KPPA through a single transaction as follows:

☐ All to be paid by the Participant.

OR

☐ All to be paid by the Alternate Payee.

OR

☐ Equally shared between the Participant and the Alternate Payee.

12. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

13. KPPA shall notify the Alternate Payee by U. S. Mail sent to the Alternate Payee's last known mailing address on file with KPPA when the Participant files a Notification of Retirement or an Application for a Refund of his or her accumulated account balance.

14. This Order does not require the Participant to select a particular retirement payment option or terminate his/her membership.

15. The Participant is ordered to notify KPPA of the death of the Alternate Payee.

16. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after the Alternate Payee's death or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

17. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

18. The terms of this Order can only be amended or terminated by subsequent order of this Court.

19. As provided by KRS 16.645, 61.690, and 78.545, the Alternate Payee's right to payment under this Order is conditional on the Participant's right to a monthly retirement allowance payment, an actuarial equivalent refund, or a refund of his or her accumulated account balance from KPPA.

20. If the Participant's monthly retirement allowance payment, actuarial equivalent refund, or refund of his or her accumulated account balance from KPPA is subject to more than one Order under KRS 16.645, 61.690, and 78.545, the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

21. The Alternate Payee's right to receive an amount from the Participant's monthly retirement allowance payment, actuarial equivalent refund, or a refund of his or her accumulated account balance shall terminate upon:

- a. The death of the Participant or the Alternate Payee; or
- b. The termination of an allowance paid to the Participant; or
- c. Subsequent Order of the Court terminating the Alternate Payee's rights.

22. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

23. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

24. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

25. As provided in KRS 16.645, 61.690(4)(c), and (d) and 78.545, this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement allowance other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____ .

(Clerk's Certification Seal)

Judge _____ Family/Circuit Court, Div. _____

CERTIFICATION OF SERVICE

I, Clerk of the above Court, do hereby certify that an attested copy of the foregoing has been served by mailing same to the following on this ____ day of _____, 20 ____ to:

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Clerk _____ Circuit Court

By: _____ D.C.

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name of Participant: _____

Printed Name of Alternate Payee: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Print

Form 6435
 Revised 03/2024

Post-Retirement Qualified Domestic Relations Order for Division of Marital Property
INSTRUCTIONS FOR COMPLETION
GENERAL INFORMATION

- The printed language on the Form 6435, "Post-Retirement Qualified Domestic Relations Order for Division of Marital Property" (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Information provided is to assist participants (active, inactive, and retired members) going through a divorce whose retirement account might be subject to division as marital property.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice. KPPA cannot make a determination of the status of a participant's retirement account as marital property. The Court must decide what is marital property and how the marital property is to be divided.
- The Court, the attorneys, and the parties to the dissolution of marriage action are strongly encouraged to review the KPPA's "Summary Plan Description" to understand how a participant's retirement benefits are determined. The "Summary Plan Description" contains detailed information concerning retirement benefits and can be found on KPPA's website, kyret.ky.gov.
- If specific participant retirement account information is necessary for the Court to calculate the amount due to the alternate payee, a completed Form 6433, "Authorization for Release of Information and Request for Information for a Qualified Domestic Relations Order" must be filed with KPPA. The Form 6433 can be found on KPPA's website, kyret.ky.gov.
- This form can only be used if the participant is retired and is receiving a monthly retirement benefit.
- The participant is still required to submit a copy of the divorce decree even if the participant submits a QDRO.

SECTION BY SECTION INSTRUCTIONS. These instructions will only cover sections that require completion by the Court.

Section 2. The Court must enter the Participant's name, the Participant's KPPA member identification number (or social security number), and current mailing address.

Section 3. The Court must enter the Alternate Payee's name and current mailing address.

Section 4. The Court must mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Court should mark all the systems to which the QDRO should apply. **NOTE:** If the participant is not certain which retirement system the service credit is in, it is vital that the participant contact KPPA or access his/her Member Self-Service Portal to obtain the accurate retirement system information to provide to the Court.

Section 5. The Court must enter the date of the marriage that is the subject of this divorce action.

