

**Kentucky Public Pensions Authority
Ad Hoc Regulation Committee – Special Meeting
November 15, 2023, 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 – August 15, 2023* | Keith Peercy |
| 6. Administrative Regulation 105 KAR 1:215* | Carrie Bass
Jessica Beaubien |
| 7. Administrative Regulation 105 KAR 1:390 * | Carrie Bass
Jessica Beaubien |
| 8. Administrative Regulation 105 KAR 1:470* | Carrie Bass
Jessica Beaubien |
| 9. Administrative Regulation 105 KAR 1:455* | Carrie Bass
Jessica Beaubien |
| 10. Adjourn* | Keith Peercy |

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

**MINUTES OF MEETING
KENTUCKY PUBLIC PENSIONS AUTHORITY
AD HOC REGULATION COMMITTEE
SPECIAL CALLED MEETING
AUGUST 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 August 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, Erin Surratt, Michael Board, Victoria Hale, Carrie Bass, Jessica Beaubien, Jillian Hall, Mike Lamb, Glenna Frasher, Katie Park, 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 – June 13, 2023* (Video 00:06:12 to 00:06:29). 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 Regulations 105 KAR 1:270 & 105 KAR 1:215* (Video 00:06:30 to 00:19:56). Ms. Jessica Beaubien presented 105 KAR 1:270 which establishes the procedure for informing affected members, beneficiaries, and alternate payees of their rights regarding federal taxation rules and provides forms for members, beneficiaries, and alternate payees to indicate their preference for federal tax withholding or direct rollover of eligible distributions. This administrative regulation also establishes a procedure to issue a check to an alternate payee of a qualified domestic relations order if the alternate payee does not file the form required for federal income tax purposes within a reasonable time, and a procedure in the event that an alternate payee cannot be located.

Ms. Beaubien reviewed the proposed amendments to 105 KAR 1:270 and opened the floor for comments. Ms. Pendergrass requested that the language, '*indicating the option for payment elected*', be amended to '*indicating the option selected for payment*' throughout the regulation. The Committee Members and Staff agreed with the request. Mr. Powell advised that the date on Form 4527 was incorrect and should read September 2023 as indicated in the regulation. Ms. Bass stated that the Office of Legal Services would make the amendment.

Mr. Powell made a motion to accept administrative regulation 105 KAR 1:270 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.

Next, Ms. Jessica Beaubien presented 105 KAR 1:215 which provides the administrative appeals procedures for an affected person aggrieved by a decision of the agency, or an employer required to pay additional actuarial costs pursuant to KRS 61.598 and 78.545.

Ms. Beaubien reviewed the proposed amendments to 105 KAR 1:215 and gave an informational presentation further discussing 105 KAR 1:215 and the Agency Portal (Box.com).

Mr. Powell made a motion to accept administrative regulation 105 KAR 1:215 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. Peercy *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 August 15, 2023, were approved on November 15, 2023.

KPPA Ad Hoc Regulation Committee Chair

Executive Director

I have reviewed the Minutes of the August 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: Carrie Bass, Staff Attorney Supervisor, Non-Advocacy Division, Office of Legal Services
Jessica Beaubien, Policy Specialist, Non-Advocacy Division, Office of Legal Services

DATE: November 2, 2023

RE: Committee approval and recommendation of KPPA staff to present an amendment to the previously approved and filed amended administrative regulation, 105 KAR 1:215, Administrative Hearing, to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission (“Regulations Compiler”)

Background:

The Board approved an amendment to 105 KAR 1:215 for filing at the September 28, 2023 Board meeting. 105 KAR 1:215 was subsequently filed with the Regulations Compiler on September 29, 2023.

The Regulations Compiler allows for a regulation to be amended after it is filed but prior to it going before the Administrative Regulations Review Subcommittee pursuant to KRS Chapter 13A. The attached PowerPoint, *Amendment to 105 KAR 1:215*, provides details of this process. KPPA Staff have determined a need to utilize this process for 105 KAR 1:215.

Purpose of amending the previously approved and filed amended administrative regulation:

Upon further internal review and consideration, KPPA staff determined that a new section for Informal Settlements was needed.

The informal settlement process is authorized by KRS Chapter 13B and will provide an option for reducing the backlog of administrating hearing requests. A new Section 6 providing the details of the informal settlement process has been added to the amendment to 105 KAR 1:215 filed with the Regulations Compiler.

Three (3) additional minor changes in this amendment include:

1. Section 1. Added the definition of informal settlement.
2. Section 2(3)(a)3. “Pretrial conference” was changed to “prehearing conference.”
3. Section 3. Details were added to specifically state that claimants who submit an agency portal exemption will receive a hard copy of their administrative record by first-class mail, unless KRS Chapter 13B requires a different manner of distribution.

The amendments being proposed are in bold red to highlight the changes for the Committee.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting the amendment to the previously approved and filed 105 KAR 1:215, Administrative Hearing, to the full Board at the December 6, 2023 meeting for filing approval.

List of attached materials:

1. 105 KAR 1:215, Administrative Hearing
2. PowerPoint “*Amendment to 105 KAR 1:215*”
3. Form 2940, Agency Portal Exemption.

FINANCE AND ADMINISTRATION CABINET

Kentucky Public Pensions Authority

(Amended After Comments)

105 KAR 1:215. Administrative hearing.

RELATES TO: KRS 13B.010-13B.170, 16.505-16.652, 61.510-61.705, 78.510-78.852

STATUTORY AUTHORITY: KRS 61.505(1)(g) [~~KRS 61.645(9)(e)~~]

NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the Kentucky Public Pensions Authority to promulgate all administrative regulations on behalf of the Kentucky Retirement Systems and the County Employees Retirement System that are consistent with KRS 16.510 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. [~~KRS 61.645(9)(e) authorizes the Board of Trustees of Kentucky Retirement Systems to promulgate all administrative regulations necessary or proper in order to carry out the provisions of KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852.]~~ KRS 61.645(16) and 78.782(16) provide[s] that an affected person aggrieved by a decision of the agency [~~system~~], which is not a determination relating to disability retirement benefits, or an employer that is required to pay additional actuarial costs pursuant to KRS 61.598 and 78.545, may have the right to request an administrative hearing prior to the filing of an appeal in court. KRS 61.615(3), 61.665(3), 78.545 and 78.5528(3) provide that an affected person whose disability retirement benefits have been denied, reduced, discontinued, or denied for reinstatement may have the right to request an administrative hearing prior to filing of an appeal in court. This administrative regulation establishes the administrative appeal procedures.

Section 1. Definitions.

(1) "Administrative hearing" or "hearing" is defined by KRS 13B.010(2).

1 (2) "Administrative record" means the official record of hearing as defined by KRS
2 13B.130.

3 (3) "Affected person" means a member, retired member, beneficiary, or recipient ~~as~~
4 defined in KRS 16.505, 61.510 and 78.510].

5 (4) "Agency portal" means an online portal which stores and tracks relevant information
6 related to an administrative hearing held in accordance with KRS Chapter 13B, including:

7 (a) The evidentiary record;

8 (b) Notices of scheduled pretrial conferences, status conferences, or hearings; and

9 (c) Reports, findings, Briefs, Position Statements, Reply Position Statements, Exceptions,
10 and Orders.

11 (5) "Authorized agency staff" means employees of the agency who are approved parties
12 to access the agency portal.

13 (6) "Briefing Order" means an order issued by the hearing officer that provides deadlines
14 for the parties to file any of the following:

15 (a) Position Statements and Reply Position Statements; or

16 (b) Briefs containing procedural, factual, or legal arguments.

17 (7) "Claimant" means an affected person who has filed an appeal due to a substantial
18 impairment or an employer that is required to pay additional actuarial costs pursuant to KRS
19 61.598 and 78.545, and whose matter is still pending at the administrative or appellate court
20 levels.

21 (8) "Entry of appearance" means a written statement filed at the retirement office attesting
22 that a claimant is represented by an attorney in an administrative hearing process held in
23 accordance with KRS Chapter 13B.

1 (9) "Evidentiary record" means all evidence, including video recordings of the
2 administrative hearing, received and considered by the agency pertaining to a specific claimant's
3 administrative hearing held in accordance with KRS Chapter 13B.

4 (10) "Final Order" is defined by KRS 13B.010(6).

5 (11) "Hearing officer" is defined by KRS 13B.010(7).

6 (12) "Informal settlement" means a submission to the agency by either party that
7 will conclude a request for an administrative hearing prior to the hearing process being
8 initiated.

9 (13) "Party" is defined by KRS 13B.010(3).

10 (14) "Position statement" means a written statement each party may file to explain his or
11 her arguments of fact and law based upon the evidentiary record and applicable statutory and
12 case law.

13 (15) "Recommended Order" is defined by KRS 13B.010(5).

14 (16) "Reply Position Statement" means a written statement each party may file to explain
15 his or her rebuttal arguments of fact and law that address the factual and legal arguments in the
16 opposing party's position statement.

17 (17) "Substantially impair" means:

18 (a)1. The denial, discontinuance, or reduction of an affected person's benefits;

19 2. The final determination by the agency that an affected person must repay overpaid
20 benefits; or

21 3. The final determination by the agency that the affected person is not exempt from the
22 reduction of creditable compensation in accordance with KRS 61.598 and 78.545; and

23 (b) Does not include calculation methodology found in KRS 16.505-16.652, KRS 61.510-
24 61.705, KRS 78.510-78.852, and KAR Title 105.

Section 2. Agency portal.

(1) The agency shall provide a unique method for approved parties to access the administrative record, including hearing recordings, memorandums, and any other relevant documentation related to administrative hearings held in accordance with KRS Chapter 13B for the matter in which they are directly involved, in the agency portal. Access shall be granted to the following:

(a) Members of the Administrative Appeals Committee (AAC) or Disability Appeals Committee (DAC) as applicable;

(b) The claimant or the claimant's attorney;

(c) The hearing officer assigned to the matter; and

(d) Authorized agency staff.

(2) If a request for an administrative hearing in accordance with Section 5 of this administrative regulation is received by the agency, the agency shall notify the claimant or the claimant's attorney, as indicated on the request or entry of appearance, of the use of the agency portal for administrative hearings. The notice shall include details concerning:

(a) The use of the affected person's personal email, or his or her attorney's email, and how to provide or update that email for access to the agency portal; and

(b) How to request an exemption from use of the agency portal in accordance with Section 3 of this administrative regulation.

(3)(a) The claimant or the claimant's attorney, the applicable hearing officer, and authorized agency staff shall receive notification when the following becomes available on the agency portal, as applicable:

1. The evidentiary record;

2. Additional documents when they are received and uploaded;

1 3. Details of scheduled ~~prehearing [pretrial]~~ conferences, status conferences, or
2 hearings;

3 4. Any additional information related to the administrative record as it becomes available;

4 5. Reports, findings, Briefs, Position Statements, Reply Position Statements, Exceptions
5 and Orders; and

6 6. Video recordings of the administrative hearing.

7 (b)1. The agency shall provide notification to the claimant, or the claimant's attorney,
8 detailing how to file and view documentation for inclusion in the evidentiary record and any other
9 relevant documentation related to administrative hearings held in accordance with KRS Chapter
10 13B, such as motions, briefs, and exceptions.

11 2. Documentation shall be filed through mail, electronic mail, in-person delivery, or fax as
12 provided in the notice, and shall be considered in compliance with KRS 13B.080(2).

13 (4) AAC or DAC members shall receive notification when the evidentiary record is ready
14 for review in the agency portal.

15 Section 3. Agency portal use exemption.

16 (1)(a) A claimant may be exempt from use of the agency portal only if he or she files a
17 completed request in accordance with subsection (2) of this section and meets one of the
18 following criteria:

19 1. The claimant does not have internet access;

20 2. The claimant does not have access to a computer, smart phone, or tablet capable of
21 allowing him or her to adequately use the agency portal; or

22 3. The claimant has an impairment or disability that limits his or her ability to use electronic
23 communications.

1 (b) There is no agency portal use exemption available for hearing officers, DAC or AAC
 2 members, authorized agency staff, or attorneys.

3 (2)(a) To request an agency portal use exemption, the claimant shall complete and file a
 4 valid Form 2940, Agency Portal Exemption.

5 (b) Once a valid Form 2940 is on file with the agency, the affected person shall only be
 6 granted access to the agency portal if he or she completes and files a new valid Form 2940
 7 electing to withdraw the previously filed exemption request and provides a valid email address.

8 (c) The last valid Form 2940 on file with the agency shall control whether the affected
 9 person has access to the agency portal.

10 (3) Once the valid Form 2940, Agency Portal Exemption, is processed, the claimant
 11 shall receive the administrative record, including hearing recordings, memorandums, and
 12 any other relevant documentation related to administrative hearings held in accordance
 13 with KRS Chapter 13B for the matter in which he or she is directly involved, via first-class
 14 mail, except when a different manner of distribution is required by KRS Chapter 13B.

15 Section 4 [2]. Notification of the right to request an administrative hearing.

16 (1)(a) If the agency issues a final determination ~~[system takes action]~~ which substantially
 17 impairs an affected person's benefits or rights under KRS 16.505 to 16.652, 61.510 to 61.705 or
 18 78.510 to 78.852, except as provided in subsection (2) of this section ~~[except action which relates~~
 19 ~~to entitlement to disability benefits]~~, the agency ~~[system]~~ shall notify the affected person of the
 20 opportunity to request an administrative hearing by the end of day thirty (30) calendar days from
 21 the date of the notice ~~[a hearing by submitting the request in writing within thirty (30) days after~~
 22 ~~the date of the notice of the opportunity to request a hearing. The request for hearing shall be~~
 23 ~~filed with the executive director of the system at its office in Frankfort. The request for hearing~~

1 ~~shall contain a short and plain statement of the basis for request.].~~ The notification shall be
2 contained in the notice of the final determination.

3 (b) If the agency issues a final determination that an employer is required to pay additional
4 actuarial costs pursuant to KRS 61.598 and 78.545, the agency shall notify the affected employer
5 of the opportunity to request an administrative hearing by the end of day thirty (30) calendar
6 days from the date of the notice. The notification shall be contained in the notice of the final
7 determination.

8 (2)(a) If the agency issues a final determination which denies an affected person disability
9 retirement benefits, the agency shall notify the affected person of the opportunity to request an
10 administrative hearing by the end of day one hundred eighty (180) calendar days from the date
11 of the notice as prescribed by KRS 61.665(2) and 78.545.

12 (b) If the agency issues a final determination which reduces or discontinues an affected
13 person's disability retirement benefits, or which denies reinstatement of the affected person's
14 disability retirement benefit, the agency shall notify the affected person of the opportunity to
15 request an administrative hearing by the end of day sixty (60) calendar days from the date of the
16 notice as prescribed by KRS 61.615(3) and 78.5528(3).

17 (c) The notification shall be contained in the notice of the final determination.

18 Section 5 [3]. Request for an administrative hearing.

19 (1) All requests for an administrative hearing shall be in writing and shall include a short
20 and plain statement of the basis for the request. The request shall be filed as provided in the
21 notice of the right to appeal and within the timeframes prescribed in Section 4 of this
22 administrative regulation.

(2) Failure of the affected person to request a formal hearing within the prescribed timeframes [~~period of time specified~~] shall preclude the affected person from requesting an administrative [~~a~~] hearing at a later time.

(3) An Entry of Appearance may be filed with the request for an administrative hearing or at any time during the administrative hearing process.

Section 6. Informal Settlements

(1)(a) Informal settlements pursuant to KRS 13B.070(3) may only be used if:

1. The issues regarding which the administrative hearing was requested are moot;

2. The agency has determined it will not take the agency action that resulted in the request for an administrative hearing; or

3. The claimant wishes to withdraw his, her, or its request for an administrative hearing.

(b) Informal settlements pursuant to KRS 13B.070(3) shall not be used other than as described in paragraph (a) of this subsection.

(2) The submission of an informal settlement pursuant to KRS 13B.070(3) shall be made by the party with the burden of proof under KRS 13B.090(7).

(3) An informal settlement pursuant to KRS 13B.070(3) shall be made in writing and filed with the agency. The informal settlement shall include:

(a) The claimant's or relevant member's first name, last name, and member ID or other personal identifying information; and

(b) A brief statement detailing the purpose of the informal settlement.

(4)(a) An informal settlement pursuant to KRS 13B.070(3) may only be filed:

1. After a request for administrative hearing has been filed in compliance with

Section 5 of this administrative regulation; and

1 2. Prior to the agency's distribution of an order scheduling the prehearing
2 conference through the agency portal, as described in Section 2 of this administrative
3 regulation, or by first-class mail.

4 (b) An informal settlement pursuant to KRS 13B.070(3) shall not be valid if:

5 1. Filed prior to a request for an administrative hearing as specified in Section 5 of
6 this administrative regulation; or

7 2. Filed after the agency has distributed an order scheduling the prehearing
8 conference.

9 (5)(a) If an informal settlement is submitted that meets the qualifications established
10 in subsections (1)-(4) of this section, the matter shall be considered resolved, and the
11 agency shall notify both parties in writing that the matter has been resolved and the
12 administrative hearing shall not proceed.

13 (b) The written notification in paragraph (a) of this subsection shall state that both
14 parties shall have until the end of day fifteen (15) calendar days from the date the
15 notification is provided to file a written objection to the notification that the
16 administrative hearing shall not proceed.

17 (6)(a) If a written objection is filed by the end of day on the fifteenth (15th) calendar
18 day as provided in subsection (5)(b) of this section, the administrative hearing
19 requested shall proceed.

20 (b) If a written objection is not filed by the end of day on the fifteenth (15th) calendar
21 day as provided in subsection (5)(b) of this section, the administrative hearing
22 requested shall not proceed, and the matter shall not be appealable.

(7) Nothing in this section shall prevent the parties from engaging in formal settlements and agreements to present to the hearing officer in accordance with Section 9 of this administrative regulation.

Section ~~7~~ **[6]** [4]. Prehearing conference.

(1) The prehearing conference shall be held telephonically. The agency shall provide notice to the affected person or his or her attorney of the date, time, and instructions for providing a phone number. ~~[The system may, either through review of its records or conference with the affected person, recommend a favorable determination prior to scheduling a hearing. Upon notification of a favorable determination, the affected person may withdraw the hearing request or request that the hearing be scheduled.]~~

(2) The prehearing conference shall be initiated by agency staff and shall be presided over by the hearing officer in accordance with KRS 13B.070. During the prehearing conference, the parties shall prepare stipulations, clarify the issues to be decided, request issuance of subpoenas and orders, and address other matters that will promote the orderly and prompt conduct of the hearing. ~~[The hearing officer may request a prehearing conference or may consider new evidence not already part of the affected person's file. The prehearing conference is an informal procedure, presided over by the hearing officer. Every effort shall be made by all parties to dispose of controversies, to narrow and define issues, and to facilitate prompt settlement of the claim.]~~

(3) If at the conclusion of the prehearing conference either party needs time to submit additional documentation, the hearing officer shall schedule a status conference for follow up ~~[the parties have not reached an agreement on all the issues, the hearing officer shall schedule a hearing to be held within a reasonable time].~~

(4) If at the conclusion of the prehearing conference all documentation is submitted and all parties agree to proceed, an administrative hearing shall be scheduled. ~~[If the parties agree upon a settlement after the prehearing conference but before the hearing, the settlement agreement shall be filed with the hearing officer. The hearing shall be cancelled and notice of the cancellation shall be served on all parties.]~~

Section 8 [7]. Status conference.

(1) If held, a status conference shall be held telephonically. The agency shall provide notice to the affected person or his or her attorney of the date, time, and instructions for providing a phone number for the status conference.

(2) A status conferences may be held to discuss any outstanding issues or documentation from the prehearing conference or a previous status conference.

(3) Additional status conferences may be held until pending issues are resolved and the parties agree to proceed with the administrative hearing.

(4) A post administrative hearing status conference may be held to follow up on cases put on hold for further records in accordance with Section 10(5) of this administrative regulation.

Section 9 [8]. Agreed Orders and Motions to Dismiss.

(1) If at any time both parties agree to a settlement on the issue of the pending administrative appeal, a settlement agreement may occur through either an Agreed Order or a Motion to Dismiss filed with the hearing officer.

(2) Pursuant to KRS 13B.080(6), a Motion to Dismiss may be filed with the hearing officer if:

(a) The claimant or agency fails to appear at more than one (1) pre-hearing or status conference, and if the agency fails to reschedule or the claimant fails to contact the agency to reschedule, within fourteen (14) calendar days of the second missed conference;

(b) The claimant or agency fails to participate in any stage of the hearing process, or fails to comply with an order of the hearing officer; or

(c) The claimant decides to discontinue his or her appeal for any reason.

(3) The hearing officer may complete a Recommended Order of Dismissal in accordance with Section 13 of this administrative regulation based on the settlement agreement or Motion to Dismiss filed with him or her in accordance with subsection (1) and (2) of this section.

Section 10 [9]. Notice of administrative hearing. The agency shall notify the affected person of the date, time, and location of the administrative hearing in accordance with KRS 13B.050(2). The notice shall provide the details about the hearing required by KRS 13B.050(3).

Section 11 [10]. Administrative hearing.

(1) Administrative hearings shall be held at the retirement office in Frankfort or by secure video teleconference.

(2) Administrative hearings shall be conducted in accordance with KRS 13B.010-13B.170. Evidence, testimony, motions, and objections may be introduced during the administrative hearing, and shall be accurately and completely recorded by the agency. The hearing officer may issue subpoenas in accordance with KRS 13B.080(3).

(3) The hearing officer presiding over an administrative hearing shall not be bound by factual or legal findings of other state or federal agencies.

(4) Decisions in administrative hearings shall be based on a preponderance of evidence in the record as it relates to the substantial impairment. The party's burden of proof shall be assigned as established in KRS 13B.090(7).

(a) For determinations pursuant to KRS 61.598(2), the agency shall bear the burden of proof to show the propriety of the agency's final determination that the member's creditable compensation should be reduced and that no exception as set forth in KRS 61.598(4) applies.

1 (b) For determinations pursuant to KRS 61.598(5), the employer shall bear the burden of
2 proof to show that the increase in the employee's creditable compensation was the result of a
3 bona fide promotion or career advancement.

4 (5)(a) The hearing officer may place the case on hold to allow either party additional time
5 to submit further evidence discussed at the hearing. If this occurs, a deadline to file the additional
6 evidence shall be provided by the hearing officer.

7 (b) The hearing officer may schedule a status conference to follow up on cases held for
8 further evidence.

9 Section 12 ~~[44]~~. Close of evidentiary record.

10 (1) The hearing officer shall close the evidentiary record once all evidence has been filed.

11 (2) After the evidentiary record has been closed, the hearing officer or DAC/AAC may
12 order the evidentiary record reopened for the submission of additional evidence.

13 Section 13 ~~[42]~~. Briefing Order.

14 (1)(a) After the close of the evidentiary record, each party shall have the opportunity to
15 simultaneously file Position Statements. The parties shall further have the opportunity to
16 simultaneously file a Reply Position Statement to the other party's Position Statement.

17 (b) The hearing officer shall issue a Briefing Order that details deadlines for filing each of
18 the following:

19 1. Position Statements;

20 2. Reply Position Statements; and

21 3. The Recommended Order, the due date for which shall not exceed sixty (60) calendar
22 days from the deadline for the Reply Position Statements.

1 (2) The hearing officer shall take the Position Statements and Reply Position Statements
2 provided in accordance with subsection (1) of this section into consideration when completing
3 the Recommended Order in accordance with Section 13 of this administrative regulation.

4 Section ~~14~~ **[43]** [5]. Recommended Order.

5 (1)(a) The hearing officer shall submit a Recommended Order to the board that contains
6 a recitation of the evidence, the appropriate findings of fact, and conclusions of law.

7 (b) The hearing officer's findings of fact and conclusions of law shall be based upon the
8 evidentiary record as a whole.