Section 6. The Court must enter the date of the dissolution of the marriage that is the subject of this divorce action.

Section 8. Payment Options. There are three options for division of the retirement account. The Court can only choose one payment option – Option A, B, or C.

Option A. The first payment option allows the Court to determine a specific dollar amount to be paid to the Alternate Payee from Participant's monthly retirement benefit. For example: The participant receives a monthly retirement allowance of \$2,000.00 per month, the Court could order:

☒ **OPTION A – DOLLAR AMOUNT PURSUANT TO 105 KAR 1:190 SECTION 6(2)(a):**
 KPPA shall pay \$ 300 directly to the Alternate Payee from the Participant's monthly retirement benefit.

Option B. The second payment option establishes a percentage that is based on the marital service. For example: Fred and Sue are getting divorced. Fred is receiving a monthly retirement benefit of \$2,000. KPPA provides information that there were

243 months of marital service. Fred retired with a total of 324 months of service credit.

☒ **OPTION B – PERCENTAGE PURSUANT TO 105 KAR 1:190 SECTION 6(2)(b):**

KPPA shall pay to the Alternate Payee 50% of the benefit attributable to the participant's earned and/or purchased service credit during the marriage to be determined as set forth below:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

A percentage based on marital service would be calculated as follows:

$$\left[\frac{243 \text{ (marital service)}}{324 \text{ (months of total service credit at retirement)}} \right] \times 100 \div 2 = 37.5\% \text{ due to alternate payee}$$

Sue will receive \$750 per month.

Option C. The third option allows the Court to set a percentage that may or may not be based on the marital service. *For example:* The Court awards Sue 50% of Fred's monthly retirement allowance from the payment option Fred selected at retirement. Fred is receiving a monthly retirement benefit of \$2,000. The Court would complete Option C as follows:

☒ **OPTION C – Alternative percentage designation pursuant to 105 KAR 1:190 Section 6(2)(c):**

KPPA shall pay to the Alternate Payee 50% of the Participant's monthly retirement allowance affected by this Order.

Sue will receive \$1000 per month.

Section 9. The Court shall order the time period the payments under the QDRO shall be made. The Court shall choose whether to limit the payments to a certain number of months or until the Participant's or Alternate Payee's death, whichever comes first.

Section 10. The Court must decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided if the Court ordered that the Alternate Payee be paid a specific dollar amount under Section 8, Option A. The cost-of-living adjustment is made in July unless the General Assembly takes action to stop it.

Section 11. The Court must decide how the administrative fee for filing the QDRO is to be paid.

NOTE: KPPA can only accept one check for the fee so the parties will need to determine who will submit the check with the QDRO. Fees are \$50 for the original and \$25 for an amended. **Any QDRO that comes in without an attached certified check or money order payable to the Kentucky State Treasurer for the full amount owed cannot be reviewed or processed by KPPA.**

Kentucky Public Pensions Authority**Form 6435**

Revised 03/2024

This Order is: ☐ New ☐ Corrected ☐ Amended ☐ Corrected Amended**COMMONWEALTH OF KENTUCKY**

____ Family/Circuit Court

Division _____

Civil Action No. _____ -CI- _____

PETITIONER

Name

vs.

RESPONDENT

Name**POST-RETIREMENT QUALIFIED DOMESTIC RELATIONS ORDER
FOR DIVISION OF MARITAL PROPERTY**

The Court finds the following facts and issues the following Order pursuant to KRS 403.190, KRS 16.645, 61.690, KRS 78.545, and 105 KAR 1:190:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, 61.690, KRS 78.545, and KRS Chapter 403.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID or SSN: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee:

Name: _____

Current Mailing Address: _____

City, State, Zip Code

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

- ☐ **State Police Retirement System**
(Kentucky State Police troopers)
- ☐ **County Employees Retirement System**
(City/county local governments, eligible local agencies, school boards)
- ☐ **Kentucky Employees Retirement System**
(State departments, boards, state colleges and universities, employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

5. The date of the marriage is _____.
6. The date that the dissolution of the marriage was entered is _____.

7. Obligation of Participant and Alternate Payee: The Participant and the Alternate Payee are ordered to notify KPPA in writing of a change in the individual's mailing address. KPPA shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide a current mailing address. KPPA is under no statutory or regulatory duty to attempt to find any party who does not inform KPPA of his/her current address and shall not attempt to locate any party who does not inform the KPPA of his/her current address.