9 (c) The hearing officer's findings of fact shall include a finding concerning the credibility
10 of each witness whose testimony is included in the evidentiary record. ~~[The hearing officer shall~~
11 ~~make a report and a recommended order to the board. The report and recommended order shall~~
12 ~~contain the appropriate findings of fact and conclusions of law. The hearing officer shall mail~~
13 ~~postage prepaid, a copy of his report and recommended order to all parties. The parties may file~~
14 ~~exceptions to the report and recommended order. There shall be no other or further~~
15 ~~submissions.]~~

16 (2)(a) The agency's Executive Director of the Office of Benefits shall approve or deny
17 hearing officer requests for an extension time to file his or her Recommended Order.

18 (b) If any extension of time is granted for a hearing officer to complete his or her
19 Recommended Order, the agency shall notify the claimant or his or her legal representative
20 when the extension is granted. Each extension shall not exceed thirty (30) calendar days. The
21 hearing officer may request multiple extensions in the same administrative case.

22 (3) A copy of the hearing officer's Recommended Order shall be mailed by first-class U.S.
23 mail or, if permitted by law, electronically mailed through the agency portal to all parties.

(4) Each party may file written exceptions to the Recommended Order detailing any issue the party has with the Recommended Order no later than the end of day fifteen (15) calendar days from the date the Recommended Order was mailed by first class U.S. mail or, if permitted by law, electronically mailed through the agency portal.

Section **15 [44]** [6]. Board findings.

(1) The DAC and AAC shall have the authority to act upon the Recommended Order on behalf of the board pursuant to this section and in accordance with KRS 13B.120, 61.615, 61.645, 61.665, 78.545, 78.5528, and 78.782. [The board shall consider an act on the recommended order in accordance with KRS 13B.120.]

(2)(a) The DAC or AAC shall have ninety (90) calendar days from the date of the Recommended Order to provide a Final Order of the board.

(b) A Final Order of the board shall be based on substantial evidence appearing in the record as a whole and shall set forth the decision of the board and the facts and law upon which the decision is based.

(c) The DAC or AAC shall act in accordance with KRS 13B.120 regarding the Recommended Order.

Section **16 [45]** [7]. Notification of findings.

(1) All parties shall be provided with the Final Order of the board.

(2)(a) The Final Order of the board shall be provided to the claimant or his or her legal representative by certified mail in accordance with KRS 13B.120. The agency shall immediately enter the fact of mailing in the record.

(b) Service by certified mail is complete upon delivery of the envelope. The return receipt shall be proof of the time, place, and manner of service. The agency shall document and file the return receipt when it is received.

1 (c) If the envelope is returned with an endorsement showing failure of delivery, that fact
 2 shall be documented in the record, and the returned envelope shall be filed in the record. The
 3 agency shall make at least one (1) additional attempt to provide the Final Order of the board to
 4 the affected person or his or her legal representative by certified mail documenting and filing the
 5 outcome in accordance with this subsection. ~~[The system shall mail the final decision of the~~
 6 ~~board to the affected person or his legal representative. If any extension of time is granted by~~
 7 ~~the board for a hearing officer to complete his report, the system shall notify the affected person~~
 8 ~~or his legal representative when the extension is granted.~~

9 ~~Section 8. A final order of the board shall be based on substantial evidence appearing in~~
 10 ~~the record as a whole and shall set forth the decision of the board and the facts and law upon~~
 11 ~~which the decision is based.~~

12 ~~Section 9. Formal hearings shall be held at the system's office in Frankfort unless another~~
 13 ~~location is determined by the hearing officer.~~

14 ~~Section 10. All requests for a hearing pursuant to this section shall be made in writing.~~

15 ~~Section 11. The board may establish an appeals committee whose members shall be~~
 16 ~~appointed by the chairman and who shall have the authority to act upon the recommendations~~
 17 ~~and reports of the hearing officer pursuant to this section on behalf of the board.~~

18 Section 17 [16]. Supplemental copies of an administrative record.

19 (1) A claimant, or his or her attorney, may request a supplemental paper copy of all or
 20 part of the administrative record at a rate of ten (10) cents per page, cost of postage, and staff
 21 time to process the request consistent with KRS 61.874, if the claimant, or his or her attorney:

22 (a) Originally received a paper copy of the administrative record;

23 (b) Met an exemption to receive a paper copy of the administrative record under Section
 24 3 of this administrative regulation; or

(c) No longer has access to the agency portal.

(2) The claimant, or his or her attorney, may request a supplemental copy of all or part of the administrative record on an approved data storage device. Supplemental copies shall be provided at the following rates, if the claimant, or his or her attorney met one of the requirements identified in subsection (1)(a)-(c) of this section:

(a) Ten (10) dollars for each approved data storage device;

(b) Cost of postage; and

(c) Staff time to process the request consistent with KRS 61.874.

(3)(a) The supplemental copy of the administrative record shall not be mailed or otherwise provided to the claimant, or his or her attorney, until the applicable fees described in subsection (1) or (2) of this section are paid in full.

(b) The agency shall provide the amount of the cost for the applicable supplemental copy in accordance with subsection (1) or (2) of this section to the claimant, or his or her attorney.

(c) Payment for the supplemental copy shall be made by check or money order for the full amount owed and made payable to the Kentucky State Treasurer. The payment shall be mailed or delivered in-person to the retirement office.

Section ~~18~~ ~~[47]~~ [42]. Judicial review. Any affected person aggrieved by a Final Order [final order] of the board may seek judicial review after all administrative appeals have been exhausted by filing suit in the Franklin Circuit Court within the time period prescribed in KRS 13B.140.

~~Section 13. Any proposed order or order shall be served by one (1) of the following methods:~~

~~(1) The system may place a copy of the document to be served in an envelope, and address the envelope to the affected person to be served at the address of the affected person existing in the system files or at the address set forth in written instructions furnished by the~~

~~affected person or his legal representative. The system shall affix adequate postage and place the sealed envelope in the United States mail as certified mail return receipt requested. The system shall immediately enter the fact of mailing in the record and make entry when the return receipt is received. If the envelope is returned with an endorsement showing failure of delivery, that fact shall be entered in the record. The system shall file the return receipt or returned envelope in the record. Service by certified mail is complete upon delivery of the envelope. The return receipt shall be proof of the time, place, and manner of service.~~

~~(2) The system may cause the document, with necessary copies, to be transferred for service to any person authorized by the board or by any statute or rule to deliver them, who shall serve the documents, and the endorsed return shall be proof of the time and manner of service.~~

~~(3) The methods of service specified in this section shall be supplemental to and shall be accepted as an alternative to any other method of service specified by other applicable law.]~~

Section 19 [48]. Incorporation by reference.

(1) Form 2940, Agency Portal Exemption, updated June 2023, is incorporated by reference.

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

(18 Ky.R. 934; 1326; eff. 11-8-1991; 19 Ky.R. 969; eff. 12-9-1992; 21 Ky.R. 1527; eff. 2-8-1995; 22 Ky.R. 777; eff. 12-7-1995; 29 Ky.R. 770; 1252; eff. 11-12-2002; TAm eff. 3-5-2019; Crt eff. 3-5-2019.)

APPROVED:

DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

DATE

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:215

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 administrative appeal procedures for an affected person whose retirement benefits have been denied, reduced, or discontinued.

(b) The necessity of this administrative regulation: This amended administrative regulation is necessary in order to include policy and procedures that were not found in the previous version, and to require the use of the agency portal except when an affected individual meets an exemption.

(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 all administrative regulations on behalf of the Kentucky Retirement Systems and the County Employee Retirement System that are consistent with KRS 16.510 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. KRS 61.645(16) and 78.782(16) provide that an affected person aggrieved by a decision of the system, which is not a determination relating to disability retirement benefits, may have the right to request an administrative hearing prior to the filing of an appeal in court. KRS 61.615(3), 61.665(3), 78.545 and 78.5528(3) provide that an affected person whose disability retirement benefits have been denied, reduced, or discontinued may have the right to request an administrative hearing prior to filing of an appeal in court.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This amended administrative regulation will allow KPPA to effectively administer administrative hearings through an electronic agency portal, and for affected individuals to have a clear set of procedures.

(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 amended administrative regulation adds procedures that were not found in the previous version and details on the use and requirements of the agency portal.

(b) The necessity of the amendment to this administrative regulation: This amended administrative regulation is necessary in order to include policy and procedures that were not found in the previous version, and to require the use of the agency portal except when an affected individual meets an exemption.

(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 all administrative regulations on behalf of the Kentucky Retirement Systems and the County Employee Retirement System that are consistent with KRS 16.510 to 16.652, 61.510 to 61.705, and 78.510 to 78.852. KRS 61.645(16) and 78.782(16) provide that an affected person aggrieved by a decision of the system, which is not a determination relating to disability retirement benefits, may have the right to request an administrative hearing prior to the filing of an appeal in court. KRS 61.615(3), 61.665(3), 78.545 and 78.5528(3) provide that an affected person whose disability retirement benefits have been denied, reduced, or discontinued may have the right to request an administrative hearing prior to filing of an appeal in court.

(d) How the amendment will assist in the effective administration of the statutes: This amended administrative regulation will assist in the effective administration of KRS 61.615(3), 61.645(16), 61.665(3), 78.545, 78.5528(3), and 78.782(16) by detailing the administrative appeals process and procedures, and by providing the requirements for the agency portal.

(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 individuals will file an appeal 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: KPPA already has the agency portal built and in use. KPPA is already in compliance with this amended administrative regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Nothing.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The reduction of paper and cost of mailing.

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

(a) Initially: Minimal.

(b) On a continuing basis: Minimal.

(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 amended administrative regulation.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation establishes fees for requested supplemental copies of an administrative record in certain instances.

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

FISCAL NOTE

Regulation number: 105 KAR 1:215
 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 KPPA.

(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) authorizes the Kentucky Public Pensions Authority to promulgate all administrative regulations on behalf of the Kentucky Retirement Systems and the County Employee Retirement System that are consistent with KRS 16.510 to 16.652, 61.510 to 61.705, and 78.510 to 78.852.

(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 (+/-): None.

Other Explanation:

(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? Unknown.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? Unknown.

(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(+/-): Unknown.

Expenditures (+/-): Unknown.

Other Explanation: This administrative regulation as amended allows for the KPPA to utilize an agency portal for electronic records and notifications to the affected persons, hearing officers, Administrative Appeals Committee, Disability Appeals Committee and internally, and therefore reduces the use of paper and cost of mailing documents.

(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.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 2940, Agency Portal Exemption, is a one (1) page form claimants can use to request an exemption from the use of the agency portal for his or her administrative hearing record.



LEGISLATIVE REVIEW PROCESS

Part of the legislative review process includes the ability for any person to make a public comment on regulations that are filed.

Public comments require a response for the agency that:

- Addresses each comment received; and
- Indicates whether the regulation will be amended based on the comment received.

If the agency amends the regulation based on the comment, the agency must also file an “Amended After Comments” regulation.

Public Comments can be submitted by the agency that filed the administrative regulation.

- Used to correct errors or omissions noted by the agency found after the regulation was filed and prior to the Administrative Regulations Review Subcommittee (ARRS)



- Agencies can make amendments to an administrative regulation during the legislative process by submitting an “Agency Amendment” within 3 working days of the ARRS.
 - However, an “Agency Amendment” is not published in the Administrative Register and can be seen as not transparent in nature when changes beyond those technical in nature are made through this process.
- “Amended After Comment” regulations are published in the Administrative Register and are, therefore, more transparent to the public.



KPPA proposes:

- ▶ Submitting a public comment to add a new section for informal settlements to 105 KAR 1:215; and
- ▶ Filing an “Amended After Comments” regulation in response to the comment that includes the needed changes.
- ▶ The “Amended After Comments” regulation is attached for the Boards review.

Why is a new section on informal settlements needed?

Assist in resolving the backlog of administrative hearing requests by reducing the number of cases that need to go through a full KRS Chapter 13B process.

Formalize a process that the KPPA is already using to allow claimants who have requested an administrative hearing to withdraw their hearing request.

Form 2940
06/2023

Agency Portal Exemption

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:

Member ID:

Kentucky Public Pensions Authority Agency Portal

The Kentucky Public Pensions Authority (KPPA) utilizes an online agency portal which stores and tracks administrative records, hearing recordings, memorandums, and any other relevant documentation related to administrative hearings held in accordance with KRS Chapter 13B. A member or his or her attorney shall receive notification via email when documents are available in the agency portal, which can include important documents or orders related to the administrative hearing.

Exemption Request

At least one option must be selected for this form to be valid and processed by KPPA. If none of the options apply to you, the agency shall not allow an exemption pursuant to 105 KAR 1:215.

- ☐ I am requesting an exemption for use of the agency portal for the following reason(s):
- ☐ I do not have internet access.
 - ☐ I do not have access to a computer, smart phone, or tablet capable of allowing me to adequately use the agency portal.
 - ☐ I have an impairment or disability that limits my ability to use electronic communications.

Withdrawing Exemption Request

If you select this option, an email address must be provided below. If there is no email address provided, the withdrawal cannot be completed.

- ☐ I am withdrawing my previous exemption request and elect to use the agency portal. The following is my personal email:

Email Address: _____

Certification

I am represented by Counsel, Hon. _____; **OR**

I am representing myself in this Administrative Appeals process and have been informed of my right to obtain counsel.

I understand that once the Agency Portal Exemption Form is on file with KPPA, the only way to use the Agency Portal is to withdraw my exemption request by filing an updated Agency Portal Exemption Form.

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.

Signature: _____

Date: _____

Members have four options for submitting this form to KPPA:

1. **Email:** Use the KPPA Secure Email Portal and send an email to KPPAHearingFilings@kyret.ky.gov
Go to KYRET.KY.GOV and select the Contact tab for details on using secure email.
2. **Self Service:** Use the Documents feature in Self Service at MYRETIREMENT.KY.GOV to upload documents and forms
3. **Mail:** Office of Legal Services, 1260 Louisville Road, Frankfort, KY 40601
4. **Fax:** (502) 696-8615

MEMORANDUM

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

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

DATE: November 2, 2023

RE: Committee approval and recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:390, Employment After Retirement, 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 1:390, Employment After Retirement, is consistent with these provisions of the Kentucky Revised Statutes.

The changes to this administrative regulation include:

- Removed definitions that are found in 105 KAR 1:001, Definitions for 105 KAR Chapter 1.
- Updated language throughout the regulation for consistency with 105 KAR 1:001 and other Kentucky Public Pensions Authority regulations.
- Added language about the one (1) month break in service for effective retirement dates beginning Jan 1, 2024.
- Updated the forms incorporated by reference through reformatting and adding clarifying language to allow for ease of use.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:390, Employment After Retirement, for filing approval to the full Board at the December 6, 2023 meeting.

List of attached materials:

1. 105 KAR 1:390, Employment After Retirement
2. Form 6000, “Notification of Retirement”
3. Form 6751, “Employer Certification Regarding Reemployment”
4. Form 6752, “Employer Certification of Independent Contractor/Leased Employee”

5. Form 6753, "Employer Certification of Volunteer"
6. Form 6754, "Member Reemployment Certification"
7. Form 6760, "County Police or Sheriff Appointment of Retired Police Officer"
8. Form 6764, "Recertification of Retired Police Officer"
9. Form 6766, "Appointment of Retired School Resource Officer"
10. Form 6767, "Appointment of Kentucky State Police School Resource Officer"
11. Form 6768, "Postsecondary Institution Appointment of Retired Police Officer"
12. Form 6769, "Certification of Employed Police Officers Calendar Year 2015"
13. Form 6770, "City Appointment of Retired Police Officer"
14. Form 6774, "City Recertification of Retired Police Officer"
15. Internal Revenue Service Publication 1779, "Independent Contractor or Employee"

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (Amended Administrative Regulation)

4 105 KAR 1:390. Employment after retirement.

5 RELATES TO: KRS 15.420(2)(a), 16.010, 16.505, 61.505, 61.510, 61.565, 61.590, 61.637,
6 61.675, 61.702, 70.291 - 70.293, 78.510, 78.545, 78.5540, 78.625, 78.635, 95.022, 158.441,
7 164.952, 26 U.S.C. 401(a), 26 C.F.R. 1.401-1, 1.401(a)-1

8 STATUTORY AUTHORITY: KRS 61.505(1)(g), 61.590, 61.637(18), 78.5540(5)

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the Kentucky
10 Public Pensions Authority to promulgate administrative regulations on behalf of the Kentucky
11 Retirement Systems and the County Employees Retirement System that are consistent with
12 KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852. KRS 61.637(18) and
13 78.5540(5) requires the Kentucky Public Pensions Authority to promulgate administrative
14 regulations to implement the requirements of KRS 61.637 and 78.5540. This administrative
15 regulation concerns the administration of KRS 61.637 and 78.5540 in conjunction with federal
16 law regarding bona fide separation from service and changes in employment relationship if a
17 retired member returns to employment with a participating employer in a retirement system
18 operated by the Kentucky Public Pensions Authority. 26 C.F.R. 1.401-1(a)(2) requires that a
19 qualified plan expressly provide in its statutes and administrative regulations (plan documents)
20 how it shall administer its plan in accordance with federal law in order to maintain the tax qualified
21 status of the plan. This administrative regulation is necessary to maintain the tax qualified status
22 of the Kentucky Employees Retirement System, the County Employees Retirement System, and

the State Police Retirement System under 26 U.S.C. 401(a), and to comply with the provisions established in 26 C.F.R. 1.401-1(b)(1)(i) and 1.401(a)-1.

Section 1. Definitions.

(1) "Bona fide separation from service" means:

(a) A cessation of the employment relationship between the member and the member's employer; and

(b) There is no prearranged agreement.

~~["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) "Employee" means a retired member who is performing services for an employer in a manner that demonstrates an employment relationship under the common law factors used by the Internal Revenue Service.

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

~~(4) "File" means a form has been received at the retirement office by mail, fax, secure email, in-person delivery, or upload via Self Service on the Web site maintained by the agency (if available).~~

~~(5) "Fiscal Year" is defined by KRS 16.505(32), 61.510(19), and 78.510(19).~~

~~(6) "Hazardous position" is defined by KRS 78.510(42).~~

~~(7) "Member" is defined by KRS 16.505(21), 61.510(8), and 78.510(8).~~

~~(8) "Month" is defined by KRS 16.505(34), 61.510(35), and 78.510(32).~~

~~(9) "Nonhazardous position" is defined by KRS 61.510(44) and 78.510(41).~~

~~(10)] "Non-participating position" means any position of employment with a participating employer other than a regular full-time position or a regular full-time officer position.~~

~~[(11) "Participating employer" means any employer that participates in one (1) of the systems operated by the agency.]~~

~~(4) [(12)] "Participating position" means a regular full-time position or a regular full-time officer position.~~

(5) "Prearranged agreement" means a verbal or written, explicit or implicit agreement:

(a) Between the retired member and his or her employer for the retired member to reemploy with the employer within twelve (12) months after the retired member's effective retirement date; and

(b) That occurred prior to the retired member's effective retirement date.

~~[(13) "Reemployment" means the retired member's first date of employment with a participating employer following his or her most recent retirement date.~~

~~(14) "Regular full time officer position" is defined by KRS 16.505(22).~~

~~(15) "Regular full time position" is defined by KRS 61.510(21), 61.680(6), 78.510(21), and 78.545(16).~~

~~(16) "Retired member" is defined by KRS 16.505(11), 61.510(24), and 78.510(23).]~~

(6) [(17)] "Retirement date" means the member's effective retirement date as described in KRS 61.590(5) and 78.545(4).

~~[(18) "Retirement office" is defined by KRS 16.505(28), 61.510(31), and 78.510(29).~~

~~(19) "School board" is defined by KRS 78.510(4).~~

~~(20) "Service" is defined by KRS 16.505(6), 61.510(9), and 78.510(9).~~

~~(21) "Systems" means the State Police Retirement System, the Kentucky Employees Retirement System, and the County Employees Retirement System.~~

~~(22) "Volunteer" is defined by KRS 61.510(42) and 78.510(39).]~~

Section 2. Form 6000 Certification.

(1) In order to retire with the systems ~~[operated by the agency]~~, an eligible member shall complete and file a valid [submit a] Form 6000, Notification of Retirement, which~~[as incorporated by reference in 105 KAR 1:200. The Form 6000, Notification of Retirement,]~~ shall comply with the requirements of KRS 61.590, KRS 78.545, and 105 KAR 1:200.

(2) The agency shall not process a Form 6000, Notification of Retirement, until the member certifies on the Form 6000 that there is no prearranged agreement for reemployment with a participating employer after the member's retirement date.

Section 3. Employment After Retirement.

(1) A retired member who is reemployed with a participating employer in any position, including participating positions and non-participating positions, shall have:

(a) A bona fide separation from service ~~[as provided in subsection (2) of this section]~~; and

(b) A break in service as provided in subsection (3) of this section.

(2)(a) A retired member who is reemployed with a participating employer in any position, including participating positions and non-participating positions shall not have a prearranged agreement. ~~["Bona fide separation from service" as provided in this section shall include a cessation of the employment relationship between the member and the member's employer without a prearranged agreement when the member retires that he or she will return to work for any participating employer in any capacity.~~

~~(b) "Prearranged agreement" as provided in this section shall not include reemployment accepted more than twelve (12) months after the member's retirement date.]~~

(b) ~~[(e)]~~ An elected official who is reelected and takes office in the same elected position as he or she held prior to retirement within twelve (12) months after his or her effective retirement date shall be deemed to have a prearranged agreement. ~~[official's retirement shall be voided due to the existence of a prearranged agreement if, within twelve (12) months of retirement, the official is reelected and takes office in the same position as the elected official held prior to retirement.]~~

(3) "Break in service" as provided in this section shall require that:

(a) For effective retirement dates prior to January 1, 2024:

1. A member who retired from a hazardous position shall have a one (1) month break in service before returning to work with any participating employer in a regular full-time hazardous participating position.

2. ~~[(b)]~~ Except as provided in subparagraph 1. of this paragraph~~[paragraph(a) of this subsection]~~, a member who retired from a hazardous or nonhazardous position shall have a three (3) month break in service before returning to work with any participating employer in a participating or nonparticipating position.

(b) For effective retirement dates beginning January 1, 2024, a member who retired from a hazardous or nonhazardous position shall have a one (1) month break in service before returning to work with any participating employer in a participating or nonparticipating position.

(4) If a retired member seeks reemployment with a participating employer within twelve (12) months of his or her retirement date, then the following shall be filed ~~[at the retirement office]:~~

(a) A valid Form 6751, Employer Certification Regarding Reemployment, completed by the ~~[The]~~ participating employer, which shall certify that there was no prearranged agreement ~~[on a completed Form 6751, Employer Certification Regarding Reemployment];~~

(b) A valid Form 6754, Member Reemployment Certification, completed by the retired member; and

(c) Any other information requested by the agency from the participating employer and the retired member pursuant to KRS 61.637(8) and 78.5540(2)(a).

(5)(a) The agency shall issue a final determination to the retired member no later than thirty (30) calendar days after receipt of all required forms and additional requested information.

(b) If the agency determines that the retired member failed to comply with any of the requirements of this section or federal law ~~[have a bona fide separation from service or a break in service and returned to work with any participating employer in any position, including a participating position or a non-participating position]~~, the retired member's retirement shall be voided and he or she shall repay all retirement allowances, dependent child payments, and hospital and medical insurance ~~[health]~~ plan premiums paid by the systems.

Section 4. Independent Contractors and Leased Employees.

(1) If a retired member seeks to provide services to a participating employer as an independent contractor, under a professional services contract, or as a leased employee within twelve (12) months of the retired member's retirement date, then the following shall be filed ~~[at the retirement office]~~:

(a) A valid Form 6752, Employer Certification of Independent Contractor/Leased Employee, completed by the participating employer;

(b) A valid Form 6754, Member Reemployment Certification, completed by the retired member;

(c) A complete copy of any contract under which services are provided by the retired member to the participating employer; and

(d) Any other information requested by the agency from the participating employer and the retired member pursuant to KRS 61.637(9) and 78.5540(2)(b).