8. Amount Payable to the Alternate Payee: The Court orders that KPPA, in accordance with KRS 16.645, 61.690, 78.545, and 105 KAR 1:190, shall withhold and pay to the Alternate Payee the following: ***[Designate only one option (A, B or C)]***

☐ **OPTION A - DOLLAR AMOUNT PURSUANT TO 105 KAR 1:190 SECTION 6(2)(a):**

KPPA shall pay \$ _____ directly to the Alternate Payee from the Participant's monthly retirement benefit.

OR

☐ **OPTION B - PERCENTAGE PURSUANT TO 105 KAR 1:190 SECTION 6(2)(b):**

KPPA shall pay to the Alternate Payee 50% of the benefit attributable to the participants earned and/or purchased service credit during the marriage to be determined as set forth below:

$$\left[\frac{\text{Months of marital service in which participant was a contributing member of the system affected by the QDRO}}{\text{Participant's total service credit used to calculate the retirement payment option}} \right] \times 100 \div 2 = \text{Percentage of benefit due to the alternate payee}$$

OR

☐ **OPTION C - ALTERNATIVE PERCENTAGE DESIGNATION PURSUANT TO 105 KAR 1:190 SECTION 6(2)(c):**

KPPA shall pay to the Alternate Payee _____ % of the Participant's monthly retirement allowance affected by this Order.

9. KPPA shall withhold the dollar amount or percentage provided in Section 8 of this Order: *(Select one option below)*

☐ for a time period of _____ months, subject to the provisions of KRS 16.645, 61.690, and 78.545.

OR

☐ until the Participant's or the Alternate Payee's death, whichever comes first.

10. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows:

(Do not complete this item if the Participant has been ordered to pay the Alternate Payee a percentage of his/her monthly retirement benefit.)

☐ All to the Participant.

OR

☐ Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

11. The payment of the administrative fee provided for in KRS 16.645, 61.690(10), 78.545, and 105 KAR 1:190 shall be paid as follows:

☐ All to be paid by the Participant.

OR

☐ All to be paid by the Alternate Payee.

OR

☐ Equally shared between the Participant and the Alternate Payee.

12. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA Under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

13. The Participant is ordered to notify KPPA of the death of the Alternate Payee.

14. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after the Alternate Payee's death or for

other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

15. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

16. The terms of this Order can only be amended or terminated by subsequent order of this Court.

17. As provided by KRS 16.645, 61.690, and 78.545, the Alternate Payee's right to payment under this Order is conditional on the Participant's right to a monthly retirement benefit payment from KPPA.

18. If the Participant's monthly retirement benefit payment is subject to more than one Order under KRS 16.645, 61.690, and 78.545 the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders;

19. The Alternate Payee's right to receive a payment under this Order shall terminate upon:

- a. The death of the Participant; or
- b. The death of the Alternate Payee; or
- c. The termination of a benefit paid to the Participant; or
- d. Subsequent Order of the Court terminating the Alternate Payee's rights.

20. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

21. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

22. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

23. As provided in KRS 16.645, 61.690(4)(c), and (d) and 78.545, this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____.

Judge _____ Family/Circuit Court, Div. _____

(Clerk's Certification Seal)

CERTIFICATION OF SERVICE

I, Clerk of the above Court, do hereby certify that an attested copy of the foregoing has been served by mailing same to the following on this ____ day of _____, 20 ____ to:

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Clerk _____ Circuit Court

By: _____ D.C.