(2) The agency shall apply common law factors used by the Internal Revenue Service (IRS), in accordance with IRS Publication 1779, to determine whether a retired member is an employee of the participating employer or an independent contractor of the participating employer.

(3)(a) The agency shall issue a final determination to the retired member no later than thirty (30) calendar days after receipt of all required forms and requested information.

(b) If the agency determines that the retired member is an employee of the participating employer, rather than an independent contractor or leased employee through a leasing company, staffing agency, or other entity:

1. The retired member shall be subject to the provisions of Section 3 of this administrative regulation and shall have a "bona fide separation from service" and "break in service"; and

2. The employer shall do the following:

a. Report the retired member as required by KRS 61.675, KRS 78.625, and 105 KAR 1:145;

b. Pay employer contributions for the retired member as specified by KRS 61.565, 61.702, and 78.635; and

c. Reimburse the systems for the cost of hospital and medical ~~[health]~~ insurance plan premiums paid by the systems for the retired member.

(c) If the agency determines that the retired member is an independent contractor or leased employee through a leasing company, staffing agency, or other entity, the retired member may still be required to observe a bona fide separation from service to the extent required by federal law.

Section 5. Volunteers.

(1) If a retired member seeks to volunteer with a participating employer within twelve (12) months of the retired member's retirement date, then the following shall be filed ~~[at the retirement office]~~:

(a) A valid Form 6753, Employer Certification of Volunteer, completed by the participating employer;

(b) A valid Form 6754, Member Reemployment Certification, completed by the retired member; and

(c) Any other information requested by the agency from the participating employer and retired member pursuant to KRS 61.637(8) and 78.5540(2)(a).

(2)(a) The agency shall issue a final determination to the retired member no later than thirty (30) calendar days after receipt of all required forms and requested information.

(b) If the Agency determines that the retired member is an employee of the participating employer, rather than a volunteer:

1. The retired member shall be subject to the provisions of Section 3 of this administrative regulation and shall have a "bona fide separation from service" and "break in service"; and

2. The employer shall do the following:

a. Report the retired member as required by KRS 61.675, 78.625, and 105 KAR 1:145;

b. Pay employer contributions for the retired member as specified by KRS 61.565, 61.702, and 78.635; and

c. Reimburse the systems for the cost of hospital and medical ~~[health]~~ insurance plan premiums paid by the systems for the retired member.

(c) If the agency determines that the retired member is a volunteer, the retired member may still be required to observe a bona fide separation from service to the extent required by federal law.

Section 6. Hospital and Medical ~~[Health]~~ Insurance Plan Premium Reimbursements for Retired Members Reemployed by Multiple Participating Employers.

(1) This section shall only apply to a retired member who is reemployed by a participating employer on or after September 1, 2008 in accordance with KRS 61.637(17) and 78.5540(4).

(2) If a retired member is reemployed by multiple participating employers in a month in two (2) or more ~~[positions that qualify as]~~ regular full-time positions, one (1) regular full-time position and one or more part-time positions pursuant to KRS 61.680(6) and 78.545, or multiple part-time positions pursuant to KRS 61.680(6) and 78.545, then:

(a) Each ~~[, each]~~ participating employer shall be responsible for reimbursing the systems for a portion of the hospital and medical ~~[health]~~ insurance plan premium paid by the systems to provide coverage for the retired member for that month; and

(b) The portion shall be ~~[that is]~~ equal to the cost of the premium divided by the number of participating employers that are not exempt from reimbursement of hospital and medical ~~[health]~~ insurance plan premiums.

(3) ~~(2)~~ Participating employers that are exempt from reimbursement of hospital and medical ~~[health]~~ insurance plan premiums under Section 7 of this administrative regulation, or by virtue of being a school board employing the retired member for eighty (80) calendar days or less during the fiscal year, are not responsible for hospital and medical ~~[health]~~ insurance plan premiums under this section.

Section 7. Exemption for Payment Of Employer Contributions and Reimbursement of Hospital and Medical ~~[Health]~~ Insurance Plan Premiums for Retired Members Reemployed as Police Officers and School Resource Officers.

(1) This section shall only apply to a retired member who is reemployed by a participating employer on or after September 1, 2008 in accordance with KRS 61.637(17) and 78.5540(4).

(2)(a) A participating employer shall be exempt from paying employer contributions and from reimbursing the systems for the cost of the hospital and medical ~~[health]~~ insurance plan premiums paid by the systems for a retired member reemployed as a police officer pursuant to KRS 70.291 to 70.293 for a term of appointment of no more than one (1) year if a valid ~~[completed]~~ Form 6760, County Police or Sheriff Appointment of Retired Police Officer, and the supporting documentation required by the Form 6760 are on file ~~[at the retirement office]~~ prior to the start of the retired member's term of appointment.

(b) If a valid ~~[completed]~~ Form 6760, County Police or Sheriff Appointment of Retired Police Officer, and the supporting documentation required by the Form 6760 are not on file ~~[at the retirement office]~~ prior to the start of the retired member's term of appointment as a police officer pursuant to KRS 70.291 to 70.293, then the participating employer shall be exempt from paying employer contributions and reimbursements of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a police officer pursuant to KRS 70.291 to 70.293 effective in the month after a valid ~~[completed]~~ Form 6760 and supporting documentation are on file ~~[at the retirement office]~~.

(3) ~~(2)~~(a) For each subsequent term of reappointment after the initial term of appointment listed on the valid ~~[completed]~~ Form 6760, County Police or Sheriff Appointment of Retired Police Officer, described in subsection (1) of this section, the participating employer shall be exempt from paying employer contributions and from reimbursing the systems for the cost of the hospital and medical ~~[health]~~ insurance plan premiums paid by the systems for a retired member reemployed as a police officer pursuant to KRS 70.291 to 70.293 for a term of reappointment of no more than one (1) year if a valid ~~[completed]~~ Form 6764, Recertification of Retired Police Officer, is on file ~~[at the retirement office]~~ prior to the start of the retired member's term of reappointment.

(b) If a valid ~~[completed]~~ Form 6764, Recertification of Retired Police Officer, is not on file ~~[at the retirement office]~~ prior to the start of the retired member's term of reappointment as a police officer pursuant to KRS 70.291 to 70.293, then the participating employer shall be exempt from paying employer contributions and reimbursements of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a police officer pursuant to KRS 70.291 to 70.293 effective in the month after a valid ~~[completed]~~ Form 6764 and supporting documentation are on file ~~[at the retirement office]~~.

~~(4) [(3)]~~(a) A participating employer shall be exempt from paying employer contributions and from reimbursing the systems for the cost of the hospital and medical ~~[health]~~ insurance plan premiums paid by the systems to provide coverage for a retired member reemployed as a school resource officer pursuant to KRS 158.441 for a term of appointment of no more than one (1) year if a valid ~~[completed]~~ Form 6766, Appointment of Retired School Resource Officer, and the supporting documentation required by the Form 6766 are on file ~~[at the retirement office]~~ prior to the start of the retired member's term appointment.

(b) If a valid ~~[completed]~~ Form 6766, Appointment of Retired School Resource Officer, and the supporting documentation required by the Form 6766 are not on file ~~[at the retirement office]~~ prior to the start of the retired member's term appointment, then the participating employer shall be exempt from paying employer contributions and reimbursements of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a school resource officer pursuant to KRS 158.441 effective in the month after a valid ~~[completed]~~ Form 6766 and supporting documentation are on file ~~[at the retirement office]~~.

~~(5) [(4)]~~(a) A participating employer shall be exempt from paying employer contributions and from reimbursing the systems for the cost of the hospital and medical ~~[health]~~ insurance plan premiums paid by the systems for a retired member reemployed as a Kentucky State Police

1 school resource officer pursuant to KRS 158.441 for a term of appointment of no more than one
 2 (1) year if a valid ~~[completed]~~ Form 6767, Appointment of Kentucky State Police School
 3 Resource Officer, and the supporting documentation required by the Form 6767 are on file ~~[at~~
 4 ~~the retirement office]~~ prior to the start of the retired member's term appointment.

5 (b) If a valid ~~[completed]~~ Form 6767, Appointment of Kentucky State Police School Resource
 6 Officer, and the supporting documentation required by the Form 6767 are not on file ~~[at the~~
 7 ~~retirement office]~~ prior to the start of the retired member's term appointment, then the
 8 participating employer shall be exempt from paying employer contributions and reimbursements
 9 of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a
 10 Kentucky State Police school resource officer pursuant to KRS 158.441 effective in the month
 11 after a valid ~~[completed]~~ Form 6767 and supporting documentation are on file ~~[at the retirement~~
 12 ~~office]~~.

13 ~~(6)~~ ~~(5)~~(a) A participating employer shall be exempt from paying employer contributions and
 14 from reimbursing the systems for the cost of the hospital and medical ~~[health]~~ insurance plan
 15 premiums paid by the systems for a retired member reemployed as a police officer by a
 16 postsecondary institution pursuant to KRS 164.952 for a term of appointment of no more than
 17 one (1) year if a valid ~~[completed]~~ Form 6768, Postsecondary Institution Appointment of Retired
 18 Police Officer, and the supporting documentation required by the Form 6768 are on file ~~[at the~~
 19 ~~retirement office]~~ prior to the start of the retired member's term appointment.

20 (b) If a valid ~~[completed]~~ Form 6768, Postsecondary Institution Appointment of Retired Police
 21 Officer, and the supporting documentation required by the Form 6768 are not on file ~~[at the~~
 22 ~~retirement office]~~ prior to the start of the retired member's term appointment, then the
 23 participating employer shall be exempt from paying employer contributions and reimbursements
 24 of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a

1 police officer by a postsecondary institution pursuant to KRS 164.952 in the month after a valid
 2 ~~[completed]~~ Form 6768 and supporting documentation are on file ~~[at the retirement office]~~.

3 ~~(7) [(6)]~~ A participating employer shall not be eligible for exemption from payment of employer
 4 contributions or from reimbursing the systems for the costs of hospital and medical ~~[health]~~
 5 insurance plan premiums for any retired members reemployed as a police officer pursuant to
 6 KRS 95.022 unless a valid Form 6769, Certification of Employed Police Officers Calendar Year
 7 2015, is on file ~~[at the retirement office]~~.

8 ~~(8) [(7)]~~(a) A participating employer with a valid Form 6769, Certification of Employed Police
 9 Officers Calendar Year 2015, on file ~~[at the retirement office]~~ shall be exempt from paying
 10 employer contributions and from reimbursing the systems for the costs of hospital and medical
 11 ~~[health]~~ insurance plan premiums for a retired member reemployed as a police officer pursuant
 12 to KRS 95.022 for a term of appointment of no more than one (1) year if a valid ~~[completed]~~
 13 Form 6770, City Appointment of Retired Police Officer, and the supporting documentation
 14 required by the Form 6770 are on file ~~[at the retirement office]~~ prior to the start of the retired
 15 member's term of appointment.

16 (b) If a valid ~~[completed]~~ Form 6770, City Appointment of Retired Police Officer, and the
 17 supporting documentation required by the Form 6770 are not on file ~~[at the retirement office]~~
 18 prior to the start of the retired member's term of appointment, then the participating employer
 19 with a valid Form 6769, Certification of Employed Police Officers Calendar Year 2015, on file ~~[at~~
 20 ~~the retirement office]~~ shall be exempt from paying employer contributions and reimbursements
 21 of hospital and medical ~~[health]~~ insurance plan premiums for a retired member reemployed as a
 22 police officer pursuant to KRS 95.022 effective in the month after a valid ~~[completed]~~ Form 6770
 23 and supporting documentation are on file ~~[at the retirement office]~~.

(9) ~~(8)~~(a) For each ~~Each~~ subsequent term of reappointment after the initial term of appointment listed on the valid ~~completed~~ Form 6770, City Appointment of Retired Police Officer, described in subsection (7) of this section, the participating employer with a valid Form 6769, Certification of Employed Police Officers Calendar Year 2015, on file shall be exempt from paying employer contributions and hospital and medical ~~health~~ insurance plan premiums paid by the systems for a retired member reemployed as a police officer pursuant to KRS 95.022 for a term of reappointment of no more than one (1) year if a valid ~~completed~~ Form 6774, City Recertification of Retired Police Officer, is on file ~~at the retirement office~~ prior to the start of the retired member's term of reappointment.

(b) If a valid ~~completed~~ Form 6774, City Recertification of Retired Police Officer, is not on file ~~at the retirement office~~ prior to the start of the retired member's term of reappointment, then the participating employer shall be exempt from paying employer contributions and reimbursements of hospital and medical ~~health~~ insurance plan premiums for retired member reemployed as a police officer pursuant to KRS 95.022 in the month after a valid ~~completed~~ Form 6774 is on file ~~at the retirement office~~.

(10) If the appropriate form and as indicated in this subsection is not on file, the employer shall not be exempt from paying employer contributions and reimbursement of hospital and medical insurance plan premiums.

Section 8. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) Form 6000, "Notification of Retirement", June 2023;

(b) Form 6751, "Employer Certification Regarding Reemployment," December 2023 ~~March 2022~~;

(c) Form 6752, "Employer Certification of Independent Contractor/Leased Employee,"
December 2023 ~~[April 2024]~~;

(d) Form 6753, "Employer Certification of Volunteer," December 2023 ~~April 2024~~;

(e) Form 6754, "Member Reemployment Certification," December 2023 ~~April 2024~~;

(f) Form 6760, "County Police or Sheriff Appointment of Retired Police Officer," December
2023 ~~March 2022~~;

(g) Form 6764, "Recertification of Retired Police Officer," December 2023 ~~June 2019~~;

(h) Form 6766, "Appointment of Retired School Resource Officer," December 2023 ~~March~~
~~2022~~;

(i) Form 6767, "Appointment of Kentucky State Police School Resource Officer," December
2023 ~~March 2022~~;

(j) Form 6768, "Postsecondary Institution Appointment of Retired Police Officer," December
2023 ~~March 2022~~;

(k) Form 6769, "Certification of Employed Police Officers Calendar Year 2015," December
2023 ~~July 2016~~;

(l) Form 6770, "City Appointment of Retired Police Officer," December 2023 ~~March 2022~~;

(m) Form 6774, "City Recertification of Retired Police Officer," December 2023 ~~July 2016~~;

and

(n) Internal Revenue Service Publication 1779, "Independent Contractor or Employee,"
 March 2012.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law,
 at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky 40601,
 Monday through Friday, from 8:00 a.m. to 4:30 p.m. This material is also available on the
 Authority's Web site at kyret.ky.gov.

- 1 (34 Ky.R. 826; 1388; eff. 1-4-2008; 35 Ky.R. 975; 1723; eff. 2-6-2009; 36 Ky.R. 141; eff. 10-
- 2 2-2009; 46 Ky.R. 76, 883, eff. 10-4-2019; 48 Ky.R. 2811; 49 Ky.R 317; eff. 9-27-2022.)

APPROVED:

DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY RETIREMENT SYSTEMS

DATE

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing to allow for public comment on this administrative regulation shall be held on February 21, 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 February 28, 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 1:390

Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8570

Email: legal.non-advocacy@kkyret.ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation concerns the administration of KRS 61.637 and 78.5540 in conjunction with federal law regarding bona fide separation from service and changes in employment relationship if a retired member returns to work with a participating employer in a retirement system operated by the Kentucky Public Pensions Authority. 26 C.F.R. 1.401-1(a)(2) requires that a qualified plan expressly provide in its statutes and administrative regulations (plan documents) how it shall administer its plan in accordance with federal law in order to maintain the tax qualified status of the plan.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to maintain the qualified tax status of the Kentucky Employees Retirement System, the County Employees Retirement System, and the State Police Retirement System under 26 U.S.C. 401(a), and to comply with the provisions established in 26 C.F.R. 1.401-1(b)(1)(i) and 1.401(a)-1.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the procedures and requirements for retired members and participating employers prior to the reemployment of a retired reemployed participant.

(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 the procedures and requirements for retired members and participating employers prior to the reemployment of a retiree with a participating employer in accordance with KRS 61.637 and 78.5540. The regulation outlines certification and notification requirements of both retirees and participating employers.

(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 contains technical changes, changes to reflect legislative enactments (HB 506 – 2023), and form changes.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to implement make technical changes, changes to reflect legislative enactments (HB 506 – 2023), and form changes.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the content of the authorizing statutes by outlining the processes and procedures for administration of retired reemployed requirements as authorized by KRS 61.505, 61.637, and 78.5540.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will assist in the effective administration of the statutes by outlining the processes and procedures for administration of retired reemployed requirements as authorized by KRS 61.505, 61.637, and 78.5540.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Retirees seeking reemployment with a

participating employer within twelve (12) months of their initial retirement date, the Kentucky Public Pensions Authority, and employers participating in the Kentucky Employees Retirement System, State Police Retirement System, or 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: Regulated entities will be minimally impacted by these changes.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Aside from some limited exceptions, the employer shall remit employer contributions on all creditable compensation earned by the employee during the period of reemployment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): This administrative regulation is necessary to maintain the tax qualified status of the Kentucky Employees Retirement System, the County Employees Retirement System, and the State Police Retirement System under 26 U.S.C. 401(a), and to comply with the provisions established in 26 C.F.R. 1.401-1(b)(1)(i) and 1.401(a)-1. Moreover, compliance with this regulation will allow retired members to return to work with participating employers without the voiding of their retirement. Participating employers will be permitted to hire retired members.

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

(a) Initially: The Kentucky Public Pensions Authority is already administering KRS 61.637 and 78.5540 and no additional cost will arise from implementation of this amendment.

(b) On a continuing basis: The employer will be required to remit employer contributions on most retired members pursuant to KRS 61.637(17) and 78.5540.

(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.

(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 employers seeking to hire retired members are subject to the same processes and procedures.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation number: 105 KAR 1:390

Contact person: Jessica Beaubien

Phone number: 502-696-8800 ext. 8645

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? Kentucky Public Pensions Authority and all participating employers in the Kentucky Employees Retirement System, State Police Retirement System, and the County Employees Retirement System.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 61.637, 78.5540, and 26 U.S.C. 401(a).

(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. The employer will have to remit employer contributions on certain employees.

(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? Ultimately, the cost to the Kentucky Public Pensions Authority should be negligible, as KRS 61.637 and 78.5540 are already being administered by the Kentucky Public Pensions Authority.

(d) How much will it cost to administer this program for subsequent years? Ultimately, the cost to the Kentucky Public Pensions Authority should be negligible, as KRS 61.637 and 78.5540 are already being administered by the Kentucky Public Pensions Authority.

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

Revenues (+/-): Unknown.

Expenditures (+/-): Negligible.

Other Explanation: The cost of administering this amendment will be negligible for the KPPA. There should be no changes to costs for participating employers based on this amendment, or to revenue for the KPPA as a result of this amendment.

(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 should be no significant change to costs for the KPPA and participating employers.

(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 on the Kentucky Public Pensions Authority because there is no negative or adverse economic impact of these amendments that exceeds \$500,000.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 6000, "Notification of Retirement,". This is the form used by members to initiate the retirement process. This form was not amended for this regulation.

Form 6751, "Employer Certification Regarding Reemployment," is a 1-page form used by employers to certify that a retiree returning to employment with that participating employer did not have a prearranged agreement to return to work prior to retirement. This form was amended to reformat the layout to make the form clearer and for ease of use. A legal certification was also added.

Form 6752, "Employer Certification of Independent Contractor/Leased Employee," is a 2-page form completed by employers to provide information regarding the employment status of the retiree returning to employment with that participating employer. This form was amended to reformat the layout and make the form clearer for ease of use. A legal certification was also added.

Form 6753, "Employer Certification of Volunteer," is a 1-page form that requires employers to provide information regarding the volunteer status of the retiree volunteering with that participating employer. The form was amended to add a legal certification statement.

Form 6754, "Member Reemployment Certification," is a 1-page form that requires retired members to provide information regarding their employment and volunteer status with a participating employer. This form was amended to add a legal certification statement.

Form 6760, "County Police or Sheriff Appointment of Retired Police Officer" is a 1-page form completed by employers to certify the appointment of a retired police officer to the county police or Sheriff. This form was amended to add a legal certification statement.

Form 6764, "Recertification of Retired Police Officer" is a 1-page form completed by employers to recertify the appointment of a retired police officer. This form was amended to add a legal certification statement.

Form 6766, "Appointment of Retired School Resource Officer" is a 1-page form completed by employers to certify the appointment of a retired school resource officer. This form was amended to add a legal certification statement.

Form 6767, "Appointment of Kentucky State Police School Resource Officer" is a 1-page form completed by employers to certify the appointment of a Kentucky State Police school resource officer. This form was amended to add a legal certification statement.

Form 6768, "Postsecondary Institution Appointment of Retired Police Officer" is a 1-page form completed by employers to certify the appointment of a retired police officer to a postsecondary institution. This form was amended to add a legal certification statement.

Form 6769, "Certification of Employed Police Officers Calendar Year 2015" is a 2-page form completed by employers to certify the employment of retired police officers. This form was amended to add a legal certification statement.

Form 6770, "City Appointment of Retired Police Officer" is a 1-page form completed by employers to certify the city appointment of a retired police officer. This form was amended to add a legal certification statement.

Form 6774, "City Recertification of Retired Police Officer" is a 1-page form completed by employers to recertify the appointment of a retired city police officer. This form was amended to add a legal certification statement.

Internal Revenue Service Publication 1779, "Independent Contractor or Employee" is a 2-page IRS publication providing details to employers regarding independent contractor vs. employee relationship. This form has not been amended.



Notification of Retirement Instructions

Ready to retire? Completing this form is your first step. Please call our office at 1-800-928-4646 if you have questions or if you need assistance completing forms. Members are encouraged to visit our website at kyret.ky.gov for additional information.

Form 6000 - Notification of Retirement

You should submit your Form 6000 at least one month prior to your effective retirement date. Please note that you cannot file your Form 6000 more than 6 months prior to termination of employment. Disability Retirement applicants must complete Section I.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section F - Tax Withholding are provided on page 3.

Date of Birth Verification for Member and Beneficiary is required.

Please write your Member ID on all copies you submit.

Acceptable forms of date of birth verification include the following:

- Kentucky Driver's License
- Military Discharge
- Birth Certificate
- Immigration and Naturalization Records

Your Member ID

Your Member ID is a unique account number for your KPPA account. If you received this form from our office, your Member ID is provided. If you access this form from our website and don't know your Member ID, you can contact our office at 1-800-928-4646. You will need to provide your Social Security Number and your four-digit KPPA PIN to obtain your Member ID.

Form 6200 - Insurance Application

If you will be receiving a monthly payment, you may be eligible for health insurance coverage for you, your spouse, and eligible dependents. KPPA offers Medicare and non-Medicare plans. You may access insurance applications and enrollment booklets by visiting our website at kyret.ky.gov. Please call our office to request a printed copy.

You must return an insurance application by the deadlines described below, even if you wish to waive coverage. If you fail to return a completed application, you will be enrolled automatically into a default plan for the current plan year. If you choose not to participate in the coverage, you will need to complete the Form 6200 to waive your coverage; otherwise, you will be enrolled automatically into a default plan as described above.

Insurance Application Deadlines

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month *prior* to the month you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	April 30	May 1

If you miss the above deadline, you can still submit an application. Your Form 6200 must be filed with our office within 30 days of the first day of the month in which you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	May 30	June 1



Additional instructions are provided on the following page. Keep reading to find out your deadline for returning retirement forms.

Your Next Step: Check your mailbox.

Once we process your Form 6000, we will send you additional forms for completion. The checklists below will help you decide which forms you need to return to our office.

If you elect to receive a monthly benefit, complete and return the following:

- ☐ Form 6010, Estimated Retirement Allowance
- ☐ Form 6200, Insurance Application (*refer to insurance application and deadlines on page 1*)

If you elect to receive an actuarial or lump sum refund complete and return the following:**

- ☐ Form 6010, Estimated Retirement Allowance
- ☐ Form 6025, Direct Rollover/Direct Payment Election

****We require additional verification from your employer before we can process a refund which may delay your check. Upon receipt of the above forms, we will mail required forms to you and your employer for completion.**



All required forms and documentation must be filed with our office by the last day of the month prior to your effective retirement date. *You are responsible for filing your insurance application prior to the deadlines noted on page 1 or you will be enrolled automatically into a default plan.*

Retirement Date	Due Date
January 1	December 31
February 1	January 31
March 1	February 28
April 1	March 31
May 1	April 30
June 1	May 31
July 1	June 30
August 1	July 31
September 1	August 31
October 1	September 30
November 1	October 31
December 1	November 30

**If you have any questions, please contact our office at (502) 696-8800 or (800) 928-4646.
Our office is open from 8:00 am to 4:30 pm Monday through Friday.**



Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. **You may choose your federal tax withholding preference by completing Section F of your Form 6000, Notification of Retirement. If you do not complete Section F, KPPA will automatically withhold federal income tax as single with no adjustments.** You may find the worksheets below helpful when completing Section F.

Additional information is available on the Internal Revenue Service website at www.irs.gov.

Purpose. Form W4-P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W4-P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W4-P to choose (a) not to have any federal tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

What do I need to do? Use the worksheets on the following page to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see Purpose, earlier), you can skip the worksheets and go directly to the Form W4-P, Section F of the Form 6000.

Future developments. For the latest information about any future developments affecting Form W-4P, such as legislation enacted after we release it go to www.irs.gov/w4p.

Filing Status:

☐ Single or Married filing separately

☐ Married filing jointly or Qualifying widow(er)

☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Step 1: Multiple Pensions/More-Than-One-Income Worksheet (Keep for your records.)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-"

\$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-"

\$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here

\$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 2–3(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

Step 2. Claim Dependents and Other Credits (Keep for your records)

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000

\$ _____

Multiply the number of other dependents by \$500

\$ _____

Add other credits, such as foreign tax credit and education tax credits

\$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here

\$ _____

Form W-4P Instructions *Continued***Step 4. Other Adjustments** (Keep for your records)

- a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends \$ _____
- b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here \$ _____
- c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** \$ _____

Step 4. Deductions, Adjustments, and Additional Income Worksheet

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: • \$25,900 if you're married filing jointly or qualifying widow(er)
• \$19,400 if you're head of household
• \$12,950 if you're single or married filing separately 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- If line 3 equals zero, and you (or your spouse) are 65 or older, enter:
• \$1,750 if you're single or head of household.
• \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65.
• \$2,800 if you're married and both of you are age 65 or older
Otherwise, enter "-0-". See Pub. 505 for more information 4 \$ _____
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 5 \$ _____
- 6 Add lines 3 through 5. Enter the result here and in Step 3(b) on Form W-4P 6 \$ _____

Form 6000
Revised 06/2023

Notification of Retirement

Please read the instructions for each section and complete all information requested in Sections A-G. Section H must be completed by your current employer. Section I must also be completed if applying for disability retirement.

Section A: Member Information

You must attach a copy of your birth verification.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
E-mail:	Phone:		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Please note: If your current legal name or your beneficiary's current legal name is not the same as the name on the date of birth verification you have submitted we will also require verification of name change. Acceptable name change verification includes:

- Kentucky Driver's License
- Marriage Certificate
- Court Order
- Passport
- Immigration and/or Naturalization Documents

You must provide a termination date and retirement date below.

Termination Date: _____
Month Day Year

(YOUR TERMINATION DATE MUST BE PRIOR TO YOUR RETIREMENT DATE.)

Retirement Date: _____ 1, _____
Month Year

(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)

Section B - Type of Retirement and Retirement Systems

If applying for normal or early retirement, you may not submit this form more than 6 months prior to termination of employment. You must terminate your employment to be eligible for early or normal retirement benefits. Check the appropriate boxes to indicate the retirement systems from which you intend to retire.

Disability Retirement applicants must complete Section I.

<input type="checkbox"/> NORMAL OR EARLY RETIREMENT	<input type="checkbox"/> DISABILITY RETIREMENT
<input type="checkbox"/> Kentucky Employees Retirement System - KERS (state employees, health departments, universities) <input type="checkbox"/> County Employees Retirement System - CERS (city, county, local governments, classified employees of boards of education) <input type="checkbox"/> State Police Retirement System - SPRS (full-time officers of Kentucky State Police)	
Other State Administered Retirement Systems If you have an account in one of the systems administered by the Kentucky Public Pensions Authority (KERS, CERS, or SPRS) and in one of the other state administered retirement systems (listed below), you will need to complete the retirement application for the other system in order to be eligible for reciprocal benefits from all systems.	
<input type="checkbox"/> Teachers' Retirement System - (certified employees of boards of education) <input type="checkbox"/> Legislators' Retirement Plan - LRP (State Senators and Representatives) <input type="checkbox"/> Judicial Retirement Plan - JRP (Judges)	

Section C - Retirement Account Beneficiary Designation

Your account beneficiary can only be one person, a trust or your estate. Indicate your beneficiary by checking one of the beneficiary types below and providing the necessary information. This designation will become invalid if you file a new Form 6000 prior to your effective retirement date or if this form is voided.

Member Name:	Member ID:
--------------	------------

<input type="checkbox"/> Person Attach a copy of this person's birth verification to this form with your Member ID written on it.			
Name:		Social Security Number:	
Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female	
Relationship:		<input type="checkbox"/> Check this box if this person is also your legal spouse.	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> My Estate No additional information required.

<input type="checkbox"/> Living Trust The following information is required to designate a living trust. <u>You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form.</u> A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.			
Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.
--

Section D - \$5000 Death Benefit from Kentucky Public Pensions Authority - Complete only if eligible
To be eligible for this benefit, you must be a retired member receiving a monthly benefit on the date of your death from Kentucky Public Pensions Authority based on a minimum of 48 months of service.

If eligible for this benefit, you may name one death benefit beneficiary. This designation is not valid if you designate more than one beneficiary. Your estate will become your default beneficiary if this designation is deemed to be invalid. This designation may be changed at any time prior to your death by filing a properly completed Form 6030, Death Benefit Designation.

Member Name:	Member ID:
--------------	------------

<input type="checkbox"/> Person You may only name one person as your death benefit beneficiary.			
Name:		Social Security Number:	
Date of Birth:	Relationship:	<input type="radio"/> Male	<input type="radio"/> Female
Address:	City:	State:	Zip Code:

<input type="checkbox"/> My Estate No additional information required.

<input type="checkbox"/> Living Trust The following information is required to designate a living trust. <u>You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form.</u> A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.			
Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.
--

<input type="checkbox"/> Funeral Home Please enclose a copy of the Funeral Home License with your Member ID written on it.			
Funeral Home Legal Name:		Funeral Home License Number:	
Funeral Home Tax ID:	Contact Name:	Phone:	
Address:	City:	State:	Zip Code:

Section E - Authorization for Deposit of Retirement Payment**Complete this section to authorize deposit of your retirement benefit directly into your account at a financial institution.**

Financial Institution Information: 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). Your direct deposit institution may be changed at any time by filing a properly completed Form 6130, Authorization for Deposit of Retirement Payment.

Financial Institution Name:

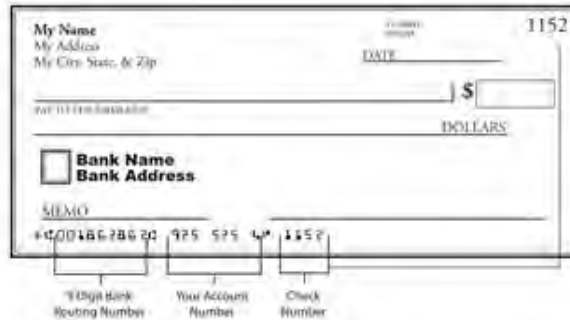
Depositor Routing Number:

Depositor Account Number:

Account Type:

☐ Checking☐ Savings**For your convenience:**

The sample check shows where to locate the required bank information to complete your Direct Deposit.



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

For deposits to a Checking Account:

I have attached to this form

☐ a VOIDED personalized check☐ verification from my financial institution

For deposits to a Savings Account:

I have attached to this form

☐ verification from my financial institution**Attach Voided Check Here:**

(Attach Voided Check Here)

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 the 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 the Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

If all required forms have been completed properly and returned by the end of the month prior to your retirement date, the first check will be deposited or mailed on the *14th* of the first month of retirement. **Due to deadlines required to establish a direct deposit, your first benefit payment is not guaranteed to be deposited to your account.**

Many benefit payments for the first month of retirement are mailed. After the initial payment, the monthly benefit will be deposited to the retired member's account on the *14th* of each month. If the *14th* of the month is a weekend or holiday, the benefit will be mailed or deposited the business day prior. Members are required to have the monthly retirement benefit deposited directly to their bank accounts, unless their bank does not participate in the Automated Clearing House or the member does not have an account with a financial institution.

Section F - Tax Withholding

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference below. If you do not complete this section correctly, KPPA will automatically withhold federal income tax based on Single with no adjustments. You may refer to the instructions for Form W4-P provided with your retirement application. You may change your tax withholding at any time by filing a properly completed Form 6017, W-4P, Tax Withholding.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	OMB No. 1545-0074 FOR TAX YEAR IN WHICH MEMBER RETIRES
--	--	--

Type or print your full name.			Member ID: Claim or identification number (if any) of your pension or annuity contract
Address:			
City:	State:	Zip Code:	

- ☐ **No Taxes Withheld**
☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you.

Step 2: Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity) Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" ▶ \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Step 3: Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Claim Dependent and Other Credits Multiply the number of other dependents by \$500 ▶ \$ _____

Add other credits, such as foreign tax credit and education tax credits ▶ \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here 3 \$ _____

Step 4: (optional):
Other Adjustments

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. 4(a) \$ _____
 This may include interest, taxable social security, and dividends

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** 4(c) \$ _____

Section G - Certification of Bona Fide Separation from Service and Notification of Retirement

Subject to penalty of KRS 523.100: I acknowledge that federal and state law both require a bona fide separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies in order for the Kentucky Public Pensions Authority to pay a retirement benefit or to pay a refund of a retirement account.

If I am retiring, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, or that I will have a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies prior to my retirement date. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

If I am taking a refund of my retirement account, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

I understand that the term "separation from service" as used in this affidavit means a complete severance of any kind of employment relationship (including but not limited to a relationship as an independent contractor or leased employee) with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the term "prearranged agreement" as used in this affidavit means any contemplation of return to employment with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the terms "agencies participating in the Kentucky Public Pensions Authority" and "participating agency" as used in this affidavit are to be construed in a broad manner, and include not only the agency itself, but also any entities affiliated with participating agencies, regardless of whether such entities are holding themselves out as legally separate entities.

I acknowledge that prior to accepting employment within twelve (12) months of my retirement date with an agency participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, I have a duty to report such employment in writing to the Kentucky Public Pensions Authority pursuant to 105 KAR 1:390.

I acknowledge and understand that if I fail to comply with federal and state law regarding bona fide separation from service and break in service, my retirement shall be voided and I shall repay all retirement allowances, dependent child payments, and health plan premiums paid by the Kentucky Public Pensions Authority.

I certify the information in this Notification of Retirement is correct and that my employer has been informed of my intent to terminate employment on the date indicated on this form if applying for early/normal retirement. I understand the Kentucky Public Pensions Authority will send an estimated retirement allowance. **I acknowledge my estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty in accordance with KRS 523.100.**

Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

NOTE: Signature of Member is required. Signature of either the Spouse **or** a Witness is also required. Failure to sign form and have your signature witnessed by either your spouse or another person will result in the form being voided.



Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to the Kentucky Public Pensions Authority in order to include future salary, service and sick and compensatory leave balances in your estimated retirement allowance. If you are currently employed by more than one participating employer, each employer should complete a copy of Section H of this form. If you do not have the employer complete Section H of this form, the Kentucky Public Pensions Authority will **exclude** all leave balances from the estimated retirement allowance. **Your estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement.**

Employer Name:	Employer Code:
Member Name:	Member ID:
Termination Date:	
Employer's Report of Leave Balances as of:	
Does your agency participate in a sick leave program administered by KPPA? <input type="radio"/> Yes <input type="radio"/> No If yes above, select the type of sick leave plan: <input type="radio"/> Standard <input type="radio"/> Alternate Does the above member work an average of 21 days per month? <input type="radio"/> Yes <input type="radio"/> No If no above, please provide an Alternate Average Working Days Per Month: _____	

Standard Sick Leave Program: If participating in the standard sick leave program, please provide the following information.
 Note: Contributions should not be withheld from standard sick leave lump sum payouts.

Accumulated Sick Leave (in hours):	Hours in a Sick Leave Day:
------------------------------------	----------------------------

Alternate Sick Leave Program: If participating in the alternate sick leave program, please provide the following information.
 Note: Contributions should be withheld from alternate sick leave lump sum payouts.

Accumulated Sick Leave (in days):	Hours in a Sick Leave Day:
Estimated Compensation to be Paid for Sick Leave:	

School Board Certification (*school board employees only*): Indicate the number of actual days the member will have worked through the expected termination date. If the days occur in different school years, please list each school year separately below.

Actual Days Worked through Expected Termination Date	
School Year	Number of Actual Days

Section H is continued on the following page. You must complete the Employer Certification at the end of Section H.


Section H Continued - Employer Certification of Leave Balances and Final Salary

Employer Name:	Employer Code:
Member Name:	Member ID:

Note to Employer:

KPPA will provide calculations to the member based upon the information you certify below. Due to the reporting process there may be a delay from the time you report it to the time it is available for use in the calculation. For this reason we ask that you verify the actual earned wages for the three months prior to the date you are completing this certification and each month thereafter through member's anticipated date of termination.

Employer's Report of Final Salary

You may select from the following payment reasons:
Regular Pay, Regular Pay with Additional Creditable

Posting Month	Payment Reason	Salary

Employer Certification

I certify that the leave balances and estimated final salary information provided above is accurate based upon our agency's records. I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and that the information provided is true and accurate.

Printed Name of Agency Official: _____

Title: _____ Agency Phone Number: _____

Signature of Agency Official: _____ Date: _____

Section I - Member's Statement of Disability**If additional space is required to answer the questions, you may use and attach additional paper.**

Member Name:

Member ID:

1. List the diagnoses of the injury, illness, or disease for which you are applying for disability:**2. Describe how the diagnoses listed above on this page prevent you from performing your essential job duties:****3. Describe the history of the diagnoses listed above, including the onset or start of your symptoms or complaints:**

4a. If you are a non-hazardous employee, are you claiming that you are totally and permanently disabled from performing any occupation for remuneration or profit as a result of a single traumatic event that occurred while you were performing the duties of your job or a single act of violence committed against you that was related to your job duties?

☐ Yes ☐ No

Please note: A duty related injury does not include the effects of the natural aging process, a communicable disease unless the risk of contracting the disease is increased by the nature of the employment, or a psychological, psychiatric, or stress related change unless the direct result of a physical injury.

4b. If you are a hazardous employee, are you claiming that you are disabled due to an act in line of duty by either a single act occurring while performing the principal duties of your job or a single act of violence against you that was related to your job duties?

☐ Yes ☐ No

If you answered yes to 4a or 4b, describe specific date, time, and circumstances of the duty related injury or act in line of duty below. Please attach a copy of the employer incident report to this form. Failure to attach the employer incident report will delay your disability application.



Section I is continued on the following page. You must complete the Certification at the end of Section I.

Section I Continued - Member's Statement of Disability

Member Name:	Member ID:
--------------	------------

Last Day of Paid Employment

Last Day of Paid Employment: The last day of paid employment is the last day for which contributions were reported and for which you were eligible to receive retirement credit. Identify the month, day, and year that is your last day of paid employment, or if you are still working or on paid leave, identify the month, day, and year that is your anticipated last day of paid employment.

Last Day of Paid Employment: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>

You will be sent an estimate of disability retirement benefits, subject to post retirement audit and adjustment after retirement, based upon your last day of paid employment in a regular full-time position assuming your application for disability retirement benefits is approved. If approved for disability benefits, you will receive benefits effective the first day of the month following your last day of paid employment.

Certification and Authorization

I certify the information on this Statement of Disability, Section I, is true and correct. I acknowledge that any person who makes a false statement, report, or representation is subject to penalty pursuant to KRS 523.010 to 523.110.

I authorize the Authority, its agents, servants, and employees to have full and complete access to any and all medical records of mine, whether or not related to this injury, illness, or disease, and authorize the Authority, and its agents, servants, and employees to discuss such records as it may be necessary at any meeting of the Board in connection with my application for disability retirement benefits.

I authorize my employer to release, furnish, disclose, or discuss with the Kentucky Public Pensions Authority all records or other information regarding my employment, including but not limited to, a description of job duties performed as of the last day of my employment, a description of the accommodations, assistance, or help that was offered or attempted or reasonably available to allow me to perform my essential job duties, a report of work injuries or accidents, my personnel file, or other employee records.

Signature of Member: _____

Date: _____

Signature of Witness: _____

Date: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Form 6751
 Revised 12/2023

Employer Certification Regarding Reemployment
Member Information

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Start date:	

My name is: _____. I am the agency head, appointing authority, or authorized designee for the participating employer. I have made a personal inquiry and confirm that this participating employer: (check one)

- ☐ **DID NOT** have any type of prearranged agreement, whether written or verbal, with the above-named retired member to return to work in any capacity following the member's initial retirement date.
- ☐ **DID** have a prearranged agreement, whether written or verbal, with the above-named retired member to return to work in some capacity following the member's initial retirement date.

Employer Acknowledgement and Certification (signature, job title, and date required)

I acknowledge that:

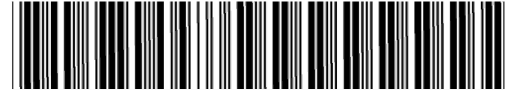
- If my agency reemploys a Kentucky Public Pensions Authority's retired member within twelve (12) months of the member's initial retirement date, my agency is required by law to submit the required form and any additional requested information to confirm the retired member's employment status.
- If my agency fails to certify the reemployment status of the retired member or provide any additional information requested by Kentucky Public Pensions Authority, the retired member's retirement benefits shall be voided and the retired member required to repay all retirement allowances, dependent child payments, and health plan premiums paid by Kentucky Public Pensions Authority.
- If my agency employs a retired member prior to the member's required months of break in service pursuant to KRS 61.637(17) and 78.5540, benefits shall be voided, and the retired member shall be required to repay all retirement allowances, dependent child payments, and health plan premiums paid by Kentucky Public Pensions Authority.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Job Title: _____ Date: _____

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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



Form 6752
 12/2023

Employer Certification of Independent Contractor / Leased Employee**Member Information**

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Start date:	

Printed full name of the **agency head, appointing authority or authorized designee** of the employer participating in the Kentucky Public Pensions Authority completing this form: _____

Participating Employer Inquiry (Must provide a response to all questions)

As the agency head, appointing authority or authorized designee of the employer, I have conducted an inquiry and confirm the following:

- The above referenced member will be providing services as: ☐ An Independent Contractor ☐ A Leased Employee
- The participating employer will issue the member an: ☐ IRS Form W-2 ☐ IRS Form 1099-MISC
- The participating employer previously employed the member as: ☐ An Employee ☐ Independent Contractor
☐ Leased Employee ☐ None

YES NO

		A third party or staffing company is responsible for paying the member's salary or wages for services provided to the participating employer.
		Both the participating employer and the member will retain the right to voluntarily terminate the work relationship without liability or penalty.

YES NO The Participating Employer:

		Is responsible for FICA taxes or reimbursement of FICA taxes for the member.
		Issued a Request for Proposal (RFP) to the general public soliciting the services now to be provided by the member.
		Will require the member to comply with their instructions related to when, where and how services are to be provided.
		Will require the member to adhere to established work schedules and agency hours of operation.
		Will provide the member with training, which may include attending meetings and working with experienced employees of the participating employer.
		Will require the member to provide services on-site with access and usage of the participating employer's tools and equipment.
		Will require the member to provide regular written or oral progress / completion reports related to the services provided.
		Will require the member to work full-time.
		Will pay the member a flat fee for all services provided.
		Will pay the member a salary or hourly wage for a specified duration of time for services provided.
		Will reimburse the member for any business or travel expenses incurred while performing services.
		Will permit the member to provide similar services to other participating employers, business entities or the general public at the same time the member is performing services for the participating employer.
		Will allow the member to subcontract other persons on behalf of the member to provide services for the participating employer.
		Will permit the member to hire and supervise employees for the participating employer in the performance of these services.

Participating Employer Supporting Documentation (Must select and provide at least one)

Indicate which of the following **REQUIRED** documents pertaining to the member's employment relationship with the participating employer are attached to this Form 6752: (check all applicable)

- ☐ A complete copy of the labor contract entered into between the participating employer and member.
- ☐ A complete copy of the labor contract entered into between the participating employer and a third party or staffing service related to the member's reemployment with the participating employer.
- ☐ A complete copy of the Request for Proposal (RFP) for the solicitation of services that are to be provided by the member and responses submitted.
- ☐ Other (please specify): _____

Participating Employer Certification

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Job Title: _____ Date: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Form 6753
 12/2023

Employer Certification of Volunteer
Member Information

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Volunteer start date:	

My name is: _____ . I am the agency head, appointing authority, or authorized designee of the employer participating in the Kentucky Public Pensions Authority, where the above referenced member will be volunteering as (please describe the job title and principal volunteer duties below and attach additional pages if needed):

Participating Employer Inquiry

As the agency head, appointing authority or authorized designee of the participating employer, I have conducted an inquiry and confirm the following:

- The member ☐ **was** ☐ **was not** previously employed by the participating employer.
- The member ☐ **did** ☐ **did not** previously receive creditable compensation from the participating employer.
- The member ☐ **did** ☐ **did not** previously earn retirement service credit from the participating employer.
- The member ☐ **is** ☐ **is not** volunteering for the participating employer freely and without pressure or coercion.
- The member ☐ **will** ☐ **will not** receive compensation for volunteering for the participating employer.
- The member ☐ **will** ☐ **will not** receive reimbursement from the participating employer for actual expenses incurred while volunteering.
- The member ☐ **will** ☐ **will not** receive a nominal fee in the amount of \$ _____ for volunteer services performed for the participating employer.

Participating Employer Certification

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of any benefit, the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, and civil payments, legal fees, and costs.

Signature: _____ Job Title: _____ Date: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

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Form 6754
 Revised 12/2023

Member Reemployment Certification
Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:	Member ID:
--------------	------------

Pursuant to 105 KAR 1:390, any retired member who desires to reemploy as an employee, independent contractor, leased employee, or volunteer with a participating employer of Kentucky Public Pensions Authority within twelve (12) calendar months of the retired member's initial retirement date must disclose that information.

A retired member reemploying twelve (12) calendar months or more after the retired member's initial retirement date is not required to submit this Form.

- Participating employer's full name: _____
- Job title: _____
- Anticipated start date (mm/dd/yyyy): _____
- Check whether the position is:
☐ Full-time or ☐ Part-time
- Check whether you are Medicare eligible:
☐ Yes ☐ No
- Check the space below identifying the type of position:
☐ Employee ☐ Independent Contractor ☐ Leased Employee ☐ Volunteer

If you are an independent contractor or leased employee, you can include a copy of your work contract .

Member Certification (signature and date required)

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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, that I (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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Form 6760

Revised 12/2023

County Police or Sheriff Appointment of Retired Police Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and the retired member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.