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant:

Address:

City, State, Zip:

Phone:

Fax:

Printed Name
of Alternate Payee:

Address:

City, State, Zip:

Phone:

Fax:



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

Print

Form 6436
Revised 03/2024

Qualified Domestic Relations Order for Child Support

INSTRUCTIONS FOR COMPLETION

GENERAL INFORMATION

- The printed language on the Form 6436, "Qualified Domestic Relations Order for Child Support" (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner. (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Participants are active, inactive, and retired members.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice.
- If specific participant retirement account information is necessary for the Court to calculate the amount due to the alternate payee, a completed Form 6433, "Authorization for Release of Information and Request for Information for a Qualified Domestic Relations Order" must be filed with KPPA. The Form 6433 can be found on KPPA's website, kyret.ky.gov.
- This form can only be used if the participant is retired and is receiving a monthly retirement benefit.

SECTION BY SECTION INSTRUCTIONS

These instructions will only cover sections that require completion by the Court.

Section 2. The Court must enter the Participant's name, the Participant's KPPA member identification number (or social security number), and current mailing address.

Section 3. The Court must enter the Alternate Payee's name.

Section 4. The Court must mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Court should mark only the systems affected by the QDRO.

NOTE: If the participant is not certain which retirement system the service credit is in, it is vital that the participant contact KPPA or access his/her Member Self-Service Portal to obtain the accurate retirement system information to provide to the Court.

Section 6. The Court must list the child(ren) for which the child support has been ordered. If there are more than three children, please attach an additional page.

Section 7. The Court shall enter the monthly dollar amount child support payment to be withheld from the Participant's monthly retirement benefit.

Section 8. The Court must decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided. The Court may order that all of the cost-of-living adjustment be made to the Participant or that it be divided as provided in KRS 16.645, 61.690(9), and 78.545.

Kentucky Public Pensions Authority**Form 6436**

Revised 03/2024

This Order is: ☐ New ☐ Corrected ☐ Amended ☐ Corrected Amended**COMMONWEALTH OF KENTUCKY**

_____ Family/Circuit Court

Division _____

Civil Action No. _____ -CI- _____

PETITIONER

Name

vs.

RESPONDENT

Name**QUALIFIED DOMESTIC RELATIONS ORDER FOR CHILD SUPPORT**

The Court finds the following facts and issues the following Order pursuant to KRS 16.645, 61.690, KRS 78.545, KRS 403.212, KRS 403.213, 105 KAR 1:190, and 921 KAR 1:400:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, 61.690, KRS 78.545, and KRS Chapter 403. For child support purposes, Alternate Payee, as defined at 26 U.S.C. Section 414(p), may be a spouse, former spouse, child, or other dependent of a Participant.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID or SSN: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee/Custodial Parent:

Name: _____

Current Mailing Address: Centralized Collection Unit
P.O. Box 14059
Lexington, KY 40512-4059

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

☐ **State Police Retirement System**
(Kentucky State Police troopers)

☐ **County Employees Retirement System**
(City/county local governments, eligible local agencies, school boards)

☐ **Kentucky Employees Retirement System**
(State departments, boards, state colleges and universities, employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

5. **Obligation of Participant and Alternate Payee:** The Participant and the Alternate Payee are ordered to notify the Kentucky Public Pensions Authority(KPPA) in writing of any change in circumstance regarding this Order. KPPA shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide necessary information. KPPA is under no statutory or regulatory duty to attempt to find any party who does not inform KPPA of his/her current address and shall not attempt to locate any party who does not inform KPPA of his/her current address.

6. This Court has ordered the Participant to pay child support to support the following child(ren):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

7. Pursuant to the laws governing the calculation of child support, KPPA shall withhold \$ _____ per month from the Participant's monthly retirement allowance and pay that amount as child support by check paid to "Kentucky Child Support Enforcement". KPPA is ordered to include the Participant's name and Social Security Number on the payment.

8. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows: All

☐ to the Participant.

OR

☐ Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

9. Payments under this Order shall continue until the Order is amended or terminated as provided in 105 KAR 1:190.

10. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

11. The Participant is ordered to notify KPPA of any event which terminates his or her obligations under this Order as provided in 105 KAR 1:190 Section 18.

12. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after an event which terminates his or her obligations under this Order as provided in 105 KAR 1:190, or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

13. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

14. The terms of this Order can only be amended or terminated by subsequent order of this Court, or upon meeting one of the requirements provided in 105 KAR 1:190 Section 18.