Member Information

Member Name:	Member ID:
Reemploying Employer:	Employer Code:
Did the member retire as a police officer as defined in KRS 70.291? <input type="radio"/> Yes <input type="radio"/> No	

Appointment Information

Initial Appointment: <input type="radio"/> Yes <input type="radio"/> No	Date of the Appointment:
Term of Appointment (cannot exceed one year):	

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is _____ and I hold the office of Chief of Police/Sheriff for _____ County, which will be employing the member identified above;
2. The member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program;
3. The member identified above retired on _____ from _____ with no administrative charges pending and I have attached a notarized statement from the agency listed above certifying that there were no pending administrative charges at the time of the member's retirement;
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and, if reemploying within twelve (12) months of retirement, the member has received a response from Kentucky Public Pensions Authority authorizing this return to employment;
5. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 until the first month following submission of the proper documentation.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Title: _____

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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

Form 6764

Revised 12/2023

Recertification of Retired Police Officer
IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed.
Member Information

Member Name:	Member ID:
Reemploying Employer:	Employer Code:
Was the member previously approved for reemployment pursuant to KRS 70.291 - 70.293 or KRS 164.950 - 164.980? <input type="radio"/> Yes <input type="radio"/> No	
Term of Appointment (cannot exceed one year):	Begin Date: End Date:

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

My name is _____ and I hold the position of Chief of Police/Reporting
 Official for _____ and I have reappointed the member identified above for the term
 identified above.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

Title: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

 1260 Louisville Road • Frankfort, KY 40601
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Form 6766

Revised 12/2023

Appointment of Retired School Resource Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and the retired member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.

Member Information

Member Name:	Member ID:
Reemploying Employer:	Employer Code:

Appointment Information

Initial Appointment: <input type="radio"/> Yes <input type="radio"/> No	Date of the Appointment:
---	--------------------------

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is _____ and I hold the position of _____ for _____ which will be employing the member identified above;
2. The member identified above is a sworn law enforcement officer or a special law enforcement officer appointed pursuant to KRS 61.902, who has specialized training to work with youth at a school site.
3. The member identified above will be employed as a school resource officer as defined in KRS 158.441.
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540, if reemploying within twelve (12) months of retirement, the member has received a response from Kentucky Public Pensions Authority authorizing this return to employment; and
5. I acknowledge that Kentucky Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 until the first month following submission of the proper documentation.

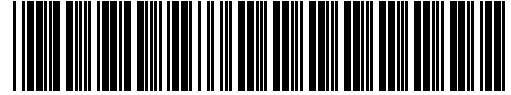
I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Title: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

 1260 Louisville Road • Frankfort, KY 40601
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Form 6767
 Revised 12/2023

Appointment of Kentucky State Police School Resource Officer

IMPORTANT NOTICE: This form is to identify a current/retired Kentucky State Police officer, CVE R Class, or Trooper R class employed by a school district in the capacity of a Kentucky State Police School Resource Officer (KSPSRO) in accordance with KRS 158.441. Please attach a copy of the member's KSPSRO employment contract.

Member Information

Member Name:	Member ID:
Employer Name:	Employer Code:

Appointment Information

Date of the Appointment:

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is _____ and I hold the position of _____ for the school district listed above.
2. The member identified above possesses sworn law enforcement authority and has specialized training in school-based policing and crisis response including all training required of a school resource officer.
3. The member identified above is a Kentucky State Police officer, CVE R Class, or Trooper R class, as identified in KRS 16.010, and will be employed by the school district as a KSPSRO. Any salary or wages paid to the member for services as a KSPSRO shall be excluded from creditable compensation pursuant to KRS 16.505(8)(c), 61.510(13)(c), and 78.510(13)(c).
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and, if reemploying within twelve (12) months of retirement, the member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.
5. I acknowledge that Kentucky Public Pensions Authority shall administer the member's employment in the capacity of a KSPSRO upon submission of this properly completed form and a copy of the member's employment contract entered into pursuant to the KSPSRO program.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

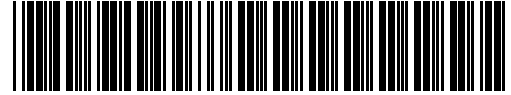
Signature: _____

Date: _____

Title: _____

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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Form 6768
 Revised 12/2023

Postsecondary Institution Appointment of Retired Police Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and the retired member has received a response from Kentucky Public Pensions Authority authorizing this return to employment.

Member Information

Member Name:	Member ID:
Reemploying Postsecondary Institution:	Employer Code:
Did the member retire as a police officer pursuant to KRS 164.950 - 164.980? <input type="radio"/> Yes <input type="radio"/> No	

Appointment Information

Initial Appointment: <input type="radio"/> Yes <input type="radio"/> No	Date of the Appointment:
Term of Appointment (cannot exceed one year):	

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is _____ and I hold the office of Chief of Police/
Reporting Official for _____ which will be employing the member
identified above;
2. The member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a
certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program,
retired as a commissioned officer pursuant to KRS Chapter 16, or retired as a police officer from a postsecondary
institution.
3. The member identified above retired on _____ from _____
with no administrative charges pending and I have attached a notarized statement from the agency listed above certifying
that there were no pending administrative charges at the time of the member's retirement;
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and, if
reemploying within twelve (12) months of retirement, the member has received a response from Kentucky Public
Pensions Authority authorizing this return to employment; and
5. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky
Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 until the first
month following submission of the proper documentation.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Title: _____


KENTUCKY PUBLIC PENSIONS AUTHORITY

 1260 Louisville Road • Frankfort, KY 40601
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Print Form

Form 6769
 Revised 12/2023

Certification of Employed Police Officers Calendar Year 2015

IMPORTANT NOTICE: The city employer will not be approved to appoint retired police officers under the provisions of KRS 95.022 until this form is completed and approved.

Employer Information

Employer Name:

Employer Code:

Instructions for Completing Form 6769

Pursuant to KRS 95.022, prior to hiring a retired police officer, city employers must disclose to Kentucky Public Pensions Authority the number of police officers it employed on average in calendar year 2015. This average determines the number of retired police officers that may be hired prospectively. If the average number of police officers employed by the city in calendar year 2015 is:

- Less than or equal to five (5), the city employer may hire an unlimited number of retired police officers; or
- Greater than five (5) but less than or equal to one hundred (100), the city employer may hire up to five (5) retired police officers or 25% of the average number of police officers employed by the city in calendar year 2015, whichever is greater; or
- Greater than one hundred (100), the city may hire up to twenty-five (25) retired police officers or 10% of the average number of police officers employed by the city in calendar year 2015, whichever is greater.

If you as a city employer desire to hire retired police officers, you **MUST** complete and return this form including the Detailed Listing of Police Officers Employed for Calendar Year 2015. Attach additional sheets as needed. If employment begin or end dates are not provided, the individual is assumed to have been employed the entire calendar year.

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statement is true:

My name is _____ and I am the Chief of Police for the city of _____, which is seeking to employ retired police officers pursuant to KRS 95.022.

The city employed an average of _____ police officers in calendar year 2015 and is entitled to hire up to _____ retired police officers pursuant to KRS 95.022.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Title: _____

Detailed Listing of Police Officers Employed for Calendar Year 2015

Employer Information

Employer Name:

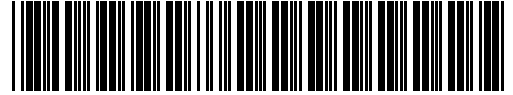
Employer Code:

[illegible]


KENTUCKY PUBLIC PENSIONS AUTHORITY

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 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form


Form 6770
 Revised 12/2023

City Appointment of Retired Police Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed, all supporting documentation is submitted along with this form, and a response to a properly submitted Form 6751 has been issued by the Kentucky Public Pensions Authority.

Member Information

Member Name:	Member ID:
Reemploying City:	Employer Code:
Did the member retire as a police officer as defined by KRS 70.291? <input type="radio"/> Yes <input type="radio"/> No	
Initial Appointment: <input type="radio"/> Yes <input type="radio"/> No	Date of the Appointment: _____
Term of Appointment (cannot exceed one year) : _____	

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

1. My name is _____ and I am the Chief of Police for the city of _____, which will be employing the member identified above;
2. The member identified above participated in the Kentucky Law Enforcement Foundation program and I have provided a certification of participation from the Kentucky Department of Criminal Justice Training, which administers the program;
3. The member identified above retired on _____ from _____ with no administrative charges pending and I have attached a notarized statement from the agency listed above certifying that there were no pending administrative charges at the time of the member's retirement;
4. The return to employment for the member identified above is consistent with KRS 61.637 and 78.5540 and the member has received a response from Kentucky Public Pensions Authority approving this return to employment following the submission of Form 6751; and
5. I acknowledge that if I fail to submit this Form prior to the beginning of the member's term of appointment that Kentucky Public Pensions Authority shall administer the member's reemployment pursuant to KRS 61.637 and 78.5540 until the first month following submission of the proper documentation.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

Title: _____

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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[Print Form](#)

Form 6774
 12/2023

City Recertification of Retired Police Officer

IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed.

Member Information

Member Name:	Member ID:
Reemploying City:	Employer Code:
Was the member previously approved for reemployment pursuant to KRS 70.291 - 70.293? <input type="radio"/> Yes <input type="radio"/> No	
Term of Appointment (cannot exceed one year):	Begin Date: _____ End Date: _____

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

My name is _____ and I am the Chief of Police for the city of _____ and I have reappointed the member identified above for the term identified above.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. 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 the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

Title: _____

IRS Tax Publications

If you are not sure whether you are an employee or an independent contractor, get Form SS-8, Determination of Worker Status for Purposes of Federal Employment Taxes and Income Tax Withholding. Publication 15-A, Employer's Supplemental Tax Guide, provides additional information on independent contractor status.

IRS Electronic Services

You can download and print IRS publications, forms, and other tax information materials on the Internet at www.irs.gov. You can also call the IRS at 1-800-829-3676 (1-800-TAX-FORM) to order free tax publications and forms.

Call 1-800-829-4933, the Business and Speciality Tax Line, if you have questions related to employment tax issues.



**INDEPENDENT
CONTRACTOR**

OR

EMPLOYEE



Independent Contractor *or* Employee

Which are you?

For federal tax purposes, this is an important distinction. Worker classification affects how you pay your federal income tax, social security and Medicare taxes, and how you file your tax return. Classification affects your eligibility for social security and Medicare benefits, employer provided benefits and your tax responsibilities. If you aren't sure of your work status, you should find out now. This brochure can help you.

The courts have considered many facts in deciding whether a worker is an independent contractor or an employee. These relevant facts fall into three main categories: behavioral control; financial control; and relationship of the parties. In each case, it is very important to consider all the facts – no single fact provides the answer. Carefully review the following definitions.

Behavioral Control

These facts show whether there is a right to direct or control how the worker does the work. A worker is an employee when the business has the right to direct and control the worker. The business does not have to actually direct or control the way the work is done – as long as the employer has the right to direct and control the work. For example:

Instructions – if you receive extensive instructions on how work is to be done, this suggests that you are an employee. Instructions can cover a wide range of topics, for example:

- how, when, or where to do the work
- what tools or equipment to use
- what assistants to hire to help with the work
- where to purchase supplies and services

If you receive less extensive instructions about what should be done, but not how it should be done, you may be an independent contractor. For instance, instructions about time and place may be less important than directions on how the work is performed.

Training – if the business provides you with training about required procedures and methods, this indicates that the business wants the work done in a certain way, and this suggests that you may be an employee.

Financial Control

These facts show whether there is a right to direct or control the business part of the work. For example:

Significant Investment – if you have a significant investment in your work, you may be an independent contractor. While there is no precise dollar test, the investment must have substance. However, a significant investment is not necessary to be an independent contractor.

Expenses – if you are not reimbursed for some or all business expenses, then you may be an independent contractor, especially if your unreimbursed business expenses are high.

Opportunity for Profit or Loss – if you can realize a profit or incur a loss, this suggests that you are in business for yourself and that you may be an independent contractor.

Relationship of the Parties

These are facts that illustrate how the business and the worker perceive their relationship. For example:

Employee Benefits – if you receive benefits, such as insurance, pension, or paid leave, this is an indication that you may be an employee. If you do not receive benefits, however, you could be either an employee or an independent contractor.

Written Contracts – a written contract may show what both you and the business intend. This may be very significant if it is difficult, if not impossible, to determine status based on other facts.

When You Are an Employee...

- Your employer must withhold income tax and your portion of social security and Medicare taxes. Also, your employer is responsible for paying social security, Medicare, and unemployment (FUTA) taxes on your wages. Your employer must give you a Form W-2, Wage and Tax Statement, showing the amount of taxes withheld from your pay.

When You Are an Independent Contractor...

- The business may be required to give you Form 1099-MISC, Miscellaneous Income, to report what it has paid to you.
- You are responsible for paying your own income tax and self-employment tax (Self-Employment Contributions Act – SECA). The business does not withhold taxes from your pay. You may need to make estimated tax payments during the year to cover your tax liabilities.
- You may deduct business expenses on Schedule C of your income tax return.



MEMORANDUM

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

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

DATE: November 2, 2023

RE: Committee approval and recommendation of KPPA staff to present an amended administrative regulation, 105 KAR 1:470, Agency Communication, 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 1:470, Agency Communication, is consistent with these provisions of the Kentucky Revised Statutes.

This administrative regulation 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.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:470, Agency Communication, for filing approval to the full Board at the December 6, 2023 meeting.

List of attached materials:

1. 105 KAR 1:470, Agency Communication
2. Form 2040, Change of Contact Information

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (New Administrative Regulation)

4 105 KAR 1:470 Agency Communications.

5 RELATES TO: KRS 16.505 to 16.652, 61.510 to 61.705, and 78.510 to 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 Pensions Authority to promulgate administrative regulations on behalf of
9 the Kentucky Retirement Systems and the County Employees Retirement System that are
10 consistent with KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852.

11 This administrative regulation establishes how the Kentucky Public Pensions Authority shall
12 communicate with members, retired members, beneficiaries, alternate payees, and other
13 recipients of a retirement allowance, and the procedures to change communication
14 preferences.

15 Section 1. Definitions.

16 (1) "Agency account" means the member account or other agency issued account
17 assigned to a COR.

18 (2) "COR" means a communications recipient; including a member, retired member,
19 beneficiary, alternate payee, or recipient.

20 (3) "Electronic notification" means the process of delivering information, messages, or
21 alerts through digital means, such as email, Short Message Service (SMS), Multimedia

1 Messaging Service (MMS) notification, push notifications, or other digital communication
2 methods.

3 (4) "Invalid email address" means an email address that is not valid or is no longer
4 operational or associated with the COR, as verified by the agency through a COR's self-
5 report, an audit, or other means .

6 (5) "Paperless communication" means communication provided by the agency in an
7 electronic format through electronic notifications and the Self-Service Web site.

8 (6) "Self-Service Web site" means the secure Member Self-Service or Retiree Self-
9 Service agency Web site that allows a COR to access his or her agency account
10 information and services related to that account.

11 (7) "Valid email address" means an email address the agency has on file for a COR
12 that is operational and able to receive messages, or has not otherwise been deemed an
13 invalid email address by the agency.

14 (8) "Valid physical mailing address" means the mailing address on file for a COR where
15 he or she is able to receive U.S. mail, including: .

16 (a) A current street address;

17 (b) A Post Office box registered with the United States Postal Service; or

18 (c) A private mailbox registered with a commercial mail receiving agency established
19 pursuant to the United States Postal Service regulation.

20 Section 2. Agency default to paperless.

21 (1) Beginning May 1, 2024, the agency shall default to paperless communications for
22 all CORs who have a valid email address on file. The agency shall provide CORs with
23 notification of the default to paperless communication and information on how to opt-out.

1 (2)(a) Any COR that has a valid email address on file as of May 1, 2024, that has not
2 elected to opt-out in accordance with Section 5 of this administrative regulation, shall
3 receive paperless communication from the agency, apart from limited exceptions as
4 specified in Section 10 of this administrative regulation.

5 (b) A COR who has a valid email address on file but does not have a valid physical
6 mailing address on file, shall not be given the ability to opt-out.

7 (3) Any COR that does not have a valid email address on file as of May 1, 2024, shall
8 not receive paperless communication until the COR's communication preferences change
9 in accordance with Section 6 of this administrative regulation.

10 Section 3. Email addresses.

11 (1)(a) If a COR needs to add or update his or her email address, the COR shall
12 complete one of the following:

- 13 1. Update and save the email address on the Self-Service Web site;
- 14 2. Update the email address via phone by calling the agency and providing his or her
15 agency issued personal identification number (PIN);
- 16 3. File a valid Form 2040, Change of Contact Information; or
- 17 4. Provide the email address on any valid filed agency form that has the option to
18 update the email address.

19 (b)1. The most recent update to the COR's email address that complies with this
20 subsection shall be the email address used for paperless communication.

21 2. The agency shall notify the COR of the update to his or her email address.

1 (2) If a participating employer provides an email address to the agency and the COR
2 does not already have a valid email address on file, the agency shall use the email address
3 provided by the employer until either:

4 (a) The email address is identified by the agency as invalid; or

5 (b) The COR changes the email address in accordance with subsection (1) of this
6 section.

7 (3) The agency shall perform tests and audits to assist in determining if an email
8 address is valid.

9 (4) A COR shall routinely be requested to confirm his or her email address on the Self-
10 Service Web site.

11 (5) If the agency determines an email address is invalid for a COR receiving paperless
12 communication, he or she shall stop receiving paperless communication. The agency shall
13 send the COR notification of the change via U.S. mail, which shall include information on
14 how to update his or her email address and how to change his or her communication
15 preferences.

16 (6) The agency shall maintain an internal record of changes made to a COR's email
17 address.

18 Section 4. Paperless communication notifications and access.

19 (1) The agency shall provide paperless communication through the Self-Service Web
20 site messaging center to all CORs with a valid email address on file who have not elected
21 to opt-out in accordance with Section 5 of this administrative regulation.

1 (2)(a) When a new message becomes available for a COR on the Self-Service Web
2 site, he or she shall receive an electronic notification indicating that there is a message in
3 the message center on the Self-Service Web site.

4 (b) If a COR has not set up a Self-Service Web site account, the COR's electronic
5 notification shall include a hyperlink to view details of how to set up his or her Self-Service
6 Web site account and access the message.

7 (c) A COR shall access the message by logging into the Self-Service Web site and
8 viewing the message in the message center.

9 Section 5. Opt-out of paperless communications.

10 (1) To opt-out of paperless communications, a COR shall:

11 (a) File a valid Form 2040, Change of Contact Information, indicating the election to
12 opt-out;

13 (b) Update via phone by calling the agency, providing his or her agency issued PIN,
14 and notifying the agency of his or her election to opt-out; or

15 (c) Update and save the opt-out preference in his or her Self-Service Web site account.

16 (2)(a) A COR that does not update his or her communication preference in accordance
17 with this subsection shall continue to receive paperless communication from the agency,
18 apart from limited exceptions as specified in Section 10 of this administrative regulation.

19 (b) The COR shall stop receiving paperless communication as soon as the request is
20 processed by the agency, apart from limited exceptions as specified in Section 9 of this
21 administrative regulation.

22 (c) The agency shall provide the COR with notice of the change in communication
23 preferences.

Section 6. Changing to paperless communications.

(1) A COR who previously did not have a valid email address on file, shall complete one of the following to change his or her communication preferences to paperless communications:

(a) File a valid Form 2040, Change of Contact Information, indicating the election to receive paperless communication and provided a valid email address;

(b) Update the email address via phone by calling the agency, providing his or her agency issued PIN and valid email address, and notifying the agency of his or her communication preferences;

(c) Update and save the preference to receive paperless communications in his or her Self-Service Web site account; or

(d) Provide the agency with a valid email address on any filed valid agency form that has the option to update the email address, except if the COR simultaneously elects to opt-out in accordance with Section 5 of this administrative regulation.

(2) A COR who previously elected to opt-out of paperless communications shall complete one of the following to change his or her communication preferences to paperless communications:

(a) File a valid Form 2040, Change of Contact Information, indicating the election to receive paperless communication;

(b) Update via phone by calling the agency, providing his or her agency issued PIN, confirming the email address, and notifying the agency of his or her communication preference; or

1 (c) Update and save the preference to receive paperless communications in his or her
2 Self-Service Web site account.

3 (3)(a) A COR that does not update his or her communication preference in accordance
4 with this subsection shall not receive paperless communication from the agency, apart from
5 limited exceptions as specified in Section 9 of this administrative regulation.

6 (b) The agency shall provide the COR with notice of the change in communication
7 preferences.

8 Section 7. New CORs.

9 (1) Beginning May 1, 2024, a default to paperless communications for a new COR shall
10 occur when:

11 (a) A member with a valid email address on file begins participating in the systems; or

12 (b) An agency account is created for a new beneficiary, new alternate payee, or other
13 new recipient.

14 (2) The agency shall provide the persons indicated in subsection (1) of this section
15 notification of the default to paperless communication, how to access the Self-Service Web
16 site, and how to update paperless communication preferences.

17 (3) If the person indicated in subsection (1) of this section does not opt-out in
18 accordance with Section 5 of this administrative regulation, he or she shall receive
19 paperless communication from the agency, apart from limited exceptions as specified in
20 Section 10 of this administrative regulation.

21 (4) Beginning May 1, 2024, when a member begins participating in the systems, or an
22 agency account is created for a new beneficiary, new alternative payee, or other new
23 recipient, and there is no valid email address on file, the agency shall provide the person

1 with information on how to update his or her email address and communication
2 preferences, and how to access the Self-Service Web site. The person shall not receive
3 paperless communication from the agency until the person changes his or her
4 communication preferences in accordance with Section 6 of this administrative regulation
5 and provides a valid email address.

6 Section 8. Termination of employment with a participating employer.

7 (1) Except as provided in subsection (2) of this section, when the agency becomes
8 aware that a member has terminated employment with a participating employer, the agency
9 shall provide the member with notification indicating:

10 (a) The status of the member's current communication preference;

11 (b) If applicable, the valid email address currently on file for the member; and

12 (c) Information on how to update his or her email address and paperless
13 communication preferences.

14 (2) If the member has requested an accumulated account balance refund in
15 accordance with KRS 61.625(1) and 78.545, the agency shall not provide the member with
16 the notification required in subsection (1) of this section.

17 Section 9. Exceptions to paperless communication opt-out. A COR who is not receiving
18 paperless communication, but has a valid email address on file, shall at times receive
19 general member information that is not specific to the COR through his or her email
20 address.

21 Section 10. Exceptions to paperless communication. A COR who is receiving paperless
22 communication shall, at times, receive communication via other methods when required
23 by:

1 (1) Local, state, or federal law, including tax laws;

2 (2) Third-party vendors;

3 (3) Medicare or other hospital and medical insurance; or

4 (4) At the discretion of the agency.

5 Section 11. Updating a physical mailing address.

6 (1) For a COR to update his or her physical mailing address, the COR shall do one of
7 the following:

8 (a) Update and save the physical mailing address on the Self-Service Web site;

9 (b) Update the physical mailing address via phone by calling the agency and providing
10 his or her agency issued PIN and the updated physical mailing address; or

11 (c) Provide the physical mailing address on any filed agency form that has the option
12 to update the physical mailing address.

13 (2) The most recent update to the COR's physical mailing address that complies with
14 this subsection (1) of this section shall be the physical mailing address used for non-
15 paperless communication.

16 Section 12. Guardianship or Power of Attorney communication.

17 (1) If a COR has a valid Guardianship Order, Conservatorship Order, or a Power of
18 Attorney on file:

19 (a) All changes to the COR's agency account shall be made by filing the appropriate
20 valid form or document; and

21 (b) No changes to the COR's agency account shall be made through the Self-Service
22 Web site or by phone.

1 (2) Nothing in this section shall prevent the agency from providing paperless
2 communications in compliance with Section 4 of this administrative regulation for a COR
3 with a valid Guardianship Order, Conservatorship Order, or Power of Attorney on file.

4 Section 13. Incorporation by reference.

5 (1) Form 2040, Change of Contact Information, updated December 2023, is
6 incorporated by reference.

7 (2) This material may be inspected, copied, or obtained, subject to applicable copyright
8 law, at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, Kentucky
9 40601, Monday through Friday, from 8:00 a.m. to 4:30 p.m. This material is also available
10 on the agency's Web site at kyret.ky.gov.

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 February 21, 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 February 28, 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 1:470

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 how the Kentucky Public Pensions Authority communicates with members, retired members, beneficiaries, and other recipients of a retirement allowance, and the procedures to change communication preferences.

(b) The necessity of this administrative regulation: To establishes how members, retired members, beneficiaries, alternate payees, and other recipients of a retirement allowance receive communication from the Kentucky Public Pensions Authority and the procedures to change communication preferences.