15. If the Participant's monthly retirement benefit payment is subject to more than one order under KRS 16.645, 61.690, and 78.545, the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

16. The Alternate Payee's right to receive an amount from the Participant's monthly retirement benefit payment shall terminate upon:

- a. The death of the Participant, the Alternate Payee, or all the children named in this Order; or
- b. The termination of a benefit paid to the Participant; or
- c. Subsequent Order of the Court terminating the Alternate Payee's rights.

17. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

18. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

19. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

20. As provided in KRS 16.645, 61.690(4)(c) and (d), and 78.545, this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____ .

Judge _____ Family/Circuit Court, Div. _____

(Clerk's Certification Seal)

CERTIFICATION OF SERVICE

I, Clerk of the above Court, do hereby certify that an attested copy of the foregoing has been served by mailing same to the following on this ____ day of _____, 20 ____ to:

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Clerk _____ Circuit Court

By: _____ D.C.

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant:

Printed Name
of Alternate Payee:

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Print

Form 6437
 Revised 03/2024

Qualified Domestic Relations Order for Child Support by an Administrative Agency

INSTRUCTIONS FOR COMPLETION

GENERAL INFORMATION

- The printed language on the Form 6437, "Qualified Domestic Relations Order for Child Support by an Administrative Agency" (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner. (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Participants are active, inactive, and retired members.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice.
- This form can only be used if the participant is retired and is receiving a monthly retirement benefit.

SECTION BY SECTION INSTRUCTIONS

These instructions will only cover sections that require completion by the Agency.

Section 2. The Agency shall enter the Participant's name, the Participant's KPPA member identification number (or social security number), and current mailing address.

Section 3. The Agency shall enter the Alternate Payee's name.

Section 4. The Agency shall mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Agency should mark only the systems affected by the QDRO.

NOTE: If the participant is not certain which retirement system the service credit is in, it is vital that the participant contact KPPA or access his/her Member Self-Service Portal to obtain the accurate retirement system information to provide to the Agency.

Section 6. The Agency shall list the child(ren) for which the child support has been ordered. If there are more than three children, please attach an additional page.

Section 7. The Agency shall enter the monthly dollar amount child support payment to be withheld from the Participant's monthly retirement benefit.

Section 8. The Agency shall decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided. The Agency may order that all of the cost-of-living adjustment be made to the Participant's monthly payment or that it be divided as provided in KRS 16.645, 61.690(9), and 78.545.

Kentucky Public Pensions Authority**Form 6437**

Revised 03/2024

This Order is: ☐ New ☐ Corrected ☐ Amended ☐ Corrected Amended

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
ADMINISTRATIVE ACTION NUMBER/IV-D NUMBER

PETITIONER

Name _____

vs.

RESPONDENT

Name _____

**QUALIFIED DOMESTIC RELATIONS ORDER FOR PAYMENT OF CHILD SUPPORT
BY AN ADMINISTRATIVE AGENCY**

The Cabinet for Health and Family Services finds the following facts and issues the following Order pursuant to KRS 16.645, 61.690, KRS 78.545, KRS 403.212, KRS 403.213, KRS 405.430, KRS 405.465, 105 KAR 1:190, and 921 KAR 1:400:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, 61.690, KRS 78.545, and KRS Chapter 403. For child support purposes, Alternate Payee, as defined at 26 U.S.C. Section 414(p), may be a spouse, former spouse, child, or other dependent of a Participant.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID or SSN: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee/Custodial Parent:

Name: _____

Current Mailing Address: Centralized Collection Unit
P.O. Box 14059
Lexington, KY 40512-4059

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

State Police Retirement System

☐ (Kentucky State Police)

County Employees Retirement System

☐ (City/county local governments, eligible local agencies, school boards)

Kentucky Employees Retirement System

☐ (State departments, boards, state colleges and universities, Employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

5. **Obligation of Participant and Alternate Payee:** The Participant and the Alternate Payee are ordered to notify the Kentucky Public Pensions Authority (KPPA) in writing of any change in circumstance regarding this Order. KPPA shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide necessary information. KPPA is under no statutory or regulatory duty to attempt to find any party who does not inform KPPA of his/her current address and shall not attempt to locate any party who does not inform KPPA of his/her current address.

6. The Cabinet for Health and Family Services has ordered the Participant to pay child support to support the following child(ren):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

7. Pursuant to the laws governing the calculation of child support, KPPA shall withhold \$ _____ per month from the Participant's monthly retirement allowance and pay that amount as child support by check paid to "Kentucky Child Support Enforcement". KPPA is ordered to include the Participant's name and Social Security Number on the payment.

8. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows:

☐ All to the Participant.

OR

☐ Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

9. Payments under this Order shall continue until the Order is amended or terminated as provided in 105 KAR 1:190.

10. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

11. The Participant is ordered to notify KPPA of any event which terminates his or her obligations under this Order as provided in 105 KAR 1:190 Section 18.

12. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after an event which terminates his or her obligations under this Order as provided in 105 KAR 1:190, or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

13. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

14. If the Participant's monthly retirement benefit payment is subject to more than one Order under KRS 16.645, 61.690, and 78.545, the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

15. The Alternate Payee's right to receive an amount from the Participant's monthly retirement benefit payment shall terminate upon:

- a. The death of the Participant, the Alternate Payee, or all the children named in this Order; or
- b. The termination of a benefit paid to the Participant; or
- c. Subsequent QDRO from the Cabinet for Health and Family Services or Order from a court of competent jurisdiction.

16. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

17. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

18. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

19. As provided in KRS 16.645, 61.690(4)(c) and (d), and 78.545, this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____ .

Agency Head, Cabinet for Health and Family Services

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant:

Address:

City, State, Zip:

Phone:

Fax:

Printed Name
of Alternate Payee:

Address:

City, State, Zip:

Phone:

Fax:


KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Print

Form 6438
 Revised 03/2024

Qualified Domestic Relations Order for Payment of Alimony/Maintenance
INSTRUCTIONS FOR COMPLETION

- The printed language on the Form 6438, "Qualified Domestic Relations Order for Payment of Alimony/Maintenance" (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Information provided is to assist participants (active, inactive, and retired members) going through a divorce whose retirement account might be subject to division as marital property.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice. KPPA cannot make a determination of the status of a participant's retirement account as marital property. The Court must decide what is marital property and how the marital property is to be divided.
- The Court, the attorneys, and the parties to the dissolution of marriage action are strongly encouraged to review the KPPA's "Summary Plan Description" to understand how a participant's retirement benefits are determined. The "Summary Plan Description" contains detailed information concerning retirement benefits and can be found on KPPA's website, kyret.ky.gov.
- If specific participant retirement account information is necessary for the Court to calculate the amount due to the alternate payee, a completed Form 6433, "Authorization for Release of Information and Request for Information for a Qualified Domestic Relations Order" must be filed with KPPA. The Form 6433 can be found on KPPA's website, kyret.ky.gov.
- This form can only be used if the participant is retired and is receiving a monthly retirement benefit.
- The participant is still required to submit a copy of the divorce decree even if the participant submits a QDRO.

SECTION BY SECTION INSTRUCTIONS

These instructions will only cover sections that require completion by the Court.

Section 2. The Court must enter the Participant's name, the Participant's KPPA member identification number (or social security number), and current mailing address.

Section 3. The Court must enter the Alternate Payee's name and current mailing address.

Section 4. The Court must mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Court should mark only the systems affected by the QDRO.

NOTE: If the participant is not certain which retirement system the service credit is in, it is vital that the participant contact KPPA or access his/her Member Self-Service Portal to obtain the accurate retirement system information to provide to the Court.

Section 6. The Court shall enter the dollar amount or percentage of the Participant's monthly retirement benefit that is to be paid to the Alternate Payee.

Section 7. The Court must decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided. The Court may order that all of the cost-of-living adjustment be made to the Participant's monthly payment or that it be divided as provided in KRS 16.645, 61.690(9), and 78.545.

Section 8. The Court must decide how the administrative fee for filing the QDRO is to be paid. The Court may order that the fee be paid entirely by the Participant, entirely by the Alternate Payee, or divided between the parties equally.