(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, 61.505, 61.510 to 61.705, and 78.510 to 78.852. This administrative regulation is consistent with KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to 78.852.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: The procedures established in this administrative regulation assist the Kentucky Public Pensions Authority's ability to effectively, efficiently, and timely communicate with members, retired members, beneficiaries, alternate payees, and other recipients of a retirement allowance.

(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 is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The Kentucky Public Pensions Authority is affected by this administrative regulation. There are approximately 410,082 total members, retired members, beneficiaries, and other recipients of a retirement allowance that are affected by this administrative regulation.

(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: The Kentucky Public Pensions Authority will be required to comply with the requirements in this administrative regulations for communicating with members, retired members, beneficiaries, alternate payees, and other recipients of a retirement allowance.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The cost to the Kentucky Public Pensions Authority is negligible. There is no cost to members, retired members, beneficiaries, and other recipients of a retirement allowance.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The provisions of this administrative regulation will allow the Kentucky Public Pensions Authority to provide communication quickly, efficiently, and effectively to its members, beneficiaries, alternate payees, and other recipients of a retirement allowance. The provisions of this administrative regulations will allow members, beneficiaries, alternate payees, and other recipients of a retirement allowance quick and easy access to communication from the Kentucky Public Pensions Authority, as well as flexibility in the way they receive their communication.

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

(a) Initially: \$100,000-\$400,000 to notify affected individuals in advance of the change to default paperless communication effective May 1, 2024. Most of the expected cost is associated with providing notifications via U.S. Mail.

(b) On a continuing basis: 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 are no fees associated with this administrative regulation. There is no increase in funding needed to implement this administrative regulation.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: There are no fees associated with this administrative regulation.

(9) TIERING: Is tiering applied? (Explain why or why not) Tiering is not applied. All members, retired members, beneficiaries, alternate payees, and other recipients of a retirement allowance are subject to the same processes and procedures.

FISCAL NOTE

Regulation number: 105 KAR 1:470
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? 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 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.

(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? Negligible.

(d) How much will it cost to administer this program 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.

Revenues (+/-): No revenue will be received by the Kentucky Public Pensions Authority as a result of this administrative regulation.

Expenditures (+/-): Negligible. There will be some administration costs for the Kentucky Public Pensions Authority as a result of this administrative regulation, but those costs will be minimal.

Other Explanation: Aside from the initial implementation cost for the Kentucky Public Pensions Authority, there is no meaningful 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? Unknown.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? Unknown.

(c) How much will it cost the regulated entities for the first year? \$100,000-\$400,000 to notify affected individuals in advance of the change to default paperless communication

effective May 1, 2024. Most of the expected cost is associated with providing notifications via U.S. Mail.

(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(+/-): Unknown.

Expenditures (+/-):

Other Explanation: The cost savings are not currently known, but the Kentucky Public Pensions Authority anticipates cost savings over the long-term due to decreased postage usage.

(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 on the Kentucky Public Pensions Authority because the cost of implementation is expected to be less than \$500,000 and the Kentucky Public Pensions Authority anticipates that any initial implementation costs will be offset by cost savings over the long-term due to decreased printing and postage usage.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 2040, Change of Contact Information, is a one (1) page form that a member, beneficiary, alternative payee, or other recipient can use to update his or her physical mailing address, email address, phone number, and paperless communication preferences.



Form 2040
Revised 12/2023

Change of Contact Information

To ensure Kentucky Public Pensions Authority (KPPA) has current contact information, please complete and return this form to our office as soon as possible. **Please remember:** It is your responsibility to provide and maintain accurate contact information for your retirement account so that KPPA can inform you about your benefits.

Contact Information

Please provide your Member ID or Social Security number in the Member ID box below.

Name:	Member ID:
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Please make sure your current mailing address is on file with your local Post Office, and your employer if you are not retired.

Address:	City:	State:	Zip Code:
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Please provide at least one phone number below.

Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
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Please provide your personal email address below. KPPA sends newsletters and general information to you by email.

Personal Email Address:

Communication Preference If you do not want to update your current preference, skip this section.

Your preference can be changed at any time by doing one of the following: 1) Log in to Self Service at myretirement.ky.gov
2) Submit Form 2040 (this form) to our office **or** 3) Call KPPA with your Personal Identification Number (PIN).

☐ **Paperless:** I am requesting to receive my account information in electronic format through email notifications and the Self Service website. I understand that KPPA may still mail some documents to me and that a personal email address must be provided above to complete my request.

☐ **U.S. Mail:** I am requesting to receive my account information by U.S. mail. I understand that KPPA will still email me general information and that a physical mailing address must be provided above to complete my request.

Notice: Power of Attorney, Guardianship, or other Fiduciary

Only a fiduciary may complete this form on behalf of the member or other account holder. If this applies to you:

- A copy of the power of attorney, order appointing guardianship, or other document designating you as a fiduciary must be submitted with this form or already be on file and approved by KPPA.
- Changes to your contact information and communication preferences can only be made by filing this form.

Persons acting as a fiduciary should sign all KPPA documents so that the capacity in which the document is being executed is exactly clear.

If you are acting as a Power of Attorney, you must sign in the name of the principal followed by your signature as the attorney-in-fact with the designation "POA" or "AIF." For example: "John Doe by Jane Doe, POA." If you are acting as a Guardian, you must sign in the name of the ward followed by your signature as the guardian with the designation "Guardian." For example: "John Doe by Jane Doe, POA." If you have questions, please contact our office.

Certification

I hereby certify that the information provided on this form is correct 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 false or fraudulent information, I may be liable for repayment of benefits I was not entitled to receive and for civil payments, legal fees, and costs.

Signature: _____

Date: _____

MEMORANDUM

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

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

DATE: November 2, 2023

RE: Committee approval and recommendation of KPPA staff to present a new administrative regulation, 105 KAR 1:455, In Line of Duty Hazardous Retirement Disability Benefits, to the full Board for approval to file with the Office of the Regulations Compiler at the Legislative Research Commission

Purpose of new 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 1:455, In Line of Duty Hazardous Retirement Disability Benefits, is consistent with these provisions of the Kentucky Revised Statutes.

KRS 16.582 and 78.5524 establish hazardous disability retirement benefits for employees in hazardous positions who are disabled from an act in line of duty. This 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.

Staff Recommendation:

The Office of Legal Services requests that the Committee review the attached materials and recommend presenting 105 KAR 1:455, In Line of Duty Hazardous Retirement Disability Benefits, for filing approval to the full Board at the December 6, 2023 meeting.

List of attached materials:

1. 105 KAR 1:455, In Line of Duty Hazardous Retirement Disability Benefits
2. Form 6000, “Notification of Retirement”
3. Form 6008, “Beneficiary Election to Continue Disability Application Process on Behalf of Deceased Member”
4. Form 6010, “Estimated Retirement Allowance”
5. Form 6025, “Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution”
6. Form 6110, “Affidavit of Authorization to Receive Funds on Behalf of Minor”
7. Form 6130, “Authorization for Deposit of Retirement Payment”
8. Form 6135, “Request for Payment by Check”

9. Form 6448, "Designation of Dependent Child for Qualifying Total and Permanent Disability"
10. Form 6456, "Designation of Dependent Child"
11. Form 6810, "Certification of Beneficiary"
12. Form 8001, "Certification of Application for Disability Retirement and Supporting Medical Information"
13. Form 8002, "Certification of Application for Disability Retirement and Supporting Medical Information"
14. Form 8025, "Authorization for Independent Medical or Psychological Examination and Release of Medical Information"
15. Form 8030, "Employer Job Description"
16. Form 8035, "Employee Job Description"
17. Form 8040, "Prescription and Nonprescription Medications"
18. Form 8480, "Certification of Statement of Disability – Act in the Line of Duty"
19. Form 8846, "Travel Voucher for Independent Examination"

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Public Pensions Authority

3 (New Administrative Regulation)

4 105 KAR 1:455 In line of duty Hazardous Retirement Disability Benefits.

5 RELATES TO: KRS 16.505, 16.582, 61.505, 61.510, 61.542, 61.592, 61.610, 61.615,
6 61.640, 61.665, 61.685, 61.691, 78.510, 78.545, 78.5518, 78.5524, 78.5528, 78.5532

7 STATUTORY AUTHORITY: KRS 61.505(1)(g) and (3)(d)

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(g) authorizes the
9 Kentucky Public Pensions Authority to promulgate administrative regulations on behalf of
10 the Kentucky Retirement Systems and the County Employees Retirement System that
11 are consistent with KRS 16.505 to 16.652, 61.505, 61.510 to 61.705, and 78.510 to
12 78.852. KRS 16.582 and 78.5524 establish hazardous disability retirement benefits for
13 employees in hazardous positions who are disabled from an act in line of duty. This
14 administrative regulation establishes the procedures for filing an application or
15 reapplication for in line of duty hazardous disability retirement benefits and total and
16 permanent in line of duty hazardous disability retirement benefits, and the appeal
17 procedures if denied.

18 Section 1. Definitions.

19 (1) "Applicant" means a participant who has applied or is applying for ILOD disability
20 or total and permanent ILOD disability in accordance with KRS 16.582 and 78.5524.

1 (2) "Dependent child benefit" means a retirement benefit payable to a dependent child
2 as provided by KRS 16.582(6)(b) and (7)(b) and 78.5524(6)(b) and (7)(b).

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

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

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

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

10 (4) "ILOD disability" means a form of disability retirement benefits that requires a
11 disability that was due to an act in line of duty.

12 (5) "Retirement benefit" means the retirement allowance as defined by KRS
13 16.505(12), 61.510(16), and 78.510(16).

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

16 (7) "Submit" means the employer required form, documentation, report, or payment
17 has been received by the retirement office via mail, fax, electronic mail, the Employer Self
18 Service Web site, or other mode specifically detailed in this administrative regulation.

19 (8) "Total and permanent ILOD disability" means a form of disability retirement benefits
20 that requires a total and permanent disability that was due to an act in line of duty.

21 Section 2. Use of Third-party Vendors. Subject to KRS 61.505(3)(d), the agency may
22 contract with third-party vendors to provide independent, licensed physicians to serve as
23 medical examiners pursuant to KRS 61.665 and 78.545, and additional persons to fulfill

1 non-physician roles throughout the ILOD disability or total and permanent ILOD disability
2 application and review process.

3 Section 3. Documentation of applicant's last day of paid employment.

4 (1) The applicant's last day of paid employment shall either be certified by the
5 applicant's employer, or by a written statement filed by the applicant and corroborated by
6 the reporting information received by the agency or the agency's third-party vendor from
7 the applicant's employer.

8 (2) In accordance with KRS 61.685 and 78.545, the applicant's last day of paid
9 employment may be corrected at any time upon discovery of any error or omission in the
10 agency's records.

11 Section 4. Time period requirements.

12 (1)(a) An application or reapplication for ILOD disability or total and permanent ILOD
13 disability shall be filed by the end of day twenty-four (24) months from the applicant's last
14 day of paid employment in a regular full-time position.

15 (b) The time period for filing shall begin on the day after the last day of paid
16 employment in a regular full-time position and shall end at the end of day on the 730th
17 calendar day.

18 (2) If the application or reapplication is not filed within the time period prescribed by
19 subsection (1) of this section, except as provided in subsection (3) of this section, then
20 the application or reapplication is not timely, and the applicant shall not qualify for ILOD
21 disability or total and permanent ILOD disability.

22 (3) If the end of any time period prescribed in this administrative regulation falls on a
23 Saturday, Sunday, a public holiday listed in KRS 2.110, a day on which the retirement

1 office is actually and legally closed, or any other state or federal holiday that disrupts mail
2 service, then the time period shall be met if the application, documentation, form, or other
3 requested information is filed or submitted no later than the end of day on the next
4 business day following the weekend or holiday.

5 Section 5. Application or reapplication for ILOD disability or total and permanent ILOD
6 disability.

7 (1) An application or reapplication for ILOD disability or total and permanent ILOD
8 disability pursuant to KRS 16.582 and 78.5524 shall be made by completing and filing a
9 valid Form 6000, Notification of Retirement, indicating the applicant's alleged disability is
10 due to an act in line of duty. If available, a Workers' Compensation incident report shall
11 be filed with the Form 6000.

12 (2)(a) Once an application or reapplication pursuant to subsection (1) of this section
13 is received by the agency, the agency or its third-party vendor shall notify the applicant of
14 the following additional requirements that shall be completed and filed no later than the
15 end of day 180 calendar days from filing a valid Form 6000:

- 16 1. A valid Form 8035, Employee Job Description;
- 17 2. A valid Form 8040, Prescription and Nonprescription Medications;
- 18 3. All supporting objective medical evidence;
- 19 4. A valid Form 8001, Certification of Application for Disability Retirement and
20 Supporting Medical Information; and
- 21 5. If the Workers' Compensation incident report was not filed with the application or
22 reapplication, then a Workers' Compensation incident report, or a valid Form 8480,

1 Certification of Statement of Disability – Act in the Line of Duty, indicating one of the
2 following:

3 a. The applicant is alleging that he or she is disabled due to an act in line of duty but
4 cannot provide an incident report; or

5 b. The applicant is not alleging that he or she is disabled due to an act in line of duty.
6 If the applicant indicates he or she is not alleging disability due to an act in line of duty,
7 the application or reapplication will not be reviewed for ILOD disability or total and
8 permanent ILOD disability.

9 (b) The agency or the agency's third-party vendor shall provide the applicant's
10 employer with a Form 8030, Employer Job Description. The employer shall have until the
11 end of day 180 calendar days from the date of the filed valid Form 6000, Notification of
12 Retirement, to complete and submit the valid Form 8030.

13 (3) A reapplication for ILOD disability or total and permanent ILOD disability based on
14 the same claim of incapacity shall only be considered if accompanied by new objective
15 medical evidence or new evidence concerning the act in line of duty that was not
16 considered with previous applications.

17 (4)(a) Once all requirements established in subsection (1)-(3) of this section are on
18 file or submitted, the agency or the agency's third-party vendor shall review and evaluate
19 the documentation in accordance with KRS 61.665 and 78.545. Upon review, the agency
20 or its third-party vendor may:

21 1. Request the applicant complete an independent medical or psychological
22 evaluation in accordance with Section 6 of this administrative regulation; or

1 2. Request additional information including additional objective medical evidence,
2 information about the applicant's job duties and accommodations, documentation relating
3 to Workers' Compensation claims, police or other crime reports from the employer or
4 applicant, and any other relevant information. If the employer or applicant fail to return the
5 requested information by the end of day sixty (60) calendar days from the date the request
6 for additional information was provided, the agency or the agency's third-party vendor
7 shall make a determination using the information on file.

8 (b) If all requirements established in this section are not on file or submitted within the
9 prescribed time period, the request for ILOD disability or total and permanent ILOD
10 disability shall be void. The Form 6000, Notification of Retirement, shall still be reviewed
11 for other benefits for which the applicant may be entitled.

12 Section 6. Medical or psychological examination requested at the expense of the
13 agency.

14 (1) If the agency or the agency's third-party vendor recommends an independent
15 medical or psychological examination , including physical or mental functional evaluations
16 or assessments be conducted pursuant to KRS 61.665(2)(j) and 78.545 or KRS
17 61.665(3)(c) and 78.545, a Form 8025, Authorization for Independent Medical or
18 Psychological Examination and Release of Medical Information, will be provided to the
19 applicant.

20 (a) The applicant shall complete and file a valid Form 8025 by the end of day sixty
21 (60) calendar days from the date the Form 8025 is provided.

22 (b) Once the valid Form 8025 is filed, the applicant shall be notified in writing of the
23 date, time, and location of the appointment. Records from the examination shall be used

1 in determining eligibility for ILOD disability, total and permanent ILOD disability, or any
2 other disability benefits for which the applicant may be entitled.

3 (c) If the applicant fails to file a valid Form 8025 within the prescribed time period, or
4 fails or refuses to complete a scheduled medical or psychological examination, the
5 agency or the agency's third-party vendor shall make a determination using the medical
6 information on file.

7 (d) If the applicant fails to appear at the medical or psychological examination or fails
8 to cancel the appointment within the time period required in the notice of appointment,
9 the applicant shall be responsible for payment of any charges associated with the medical
10 or psychological examination.

11 (2)(a) The agency shall reimburse the applicant for expenses associated with the
12 medical or psychological examination in the same manner as prescribed in 105 KAR
13 1:210, Section 8.

14 (b)1. To receive reimbursement for mileage, actual parking costs, and any actual
15 bridge or highway toll charges, the applicant shall file a valid Form 8846, Travel Voucher
16 for Independent Examination, and all necessary receipts no later than end of day fifteen
17 (15) calendar days from the date of the examination or evaluation.

18 2. If the applicant fails to file the Form 8846 by the end of day fifteen (15) calendar
19 days from the date of the examination or evaluation, the applicant shall not be eligible for
20 reimbursement.

21 Section 7. Determining applicant's eligibility for ILOD disability or total and permanent
22 ILOD disability.

1 (1)(a) An applicant may qualify for disability retirement benefits if he or she has sixty
 2 (60) months of service, twelve (12) of which shall be current service credited under KRS
 3 16.543(1), 61.543(1), and 78.615(1). The service requirements shall be waived for ILOD
 4 disability or total and permanent ILOD disability pursuant to KRS 16.582(2)(a) and
 5 78.5524(2)(a).

6 (b) To be eligible for any type of disability retirement allowance, the applicant shall
 7 receive a satisfactory disability determination pursuant to KRS 61.665.

8 (2) The agency or the agency's third-party vendor shall evaluate and determine
 9 eligibility for ILOD disability or total and permanent ILOD disability in accordance with
 10 KRS 16.582 and 78.5524, and shall notify the applicant of the findings.

11 (3) Denial of ILOD disability, total and permanent ILOD disability, or both.

12 (a) The applicant shall have until the end of day 180 calendar days from the date the
 13 notice of denial is provided to complete one of the options listed in paragraph (b) of this
 14 subsection if:

15 1. The application is denied for ILOD disability, total and permanent ILOD disability,
 16 or both; and

17 2.a. The applicant did not meet the service requirements for hazardous disability or
 18 total and permanent disability pursuant to subsection (1) of this section; or

19 b. Is approved for hazardous disability or total and permanent disability.

20 (b)1. File additional supporting information in accordance with Section 8 of this
 21 administrative regulation; or

1 2. Request a formal hearing in accordance with Section 16 of this administrative
2 regulation to appeal the denial of the ILOD disability, total and permanent ILOD disability,
3 or both.

4 (c) The applicant shall receive any approved hazardous disability or total and
5 permanent disability within the time period requirements established by Section 11(1) of
6 this administrative regulation while awaiting a determination or during the pendency of
7 the appeal regarding ILOD disability, total and permanent ILOD disability, or both. An
8 adverse determination or denial of the appeal shall not affect the benefits for which the
9 applicant has already been approved or is already receiving.

10 (4) Approval of ILOD disability and denial of total and permanent ILOD disability.

11 (a) If the application is approved for ILOD disability, but denied for total and permanent
12 ILOD disability, the applicant shall have until the end of day 180 calendar days from the
13 date the notice of denial is provided to complete one of the following:

14 1. File additional supporting information in accordance with Section 8 of this
15 administrative regulation; or

16 2. Request a formal hearing in accordance with Section 16 of this administrative
17 regulation to appeal the denial of the total and permanent ILOD disability.

18 (b) The applicant shall receive the approved ILOD disability within the time period
19 requirements established by Section 11(1) of this administrative regulation while awaiting
20 a determination or during the pendency of the appeal regarding total and permanent ILOD
21 disability. An adverse determination or denial of the appeal shall not affect the benefits
22 for which the applicant has already been approved or is already receiving.

1 (5) Denial of ILOD disability, total and permanent ILOD disability, hazardous disability,
2 and total and permanent disability. If the application is denied for ILOD disability, total and
3 permanent ILOD disability, hazardous disability, and total and permanent disability, the
4 applicant shall have until the end of day 180 calendar days from the date the notice of
5 denial is provided to complete one of the following:

6 (a) File additional supporting information in accordance with Section 8 of this
7 administrative regulation; or

8 (b) Request a formal hearing in accordance with Section 16 of this administrative
9 regulation to appeal the denial of the ILOD disability, total and permanent ILOD disability,
10 hazardous disability, total and permanent disability, or all that are applicable.

11 (6)(a) The denial of ILOD disability or total and permanent ILOD disability may only be
12 appealed if the applicant indicated on the valid Form 6000, Notification of Retirement, or
13 the valid Form 8480, Certification of Statement of Disability – Act In the Line of Duty, that
14 he or she was disabled due to an act in line of duty. Responses on the valid Form 8480
15 shall supersede responses on the valid Form 6000.

16 (b) The denial of total and permanent disability alone is not appealable.

17 (7) Denial of ILOD disability, total and permanent ILOD disability, hazardous disability,
18 or total and permanent disability shall not affect any other benefits to which the applicant
19 may be entitled.

20 Section 8. Additional Supporting Information.

21 (1)(a) Upon denial of ILOD disability or total and permanent ILOD disability in
22 accordance with Section 7 of this administrative regulation, the agency or its third-party

1 vendor shall provide the applicant with a Form 8001, Certification of Application for
2 Disability Retirement and Supporting Medical Information.

3 (b) The agency or its third-party vendor shall review and evaluate the additional
4 supporting information upon receipt of the valid Form 8001 and additional supporting
5 information, including additional medical information, information about his or her job
6 duties and accommodations, documentation relating to Workers' Compensation claims,
7 police or other crime reports, or other required documentation, when filed within the
8 required time period.

9 (2) Once the agency or its third-party vendor completes the evaluation of the additional
10 supporting information, the agency or its third-party vendor shall make a determination
11 and notify the applicant of the findings.

12 (a)1. The applicant shall have until the end of day 180 calendar days from the date
13 the notice of denial is provided to request a formal hearing in accordance with Section 16
14 of this administrative regulation to appeal the denial of the ILOD disability, total and
15 permanent ILOD disability, or both, if:

16 a. The application is denied for ILOD disability, total and permanent ILOD disability,
17 or both; and

18 b. Does not meet the service requirements for hazardous disability or total and
19 permanent disability pursuant to Section 7(1) of this administrative regulation; or

20 c. Is approved for hazardous disability or total and permanent disability.

21 2. The applicant shall receive any approved hazardous disability or total and
22 permanent disability within the time period requirements established by Section 11(1) of
23 this administrative regulation during the pendency of appeal regarding ILOD disability,

1 total and permanent ILOD disability, or both. A denial of the appeal shall not affect the
2 benefits for which the applicant has already been approved or is already receiving.

3 (b)1. If the application is approved for ILOD disability, but denied for total and
4 permanent ILOD disability, the applicant shall have until the end of day 180 calendar days
5 from the date the notice of denial is provided to request a formal hearing in accordance
6 with Section 16 of this administrative regulation to appeal the denial of the total and
7 permanent ILOD disability.

8 2. The applicant shall receive the approved ILOD disability within the time period
9 requirements established by Section 11(1) of this administrative regulation during the
10 pendency of the appeal regarding total and permanent ILOD disability. A denial of the
11 appeal shall not affect the benefits for which the applicant has already been approved or
12 is already receiving.

13 (c) Except as provided in Section 7(6) of this administrative regulation, if the
14 application is denied for ILOD disability, total and permanent ILOD disability, and
15 hazardous disability, the applicant shall have until the end of day 180 calendar days from
16 the date the notice of denial is provided to request a formal hearing in accordance with
17 Section 16 of this administrative regulation to appeal the following:

- 18 1. Denial of the ILOD disability;
- 19 2. Total and permanent ILOD disability;
- 20 3. Hazardous disability; or
- 21 4. All that are applicable.

22 Section 9. Reapplication for ILOD disability or total and permanent ILOD disability
23 while prior application or reapplication is pending.

1 (1) If a reapplication for ILOD disability or total and permanent ILOD disability that
2 complies with KRS 16.582 and 78.5524 and Section 5 of this administrative regulation is
3 filed while a prior application or reapplication is pending or within the statutory time
4 periods for appeal, the agency shall process according to the following:

5 (a) If there is a prior application or reapplication pending a determination, including
6 when the applicant has submitted additional supporting information and such information
7 is pending a determination as prescribed in Section 8 of this administrative regulation,
8 then the subsequent reapplication shall be accepted solely for the purpose of designating
9 a new beneficiary in accordance with KRS 61.542(4) and 78.545, and shall not be
10 reviewed.

11 (b) If there is a prior denial that is still within the statutory time period to appeal the
12 determination and the applicant has not submitted additional supporting information as
13 prescribed in Section 8 of this administrative regulation or requested an appeal in
14 accordance with Section 16 of this administrative regulation, then:

15 1. The subsequently filed reapplication shall be found as a notice of intent to not submit
16 additional supporting information or request an administrative hearing to appeal the
17 previous denial determination; and

18 2. The reapplication shall be processed by the agency in accordance with this
19 administrative regulation unless the applicant files a written statement indicating the
20 subsequently filed reapplication was filed solely for the purpose of designating a new
21 beneficiary in accordance with KRS 61.542(4) and 78.545. The written statement shall be
22 filed by the end of day fifteen (15) calendar days from the date of the notice indicated in
23 subsection (2) of this section.

1 (c) If there is a prior denial, the applicant has requested an administrative hearing to
2 appeal the denial, and it is prior to a Final Order of the Disability Appeals Committee
3 (DAC), then:

4 1. The subsequently filed reapplication shall be found as a notice of intent to dismiss
5 the request for an administrative hearing;

6 2. The reapplication shall be processed by the agency in accordance with this
7 administrative regulation unless the applicant files a written statement indicating the
8 subsequently filed reapplication has been filed solely for the purpose of designating a
9 new beneficiary in accordance with KRS 61.542(4) and 78.545. The written statement
10 shall be filed by the end of day fifteen (15) calendar days from the date of the notice
11 indicated in subsection (2) of this section; and

12 3. The subsequently filed reapplication shall not be reviewed by the agency until thirty-
13 one (31) calendar days after the entry of a Final Order of DAC dismissing the previously
14 requested administrative hearing to appeal, except that a new beneficiary designated on
15 the subsequently filed reapplication in accordance with KRS 61.542 and 78.545 shall be
16 effective immediately.

17 (d)1. If there is a prior denial, a Final Order of DAC has been issued affirming the prior
18 denial, and the claimant has requested an appeal of the Final Order or is within the
19 statutory time period to do so, then the subsequently filed reapplication shall be accepted
20 solely for the purpose of designating a new beneficiary in accordance with KRS 61.542(4)
21 and 78.545. The reapplication shall not be reviewed unless the applicant files one of the
22 following by the end of day fifteen (15) calendar days from the date of the notice indicated
23 in subsection (2) of this section:

1 a. A written statement that he or she shall not appeal the Final Order of DAC; or

2 b. A final unappealable Order of a court with jurisdiction over the matter.

3 2. If the applicant files the documentation indicated in paragraph (d)1.a. or b. of this
4 subsection, then the subsequently filed reapplication shall be reviewed by the agency
5 thirty-one (31) calendar days after the entry of a Final Order of DAC, or after a final
6 unappealable Order of a court with jurisdiction over the matter has been entered.

7 (2) If a subsequent reapplication for ILOD disability or total and permanent ILOD
8 disability that complies with Section 5 of this administrative regulation is filed, the
9 applicant may receive notification of how the reapplication shall be administered based
10 on the status of the previously filed application or reapplication and in accordance with
11 subsection (1) of this section.

12 Section 10. Voiding the Form 6000, Notification of Retirement.

13 (1) The Form 6000, Notification of Retirement, shall be void if:

14 (a) The Form 6000 is invalid or withdrawn;

15 (b) The applicant is approved for benefits but fails to complete the requirements of
16 Section 11 of this administrative regulation;

17 (c) The applicant died during the pendency of a determination, is approved for benefits
18 after his or her death, and the beneficiary, representative of the deceased applicant's
19 estate, or trustee fails to complete the requirements of Section 14 of this administrative
20 regulation; or

21 (d) The Form 6000 does not result in the applicant receiving a retirement benefit and
22 all applicable time periods to appeal as provided in Sections 7-9 of this administrative
23 regulation have expired.

1 (2)(a) If an applicant's Form 6000, Notification of Retirement, is void, the beneficiary
2 or beneficiaries and contingent beneficiary or beneficiaries designated on the most
3 recently filed valid Form 2035, Beneficiary Designation, shall remain in full force and
4 effect, except as provided in paragraph (b) of this subsection.

5 (b) If the applicant was receiving an ongoing benefit based on a previously filed valid
6 Form 6000, Notification of Retirement, then the beneficiary or beneficiaries and contingent
7 beneficiary or beneficiaries designated on the Form 6000 indicated in this paragraph shall
8 remain in full force and effect.

9 Section 11. Administration of benefits upon approval of ILOD disability or total and
10 permanent ILOD disability.

11 (1)(a) Once an applicant is approved for hazardous disability, total and permanent
12 disability, ILOD disability, or total and permanent ILOD disability, the applicant shall
13 complete all requirements to begin receiving the benefit for which he or she was approved
14 no later than six (6) months from the date the notice of approval was provided in
15 accordance with KRS 61.590(5)(b) and 78.545. Appealing the denial of ILOD disability
16 or total and permanent ILOD disability, or both, does not affect this requirement.

17 (b) If the applicant does not comply with paragraph (a) of this subsection, the applicant
18 shall forfeit his or her right to the benefit for which he or she was approved, and shall have
19 no right to appeal the forfeiture. This shall not preclude the applicant from:

20 1. Filing a reapplication for hazardous disability, ILOD disability, or total and
21 permanent ILOD disability in accordance with KRS 16.582 and 78.5524, 105 KAR 1:210,
22 and this administrative regulation; or

23 2. Filing for or receiving any other benefits that he or she may be eligible to receive.

1 (2) If the applicant received Social Security or Workers' Compensation benefits during
2 the pendency of a determination, the applicant shall file detailed documentation of the
3 benefits received in accordance with KRS 61.607, KRS 78.5530, and 105 KAR 1:210
4 Section 9.

5 (3) The agency shall provide the applicant the monthly payment options, as provided
6 in 16.505 to 16.652, 61.510 to 61.705, and 78.510 to 78.852, available on the Form 6010,
7 Estimated Retirement Allowance. An applicant that was awarded Social Security or
8 Workers' Compensation benefits during the pendency of a determination shall not be
9 provided the Form 6010 until he or she complies with the requirements of subsection (2)
10 of this section.

11 (a) The applicant shall complete and file a valid Form 6010 by the end of day six (6)
12 months from the date the notification of approval for benefits was provided pursuant to
13 KRS 61.590(5) and 78.545.

14 (b)1. If the applicant selects an actuarial refund retirement payment option, lump-sum
15 refund of the accumulated account balance, or partial lump-sum retirement payment
16 option, he or she shall complete and file a valid Form 6025, Direct Rollover/Direct
17 Payment Election Form for a Member, or a Spouse Beneficiary of an Eligible Rollover
18 Distribution, selecting the option for payment.

19 2. If the applicant intends to have the funds rolled over directly into an IRA or other
20 qualified plan, the applicant shall have the trustee or institution relevant to the IRA or other
21 qualified plan complete the applicable section of the Form 6025 certifying that the rollover
22 will be accepted.

1 (4)(a) Approved benefits shall be paid retroactive to the first of the month following the
2 month of the applicant's last day of paid employment in a regular full-time position.

3 (b) Any increases provided under KRS 61.691 and 78.5518 shall be applied to the
4 applicant's ILOD disability or total and permanent ILOD disability, as applicable, in
5 determining the total retroactive payments owed and the monthly retirement allowance.

6 (5) Payment for benefits owed during the pendency of approval of ILOD disability or
7 total and permanent ILOD disability shall be calculated accordingly:

8 (a) If the applicant did not receive any retirement benefits during the pendency of the
9 approval, the applicant shall receive a payment for the retroactive period as prescribed in
10 subsection (4) of this section.

11 (b)1. If the applicant received other retirement benefits based on the same last date
12 of paid employment during the pendency of the approval, the agency shall calculate and
13 pay to the applicant the difference between the retirement benefit which was paid to the
14 applicant and the ILOD disability or total and permanent ILOD disability payment owed.

15 2. The applicant shall not change the beneficiary named or the payment option
16 selected upon early, normal, or any disability retirement benefit, except as provided in
17 KRS 61.542(5)(a), 61.542(5)(b), and 78.545.

18 (c) If the applicant received Social Security or Workers' Compensation benefits, the
19 agency shall calculate payment in accordance with 105 KAR 1:210 Section 9.

20 (6) Upon the completion of all requirements of this section and Section 13 of this
21 administrative regulation, the applicant shall receive any applicable backpay and begin
22 receiving the monthly retirement allowance owed.

23 Section 12. Requirements for dependent child benefits.

1 (1) If dependent child benefits are payable to a dependent child, each eligible
2 dependent child or his or her parent or guardian shall file the following documents:

3 (a)1. If the applicant is approved for ILOD disability, a valid Form 6456, Designation
4 of Dependent Child; or

5 2. If the applicant is approved for total and permanent ILOD disability, a valid Form
6 6448, Designation of Dependent Child for Qualifying Total and Permanent Disability.

7 (b) If the dependent child is age eighteen (18) or over and a full-time student, written
8 verification of full-time student status;

9 (c)1. If the dependent child is age eighteen (18) or over and receives federal Social
10 Security disability benefits, a copy of the most recent statement issued by the Social
11 Security Administration indicating the dependent child is disabled; or

12 2. If the dependent child is being claimed as a qualifying child for tax purposes due to
13 the dependent child's total and permanent disability, a copy of the applicant's most recent
14 tax return showing the dependent child is totally and permanently disabled for tax
15 purposes, or duly appointed order of the court specifying the dependent child is a disabled
16 dependent child of the applicant;

17 (d)1. A copy of the dependent child's birth certificate; or

18 2. A final order or decree of adoption which shall include his or her date of birth or
19 other reliable proof of date of birth that may be used by the courts to verify date of birth;
20 and

21 (e) If a dependent child is less than eighteen (18) years of age, a valid Form 6110,
22 Affidavit of Authorization to Receive Funds on Behalf of Minor. If the dependent child has
23 a court appointed guardian or conservator and the court appointed guardian or

conservator completed the Form 6110, the guardian or conservator shall file a copy of the court order appointing the guardian or conservator.

(2)(a) After the dependent child begins receiving dependent child benefits, the dependent child or the parent or guardian of the dependent child shall:

1. Notify the agency of the death or marriage of the dependent child;

2. If applicable, notify the agency if the dependent child ceases to be a full-time student;

3. If applicable, file a copy of the dependent child's written verification of full-time student status with the agency for each semester of study by the end of day thirty (30) calendar days following the start and by the end of day thirty (30) calendar days following the end of each semester; and

4. If applicable, notify the agency if the dependent child's disability status changes.

(b) The dependent child and the parent or guardian of the dependent child shall be responsible for repaying any dependent child benefits overpaid due to the failure of the dependent child or parent or guardian of the dependent child to provide the information required by paragraph (a) of this subsection.

(5)(a) Upon the completion of all requirements of this section and Section 13 of this administrative regulation, the dependent child shall begin receiving the benefit owed.

(b) Approved benefits shall be paid retroactive to the first of the month following the month of the applicant's last day of paid employment in a regular full-time position.

(c) Any increases provided under KRS 61.691 and 78.5518 shall be applied to the dependent child's benefits in determining the total retroactive payments owed and the monthly retirement allowance.

1 (d) Payment for benefits owed during the pendency of approval of ILOD disability or
2 total and permanent ILOD disability shall be calculated accordingly:

3 1. If the dependent child did not receive dependent child benefits during the pendency
4 of the approval, he or she shall receive a payment for the retroactive period as prescribed
5 in paragraph (b) of this subsection.

6 2. If the dependent child received other dependent child benefits based on the same
7 last date of paid employment during the pendency of the approval, the agency shall
8 calculate and pay to the dependent child the difference between the dependent child
9 benefit which was paid and the dependent child benefit owed.

10 Section 13. Distribution of payments.

11 (1) The agency shall not disperse payment until the requirements of either subsection
12 (2) or (3) of this section are complete and on file.

13 (2)(a) Except as provided in subsection (3) of this section, to begin receiving payment,
14 the applicant, beneficiary, representative of the deceased applicant's estate, trustee,
15 dependent child, or parent or guardian of a dependent child, as applicable, shall authorize
16 direct deposit to an account in a financial institution in the following way:

17 1. File a valid Form 6130, Authorization for Deposit of Retirement Payment, provide
18 direct deposit information on the valid Form 6000, Notification of Retirement, or authorize
19 direct deposit via the Self-Service Web site; and

20 2. Provide the information and authorizations required for the electronic transfer of
21 funds from the State Treasurer's Office to the designated financial institution, including
22 any authorizations or information needed from the financial institution.

(b) At any time while receiving a monthly benefit, a recipient may change the designated institution by completing and filing a new valid Form 6130, Authorization for Deposit of Retirement Payment, or by updating the authorization for deposit of retirement payments on the Self-Service Web site maintained by the agency.

(3) If the applicant, beneficiary, dependent child, or parent or guardian of a dependent child, as applicable, does not currently have an account with a financial institution, or his or her financial institution does not participate in the electronic funds transfer program, the applicant may receive benefits by check. To receive benefits by check, an applicant, beneficiary, dependent child, or the parent or guardian of a dependent child, as applicable, shall file a valid Form 6135, Request for Payment by Check.

(4) The most recently filed valid Form 6130, Authorization for Deposit of Retirement Payment, authorization for deposit of retirement payments on the Self-Service Web site, or valid Form 6135, Request for Payment by Check, shall control the payment or electronic transfer designation of the payable benefits.

Section 14. Death during ILOD disability or total and permanent ILOD disability application process.

(1)(a) If an applicant who is not receiving any retirement benefit dies prior to being fully approved for ILOD disability or total and permanent ILOD disability; and

(b) A valid Form 6000, Notification of Retirement, that complies with Section 5 of this administrative regulation is on file; and

(c) The time period requirements established in Sections 4-9 of this administrative regulation have not expired; then:

1 1. In order to proceed with the application or reapplication, the beneficiary named on
2 the valid Form 6000 shall file the following within the time period requirements established
3 by Sections 4-9 of this administrative regulation:

4 a. Any outstanding forms or documents required by Sections 5-9 of this administrative
5 regulation; and

6 b. Any additional relevant objective medical evidence and a valid Form 8002,
7 Certification of Application for Disability Retirement and Supporting Medical Information.

8 2. The beneficiary shall only have the rights specified in subparagraphs (a)-(d) of this
9 paragraph if he or she files a valid Form 6008, Beneficiary Election to Continue Disability
10 Application Process on Behalf of Deceased Member.

11 a. The right to continue the application or reapplication whether or not additional forms
12 or documentation are needed. The beneficiary shall be subject to subsection 4-6 of this
13 section prior to payment of a disability retirement benefit owed;

14 b. The right to withdraw the application or reapplication whether or not additional forms
15 or documentation are needed. If the Form 6008 is not on file within the time period
16 requirements established in Sections 5-9 of this administrative regulation, the application
17 or reapplication shall be withdrawn automatically. Withdrawal of the application or
18 reapplication may impact the beneficiary as prescribed in Section 10(2) of this
19 administrative regulation;

20 c. The right to submit additional supporting information in accordance with Section 8
21 of this administrative regulation if there is a denial of disability retirement benefits of any
22 kind. The Form 6008 shall be on file within the time period requirements to submit

1 additional supporting information as provided in Section 8 of this administrative regulation;
2 and

3 d. The right to request an administrative hearing if there is a denial of disability
4 retirement benefits of any kind. The Form 6008 shall be on file within the time period
5 requirements to request an administrative hearing as provided in Sections 5-9 of this
6 administrative regulation.

7 3. If the beneficiary is an estate, then the beneficiary shall file a duly entered or certified
8 court order from a court with jurisdiction appointing the representative of the applicant's
9 estate within the time period requirements established by this subsection.

10 4. If the beneficiary does not file the required forms and documentation within the time
11 periods required by this administrative regulation and KRS 61.665 and 78.545, then the
12 application or reapplication for disability retirement benefits of any kind shall not be
13 processed by the agency.

14 (2)(a) If an applicant who is receiving a monthly retirement benefit dies prior to being
15 fully approved for ILOD disability or total and permanent ILOD disability;

16 (b) A valid Form 6000, Notification of Retirement, that complies with Section 5 of this
17 administrative regulation is on file;

18 (c) Lump sum or monthly benefits are payable to the beneficiary listed on the Form
19 6000; and

20 (d) The time period requirements established by Sections 4-9 of this administrative
21 regulation have not expired; then:

1 1. In order to proceed with the application or reapplication, the beneficiary named on
2 the valid Form 6000 shall file the following within the time period requirements established
3 in Sections 4-9 of this administrative regulation:

4 a. Any outstanding forms or documentation required by Sections 5-9 of this
5 administrative regulation; and

6 b. Any additional relevant objective medical evidence and a valid Form 8002,
7 Certification of Application for Disability Retirement and Supporting Medical Information.

8 2. The beneficiary shall file a valid Form 6008, Beneficiary Election to Continue
9 Disability Application Process on Behalf of Deceased Member, to:

10 a. Continue the application or reapplication whether or not additional forms or
11 documentation are needed. The beneficiary shall be subject to subsection 4-6 of this
12 section prior to payment of a disability retirement benefit owed;

13 b. Withdraw the application or reapplication whether or not additional forms or
14 documentation are needed. If the Form 6008 is not on file within the time period
15 requirements established in Sections 5-9 of this administrative regulation, the application
16 or reapplication shall be withdrawn automatically.

17 c. Have the right to submit additional supporting information in accordance with
18 Section 8 of this administrative regulation if there is a denial of disability retirement
19 benefits of any kind. The Form 6008 shall be on file within the time period requirements
20 to submit additional supporting information as provided in Section 8 of this administrative
21 regulation; and

22 d. Have the right to request an administrative hearing if there is a denial of disability
23 retirement benefits of any kind. The Form 6008 shall be on file within the time period

1 requirements to request an administrative hearing as provided in Sections 5-9 of this
2 administrative regulation.

3 3. If the beneficiary does not file the required forms and documentation within the time
4 periods required by this administrative regulation and KRS 61.665 and 78.545, then the
5 application or reapplication for disability retirement benefits of any kind shall not be
6 processed by the agency.

7 (3)(a) If an applicant who is receiving a monthly retirement benefit dies prior to being
8 fully approved for ILOD disability or total and permanent ILOD disability;

9 (b) A valid Form 6000, Notification of Retirement, that complies with Section 5 of this
10 administrative regulation is on file;

11 (c) No monthly or lump-sum benefits are payable to the beneficiary listed on the Form
12 6000 or the designated beneficiary is the estate or trust; and

13 (d) The time period requirements established in Sections 4-9 of this administrative
14 regulation have not expired; then:

15 1. In order to proceed with the application or reapplication, the representative of the
16 deceased applicant's estate or the trustee shall file the following no later than the time
17 period requirements established in Sections 4-9 of this administrative regulation:

18 a. Any outstanding forms or documentation required by Sections 5-9 of this
19 administrative regulation; and

20 b. Any additional relevant objective medical evidence and a valid Form 8002,
21 Certification of Application for Disability Retirement and Supporting Medical Information.

22 2. The representative of the applicant's estate shall file a duly entered or certified court
23 order from a court with jurisdiction appointing the person(s) as representative of the

1 applicant's estate, and a written statement that the application or reapplication for ILOD
2 disability or total and permanent ILOD disability shall continue or be withdrawn as
3 applicable. Both requirements of this paragraph shall be on file to:

4 a. Continue the application or reapplication whether or not additional forms or
5 documentation are needed. The representative of the applicant's estate shall be subject
6 to subsection 4-6 of this section prior to payment of a disability retirement benefit owed;

7 b. Withdraw the application or reapplication whether or not additional forms or
8 documentation are needed. If the requirements of this subsection are not on file within
9 the time period requirements established in Sections 5-9 of this administrative regulation,
10 the application or reapplication shall be withdrawn automatically;

11 c. Have the right to submit additional supporting information in accordance with
12 Section 8 of this administrative regulation if there is a denial of disability retirement
13 benefits of any kind. The requirements of this subsection shall be on file within the time
14 period requirements to submit additional supporting information as provided in Section 8
15 of this administrative regulation; and

16 d. Have the right to request an administrative hearing if there is a denial of disability
17 retirement benefits of any kind. The requirements of this subsection shall be on file within
18 the time period requirements to request an administrative hearing as provided in Sections
19 5-9 of this administrative regulation.

20 3. The trustee shall file a written statement that the application or reapplication for
21 ILOD disability or total and permanent ILOD disability shall continue or be withdrawn as
22 applicable. The requirements of this paragraph shall be on file to:

1 a. Continue the application or reapplication whether or not additional forms or
2 documentation are needed. The representative of the applicant's estate shall be subject
3 to subsection 4-6 of this section prior to payment of a disability retirement benefit owed;

4 b. Withdraw the application or reapplication whether or not additional forms or
5 documentation are needed. If the requirements of this subsection are not on file within
6 the time period requirements established in Sections 5-9 of this administrative regulation,
7 the application or reapplication shall be withdrawn automatically;

8 c. Have the right to submit additional supporting information in accordance with
9 Section 8 of this administrative regulation if there is a denial of disability retirement
10 benefits of any kind. The requirements of this subsection shall be on file within the time
11 period requirements to submit additional supporting information as provided in Section 8
12 of this administrative regulation; and

13 d. Have the right to request an administrative hearing if there is a denial of disability
14 retirement benefits of any kind. The requirements of this subsection shall be on file within
15 the time period requirements to request an administrative hearing as provided in Sections
16 5-9 of this administrative regulation.

17 4. If the representative of the deceased applicant's estate or the trustee does not file
18 the required forms and documentation within the time periods required by this
19 administrative regulation and KRS 61.665 and 78.545, then the application or
20 reapplication for disability retirement benefits of any kind shall not be processed by the
21 agency.

1 (4) If the beneficiary, representative of the deceased applicant's estate, or trustee
2 provides all needed forms and documentation as provided in subsections (1)-(3) of this
3 section and Section 11(2) of this administrative regulation, and benefits are approved:

4 (a) The agency shall provide the beneficiary with a Form 6810, Certification of
5 Beneficiary. The beneficiary shall complete and file a valid Form 6810.

6 (b) If the applicant was not receiving a retirement benefit prior to his or her death, the
7 agency shall provide the beneficiary with the payment options available on the Form
8 6010, Estimated Retirement Allowance. The beneficiary shall complete and file a valid
9 Form 6010.

10 1. If the beneficiary, representative of the deceased applicant's estate, or trust is
11 eligible for and selects an actuarial refund retirement payment option, lump-sum refund
12 of the accumulated account balance, or partial lump-sum retirement payment option, he
13 or she shall complete and file a valid Form 6025, Direct Rollover/Direct Payment Election
14 Form for a Member, or a Spouse Beneficiary of an Eligible Rollover Distribution, indicating
15 the payment option elected.

16 2. If the beneficiary, representative of the deceased applicant's estate, or trustee
17 intends to have the funds rolled over directly into an IRA or other qualified plan, the
18 beneficiary, representative of the deceased applicant's estate, or trustee shall have the
19 trustee or institution relevant to the IRA or other qualified plan complete the applicable
20 section of the Form 6025 certifying that the rollover will be accepted.

21 (c) If the applicant was receiving a retirement benefit prior to his or her death, the
22 beneficiary, the deceased applicant's estate, or trust shall receive benefits based on the
23 payment option designated by the applicant.

1 (d) Upon the completion of all requirements of this section and Section 13 of this
2 administrative regulation, the beneficiary, the deceased applicant's estate, or trust shall
3 receive or begin receiving the benefit owed.