NOTE: KPPA can only accept one check or money order for the fee, so the parties will need to determine who will submit payment with the QDRO. The fees are \$50.00 for the original QDRO and \$25.00 for an amended QDRO. **QDROs submitted without a certified check or money order payable to the Kentucky State Treasurer for the full amount owed cannot be reviewed or processed by KPPA.**

Kentucky Public Pensions Authority**Form 6438**

Revised 03/2024

This Order is: ☐ New ☐ Corrected ☐ Amended ☐ Corrected Amended**COMMONWEALTH OF KENTUCKY**

_____ Family/Circuit Court

Division _____

Civil Action No. _____ -CI- _____

PETITIONER

Name

vs.

RESPONDENT

Name**QUALIFIED DOMESTIC RELATIONS ORDER
FOR PAYMENT OF ALIMONY/MAINTENANCE**

The Court finds the following facts and issues the following Order pursuant to KRS 403.190, KRS 16.645, 61.690, KRS 78.545, and 105 KAR 1:190:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, 61.690, KRS 78.545, and KRS Chapter 403.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID or SSN: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee:

Name: _____

Current Mailing Address: _____

City, State, Zip Code

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

- ☐ **State Police Retirement System**
(Kentucky State Police troopers)
- ☐ **County Employees Retirement System**
(City/county local governments, eligible local agencies, school boards)
- ☐ **Kentucky Employees Retirement System**
(State departments, boards, state colleges and universities, employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

5. Obligation of Participant and Alternate Payee: The Participant and the Alternate Payee are ordered to notify the Kentucky Public Pensions Authority (KPPA) in writing of a change in the individual's mailing address. KPPA shall not be responsible for any failure of communication or of receipt of payment caused by the failure of the Participant or the Alternate Payee to provide a current mailing address. KPPA is under no statutory or regulatory duty to attempt to find any party who does not KPPA of his/her current address and shall not attempt to locate any party who does not inform KPPA of his or her current address.

6. KPPA shall withhold \$ _____ per month from or _____ % of the Participant's monthly retirement benefit and pay that amount to the Alternate Payee as follows: *(Designate only one option.)*

☐ for a time period of _____ months.

OR

☐ until the Participant's or the Alternate Payee's death, whichever comes first.

OR

☐ until the Alternate Payee's death, Participant's death, or the Alternate Payee's remarriage, whichever comes first.

7. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows:

Do not complete this item if the Participant has been ordered to pay the Alternate Payee a percentage of his/her monthly retirement benefit.

☐ All to the Participant.

OR

☐ Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

8. The payment of the administrative fee provided for in KRS 16.645, 61.690(10), 78.545, and 105 KAR 1:190 shall be paid as follows:

☐ All to be paid by the Participant.

OR

☐ All to be paid by the Alternate Payee.

OR

☐ Equally shared between the Participant and the Alternate Payee.

9. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

10. The Participant is ordered to notify KPPA of the death of the Alternate Payee.

11. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after the Alternate Payee's death or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

12. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

13. The terms of this Order can only be amended or terminated by subsequent order of this Court.

14. If the Participant's monthly retirement benefit payment is subject to more than one Order under KRS 16.645, 61.690, and 78.545, the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

15. The Alternate Payee's right to receive a payment under this Order shall terminate upon:

a. The death of the Participant or the Alternate Payee; or

b. The termination of a benefit paid to the Participant; or

c. Subsequent Order of the Court terminating the Alternate Payee's rights.

16. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

17. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

18. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

19. As provided in KRS 16.645, 61.690(4)(c) and (d), and 78.545, this Order does not and shall not be construed to grant the alternate payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____ .

Judge _____ Family/Circuit Court, Div. _____

(Clerk's Certification Seal)

CERTIFICATION OF SERVICE

I, Clerk of the above Court, do hereby certify that an attested copy of the foregoing has been served by mailing same to the following on this ____ day of _____, 20 ____ to:

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Clerk _____ Circuit Court

By: _____ D.C.

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant: _____

Printed Name
of Alternate Payee: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____