4 (5)(a) If the applicant received any retirement benefits while awaiting a disability
5 determination of any kind, the beneficiary is not eligible to receive the difference between
6 what the applicant already received and the disability back payments owed for the time
7 period from the applicant's disability retirement date through the end of the month in which
8 the applicant died. When this occurs, the deceased applicant's estate or trust shall receive
9 any back payment owed for the time period indicated in this paragraph.

10 (b) If the applicant never received retirement benefits of any kind, the beneficiary is
11 eligible to receive the disability back payments owed for the time period from the
12 applicant's disability retirement date through the date of approval of the disability
13 retirement benefit.

14 Section 15. Recipient's ILOD disability or total and permanent ILOD disability
15 discontinued upon review. If, upon review in accordance with KRS 61.610, 61.615,
16 78.5528, or other applicable statute, the agency or its third-party vendor determines:

17 (1) A recipient of total and permanent ILOD disability no longer meets eligibility
18 requirements, then the agency or its third-party vendor shall determine if the recipient is
19 qualified and remains eligible for ILOD disability in accordance with KRS 16.582 and
20 78.5524, and this administrative regulation; or

21 (2) A recipient of ILOD disability no longer meets eligibility requirements, then the
22 agency shall determine if the recipient is qualified and remains eligible for early or normal
23 retirement benefits in accordance with KRS 61.592 and 78.5520.

1 Section 16. Right to appeal.

2 (1) In accordance with KRS 61.665 and 78.545, a request for a formal hearing to
3 appeal a denial or discontinuance determination shall be made by filing a written request
4 containing a short and plain statement of the issues being appealed.

5 (2) The hearing shall be conducted in accordance with KRS Chapter 13B and 105
6 KAR 1:215.

7 (3) The hearing officer presiding over an administrative hearing shall review the
8 administrative record and any records introduced at the administrative hearing.

9 (a) The determination of other state and federal agencies' approval of benefits
10 including the Kentucky Department of Workers' Claims and the Social Security
11 Administration, may support a final determination if accompanied by underlying objective
12 medical evidence or vocational evidence.

13 (b) Written statements from medical providers within the administrative record shall
14 not themselves be objective medical evidence, but may be relied upon if accompanied
15 by, and reviewed in concert with, other supporting objective medical evidence.

16 (4) The final determination shall not be bound by factual or legal findings of other state
17 or federal agencies. The final determination shall be based on objective medical evidence
18 and vocational records, including objective medical evidence and vocational records
19 contained within or that accompany a determination by another state or federal agency.

20 (5) Once a final determination is issued, the person who filed the appeal shall be
21 notified of the final order of the Disability Appeals Committee (DAC) in accordance with
22 KRS 61.615(3)(g) and 78.5528(3)(g).

1 (6) All evidentiary filings made during an administrative hearing process to appeal the
2 denial of an application or reapplication shall be included in the information reviewed in a
3 subsequently filed reapplication.

4 Section 17. Incorporation by reference. (1) The following material is incorporated by
5 reference:

6 (a) Form 6000, "Notification of Retirement", updated June 2023;

7 (b) Form 6008, "Beneficiary Election to Continue Disability Application Process on
8 Behalf of Deceased Member", updated November 2023;

9 (c) Form 6010, "Estimated Retirement Allowance", updated April 2021;

10 (d) Form 6025, "Direct Rollover/Direct Payment Election Form for a Member,
11 Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution", updated
12 June 2023;

13 (e) Form 6110, "Affidavit of Authorization to Receive Funds on Behalf of Minor",
14 updated June 2023;

15 (f) Form 6130, "Authorization for Deposit of Retirement Payment", updated June 2023;

16 (g) Form 6135, "Request for Payment by Check", updated June 2023;

17 (h) Form 6448, "Designation of Dependent Child for Qualifying Total and Permanent
18 Disability", updated November 2023;

19 (i) Form 6456, "Designation of Dependent Child", updated November 2023;

20 (j) Form 6810, "Certification of Beneficiary", updated April 2021;

21 (k) Form 8001, "Certification of Application for Disability Retirement and Supporting
22 Medical Information", updated November 2023;

1 (l) Form 8002, "Certification of Application for Disability Retirement and Supporting
2 Medical Information", updated November 2023;

3 (m) Form 8025, "Authorization for Independent Medical or Psychological Examination
4 and Release of Medical Information", updated November 2023;

5 (n) Form 8030, "Employer Job Description", updated June 2023;

6 (o) Form 8035, "Employee Job Description", updated November 2023;

7 (p) Form 8040, "Prescription and Nonprescription Medications", updated November
8 2023;

9 (q) Form 8480, "Certification of Statement of Disability – Act in the Line of Duty",
10 updated November 2023; and

11 (r) Form 8846, "Travel Voucher for Independent Examination", updated November
12 2023.

13 (2) This material may be inspected, copied, or obtained, subject to applicable
14 copyright law, at the Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort,
15 Kentucky 40601, Monday through Friday, from 8:00 a.m. to 4:30 p.m. This material is also
16 available on the agency's Web site at kyret.ky.gov.

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 February 21, 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 February 28, 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 1:455
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 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.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish 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.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statute by establishing the procedures and requirements for applying or reapplying for in line of duty hazardous disability retirement benefits and for administratively appealing a denial of an application or reapplication of those benefits in accordance with KRS 16.582 and 78.5524.

(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 the procedures and requirements 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 in accordance with KRS 16.582 and 78.5524.

(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 is a new administrative regulation.

(b) The necessity of the amendment to this administrative regulation: This is a new administrative regulation.

(c) How the amendment conforms to the content of the authorizing statutes: This is a new administrative regulation.

(d) How the amendment will assist in the effective administration of the statutes: This is a new administrative regulation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System, and the members of the Kentucky Retirement Systems and the County Employees Retirement System. Number of individuals is unknown. Number of businesses, organizations, or state and local governments affected is three (3): the

Kentucky Public Pensions Authority, the Kentucky Retirement Systems, 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: This administrative regulation should not substantially alter the actions that the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System will have to take to comply with this regulation.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): This regulation should 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 allows the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System to conform with KRS 61.505 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, particularly the in line of duty hazardous disability retirement benefit application or reapplication process, as well as the process for administratively appealing the denial of in line of duty hazardous disability retirement benefit applications.

(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 administrative regulation should be negligible.

(b) On a continuing basis: The costs associated with the implementation of this administrative regulation 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.

(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 members are subject to the same processes and procedures.

FISCAL NOTE ON STATE OR LOCAL GOVERNMENT

Regulation number: 105 KAR 1:455
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? The Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees 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).

(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? The cost to Kentucky Public Pensions Authority should be negligible.

(d) How much will it cost to administer this program for subsequent years? The cost to Kentucky Public Pensions Authority should be negligible.

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

Revenues (+/-): None

Expenditures (+/-): Unknown

Other Explanation:

(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:

(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.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Form 6000, "Notification of Retirement", is a ten (10) page form an applicant uses to apply for disability, early, or normal retirement benefits.

Form 6008, "Beneficiary Election to Continue Disability Application Process on Behalf of Deceased Member", is a one (1) page form a beneficiary uses to continue or discontinue a disability application when the applicant dies during the review and determination process.

Form 6010, "Estimated Retirement Allowance", is a one (1) page form the agency provides to the applicant or beneficiary that indicates the monthly payment options available to him or her; the applicant or beneficiary will use this form to select from the payment options provided.

Form 6025, "Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution", is a two (2) page form an applicant or beneficiary must complete if he or she elects to receive an eligible rollover distribution.

Form 6110, "Affidavit of Authorization to Receive Funds on Behalf of Minor", is a one (1) page form completed by the parent or guardian of a dependent child less than age eighteen (18), to which benefits are payable, in order to receive the benefits on behalf of the minor.

Form 6130, "Authorization for Deposit of Retirement Payment", is a one (1) page form a recipient can complete to receive benefits via direct deposit to his or her financial institution.

Form 6135, "Request for Payment by Check", is a one (1) page form a recipient can complete to receive benefits via check.

Form 6448, "Designation of Dependent Child for Qualifying Total and Permanent Disability", is a one (1) page form completed by the parent or guardian of a dependent child when total and permanent benefits are payable to the dependent child. The form is used to certify that the child is a dependent child as defined by KRS 16.505(17) and 78.510(49), and to acknowledge requirements to report a change in the child's status as a dependent child.

Form 6456, "Designation of Dependent Child", is a one (1) page form completed by the parent or guardian of a dependent child when disability benefits, other than total and permanent disability, are payable to the dependent child. The form is used to certify that the child is a dependent child as defined by KRS 16.505(17) and 78.510(49), and to acknowledge requirements to report a change in the child's status as a dependent child.

Form 6810, Certification of Beneficiary, is a one (1) page form completed by beneficiaries, representative of an applicant's estate, or trustee to certify his or her eligibility as a beneficiary, representative of the applicant's estate, or trustee.

Form 8001, "Certification of Application for Disability Retirement and Supporting Medical Information", is a one (1) page form the applicant must complete to certify that he or she provided accurate, true, correct, and complete medical and employment information to the KPPA or its third-party vendor.

Form 8002, "Certification of Application for Disability Retirement and Supporting Medical Information", is a one (1) page form the beneficiary must complete to certify that

he or she provided accurate, true, correct, and complete medical and employment information to the KPPA or its third-party vendor.

Form 8025, "Authorization for Independent Medical or Psychological Examination and Release of Medical Information", is a one (1) page form an applicant completes to accept and authorize an independent medical or psychological examination.

Form 8030, "Employer Job Description", is a two (2) page form the employer completes to provide information about the applicant's job duties and accommodations.

Form 8035, "Employee Job Description", is a two (2) page form the employee completes to provide information about his or her job duties and accommodations.

Form 8040, "Prescription and Nonprescription Medications", is a one (1) page form the applicant completes to certify his or her complete list of prescription and nonprescription medications.

Form 8480, "Certification of Statement of Disability – Act in the Line of Duty", is a one (1) page form an applicant must complete when he or she does not submit a Workers Compensation report with the application for ILOD disability or total and permanent ILOD disability.

Form 8846, "Travel Voucher for Independent Examination", is a one (1) page form an applicant must complete to be reimbursed for travel expenses associated with an independent medical or psychological examination.



Notification of Retirement Instructions

Ready to retire? Completing this form is your first step. Please call our office at 1-800-928-4646 if you have questions or if you need assistance completing forms. Members are encouraged to visit our website at kyret.ky.gov for additional information.

Form 6000 - Notification of Retirement

You should submit your Form 6000 at least one month prior to your effective retirement date. Please note that you cannot file your Form 6000 more than 6 months prior to termination of employment. Disability Retirement applicants must complete Section I.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section F - Tax Withholding are provided on page 3.

Date of Birth Verification for Member and Beneficiary is required.

Please write your Member ID on all copies you submit.

Acceptable forms of date of birth verification include the following:

- Kentucky Driver's License
- Military Discharge
- Birth Certificate
- Immigration and Naturalization Records

Your Member ID

Your Member ID is a unique account number for your KPPA account. If you received this form from our office, your Member ID is provided. If you access this form from our website and don't know your Member ID, you can contact our office at 1-800-928-4646. You will need to provide your Social Security Number and your four-digit KPPA PIN to obtain your Member ID.

Form 6200 - Insurance Application

If you will be receiving a monthly payment, you may be eligible for health insurance coverage for you, your spouse, and eligible dependents. KPPA offers Medicare and non-Medicare plans. You may access insurance applications and enrollment booklets by visiting our website at kyret.ky.gov. Please call our office to request a printed copy.

You must return an insurance application by the deadlines described below, even if you wish to waive coverage. If you fail to return a completed application, you will be enrolled automatically into a default plan for the current plan year. If you choose not to participate in the coverage, you will need to complete the Form 6200 to waive your coverage; otherwise, you will be enrolled automatically into a default plan as described above.

Insurance Application Deadlines

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month *prior* to the month you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	April 30	May 1

If you miss the above deadline, you can still submit an application. Your Form 6200 must be filed with our office within 30 days of the first day of the month in which you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1	May 30	June 1



Additional instructions are provided on the following page. Keep reading to find out your deadline for returning retirement forms.

Your Next Step: Check your mailbox.

Once we process your Form 6000, we will send you additional forms for completion. The checklists below will help you decide which forms you need to return to our office.

If you elect to receive a monthly benefit, complete and return the following:

- ☐ Form 6010, Estimated Retirement Allowance
- ☐ Form 6200, Insurance Application (*refer to insurance application and deadlines on page 1*)

If you elect to receive an actuarial or lump sum refund complete and return the following:**

- ☐ Form 6010, Estimated Retirement Allowance
- ☐ Form 6025, Direct Rollover/Direct Payment Election

****We require additional verification from your employer before we can process a refund which may delay your check. Upon receipt of the above forms, we will mail required forms to you and your employer for completion.**



All required forms and documentation must be filed with our office by the last day of the month prior to your effective retirement date. *You are responsible for filing your insurance application prior to the deadlines noted on page 1 or you will be enrolled automatically into a default plan.*

Retirement Date	Due Date
January 1	December 31
February 1	January 31
March 1	February 28
April 1	March 31
May 1	April 30
June 1	May 31
July 1	June 30
August 1	July 31
September 1	August 31
October 1	September 30
November 1	October 31
December 1	November 30

**If you have any questions, please contact our office at (502) 696-8800 or (800) 928-4646.
Our office is open from 8:00 am to 4:30 pm Monday through Friday.**



Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. **You may choose your federal tax withholding preference by completing Section F of your Form 6000, Notification of Retirement. If you do not complete Section F, KPPA will automatically withhold federal income tax as single with no adjustments.** You may find the worksheets below helpful when completing Section F.

Additional information is available on the Internal Revenue Service website at www.irs.gov.

Purpose. Form W4-P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W4-P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W4-P to choose (a) not to have any federal tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

What do I need to do? Use the worksheets on the following page to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see Purpose, earlier), you can skip the worksheets and go directly to the Form W4-P, Section F of the Form 6000.

Future developments. For the latest information about any future developments affecting Form W-4P, such as legislation enacted after we release it go to www.irs.gov/w4p.

Filing Status: ☐ **Single** or **Married filing separately** ☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)**

Step 1: Multiple Pensions/More-Than-One-Income Worksheet (Keep for your records.)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 2–3(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

Step 2. Claim Dependents and Other Credits (Keep for your records)

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add other credits, such as foreign tax credit and education tax credits \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$ _____

Form W-4P Instructions *Continued***Step 4. Other Adjustments** (Keep for your records)

- a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends \$ _____
- b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here \$ _____
- c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** \$ _____

Step 4. Deductions, Adjustments, and Additional Income Worksheet

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: • \$25,900 if you're married filing jointly or qualifying widow(er)
• \$19,400 if you're head of household
• \$12,950 if you're single or married filing separately 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- If line 3 equals zero, and you (or your spouse) are 65 or older, enter:
• \$1,750 if you're single or head of household.
• \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65.
• \$2,800 if you're married and both of you are age 65 or older
Otherwise, enter "-0-". See Pub. 505 for more information 4 \$ _____
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 5 \$ _____
- 6 Add lines 3 through 5. Enter the result here and in Step 3(b) on Form W-4P 6 \$ _____

Form 6000
Revised 06/2023

Notification of Retirement

Please read the instructions for each section and complete all information requested in Sections A-G. Section H must be completed by your current employer. Section I must also be completed if applying for disability retirement.

Section A: Member Information

You must attach a copy of your birth verification.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
E-mail:	Phone:		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Please note: If your current legal name or your beneficiary's current legal name is not the same as the name on the date of birth verification you have submitted we will also require verification of name change. Acceptable name change verification includes:

- Kentucky Driver's License
- Marriage Certificate
- Court Order
- Passport
- Immigration and/or Naturalization Documents

You must provide a termination date and retirement date below.

Termination Date: _____
Month Day Year

(YOUR TERMINATION DATE MUST BE PRIOR TO YOUR RETIREMENT DATE.)

Retirement Date: _____ 1, _____
Month Year

(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)

Section B - Type of Retirement and Retirement Systems

If applying for normal or early retirement, you may not submit this form more than 6 months prior to termination of employment. You must terminate your employment to be eligible for early or normal retirement benefits. Check the appropriate boxes to indicate the retirement systems from which you intend to retire.

Disability Retirement applicants must complete Section I.

<input type="checkbox"/> NORMAL OR EARLY RETIREMENT	<input type="checkbox"/> DISABILITY RETIREMENT
<input type="checkbox"/> Kentucky Employees Retirement System - KERS (state employees, health departments, universities) <input type="checkbox"/> County Employees Retirement System - CERS (city, county, local governments, classified employees of boards of education) <input type="checkbox"/> State Police Retirement System - SPRS (full-time officers of Kentucky State Police)	
Other State Administered Retirement Systems If you have an account in one of the systems administered by the Kentucky Public Pensions Authority (KERS, CERS, or SPRS) and in one of the other state administered retirement systems (listed below), you will need to complete the retirement application for the other system in order to be eligible for reciprocal benefits from all systems.	
<input type="checkbox"/> Teachers' Retirement System - (certified employees of boards of education) <input type="checkbox"/> Legislators' Retirement Plan - LRP (State Senators and Representatives) <input type="checkbox"/> Judicial Retirement Plan - JRP (Judges)	

Section C - Retirement Account Beneficiary Designation

Your account beneficiary can only be one person, a trust or your estate. Indicate your beneficiary by checking one of the beneficiary types below and providing the necessary information. This designation will become invalid if you file a new Form 6000 prior to your effective retirement date or if this form is voided.

Member Name:	Member ID:
--------------	------------

<input type="checkbox"/> Person Attach a copy of this person's birth verification to this form with your Member ID written on it.			
Name:		Social Security Number:	
Date of Birth:		<input type="radio"/> Male <input type="radio"/> Female	
Relationship:		<input type="checkbox"/> Check this box if this person is also your legal spouse.	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> My Estate No additional information required.

<input type="checkbox"/> Living Trust The following information is required to designate a living trust. <u>You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form.</u> A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.			
Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.
--

Section D - \$5000 Death Benefit from Kentucky Public Pensions Authority - Complete only if eligible
To be eligible for this benefit, you must be a retired member receiving a monthly benefit on the date of your death from Kentucky Public Pensions Authority based on a minimum of 48 months of service.

If eligible for this benefit, you may name one death benefit beneficiary. This designation is not valid if you designate more than one beneficiary. Your estate will become your default beneficiary if this designation is deemed to be invalid. This designation may be changed at any time prior to your death by filing a properly completed Form 6030, Death Benefit Designation.

Member Name:	Member ID:
--------------	------------

<input type="checkbox"/> Person You may only name one person as your death benefit beneficiary.			
Name:		Social Security Number:	
Date of Birth:	Relationship:	<input type="radio"/> Male	<input type="radio"/> Female
Address:	City:	State:	Zip Code:

<input type="checkbox"/> My Estate No additional information required.

<input type="checkbox"/> Living Trust The following information is required to designate a living trust. <u>You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form.</u> A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.			
Name of Trust:			
Trust Tax ID:			
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.
--

<input type="checkbox"/> Funeral Home Please enclose a copy of the Funeral Home License with your Member ID written on it.			
Funeral Home Legal Name:		Funeral Home License Number:	
Funeral Home Tax ID:	Contact Name:	Phone:	
Address:	City:	State:	Zip Code:

Section E - Authorization for Deposit of Retirement Payment**Complete this section to authorize deposit of your retirement benefit directly into your account at a financial institution.**

Financial Institution Information: 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). Your direct deposit institution may be changed at any time by filing a properly completed Form 6130, Authorization for Deposit of Retirement Payment.

Financial Institution Name:

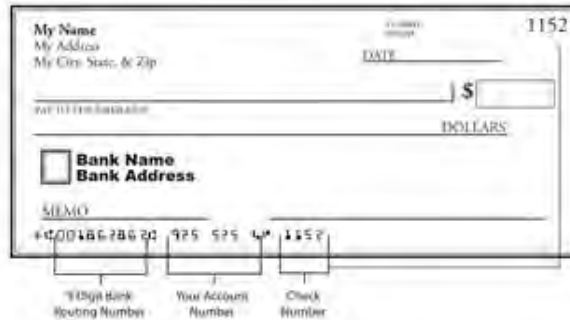
Depositor Routing Number:

Depositor Account Number:

Account Type:

☐ Checking☐ Savings**For your convenience:**

The sample check shows where to locate the required bank information to complete your Direct Deposit.



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

For deposits to a Checking Account:

I have attached to this form

☐ a VOIDED personalized check☐ verification from my financial institution

For deposits to a Savings Account:

I have attached to this form

☐ verification from my financial institution**Attach Voided Check Here:**

(Attach Voided Check Here)

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 the 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 the Kentucky Public Pensions Authority in writing immediately if the payment becomes subject to transfer to a foreign bank in the future.

If all required forms have been completed properly and returned by the end of the month prior to your retirement date, the first check will be deposited or mailed on the *14th* of the first month of retirement. **Due to deadlines required to establish a direct deposit, your first benefit payment is not guaranteed to be deposited to your account.**

Many benefit payments for the first month of retirement are mailed. After the initial payment, the monthly benefit will be deposited to the retired member's account on the *14th* of each month. If the *14th* of the month is a weekend or holiday, the benefit will be mailed or deposited the business day prior. Members are required to have the monthly retirement benefit deposited directly to their bank accounts, unless their bank does not participate in the Automated Clearing House or the member does not have an account with a financial institution.

Section F - Tax Withholding

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference below. If you do not complete this section correctly, KPPA will automatically withhold federal income tax based on Single with no adjustments. You may refer to the instructions for Form W4-P provided with your retirement application. You may change your tax withholding at any time by filing a properly completed Form 6017, W-4P, Tax Withholding.

Form **W-4P**
Department of the Treasury
Internal Revenue Service

**Withholding Certificate for
Pension or Annuity Payments**

OMB No. 1545-0074

FOR TAX YEAR IN WHICH
MEMBER RETIRES

Type or print your full name.

Address:

City:

State:

Zip Code:

Member ID:

Claim or identification number
(if any) of your pension or
annuity contract

- ☐ **No Taxes Withheld**
- ☐ **Single or Married filing separately**
- ☐ **Married filing jointly or Qualifying widow(er)**
- ☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you.

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Complete the items below.

- (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" ▶ \$ _____
- (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" ▶ \$ _____
- (iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$ _____

TIP: To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

If (b)(i) is blank and this pension/annuity pays the most annually, complete Steps 3–4(b) on this form. Otherwise, do not complete Steps 3–4(b) on this form.

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

**Step 3:
Claim
Dependent
and Other
Credits**

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add other credits, such as foreign tax credit and education tax credits ▶ \$ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here 3 \$ _____

**Step 4:
(optional):
Other
Adjustments**

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. 4(a) \$ _____

This may include interest, taxable social security, and dividends

(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** 4(c) \$ _____

Section G - Certification of Bona Fide Separation from Service and Notification of Retirement

Subject to penalty of KRS 523.100: I acknowledge that federal and state law both require a bona fide separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies in order for the Kentucky Public Pensions Authority to pay a retirement benefit or to pay a refund of a retirement account.

If I am retiring, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, or that I will have a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies prior to my retirement date. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

If I am taking a refund of my retirement account, I affirm that I have had a separation from service with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies. I also affirm that I do not have a prearranged agreement to return to a participating agency or entities affiliated with participating agencies after my separation from service.

I understand that the term "separation from service" as used in this affidavit means a complete severance of any kind of employment relationship (including but not limited to a relationship as an independent contractor or leased employee) with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the term "prearranged agreement" as used in this affidavit means any contemplation of return to employment with agencies participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the terms "agencies participating in the Kentucky Public Pensions Authority" and "participating agency" as used in this affidavit are to be construed in a broad manner, and include not only the agency itself, but also any entities affiliated with participating agencies, regardless of whether such entities are holding themselves out as legally separate entities.

I acknowledge that prior to accepting employment within twelve (12) months of my retirement date with an agency participating in the Kentucky Public Pensions Authority or entities affiliated with participating agencies, I have a duty to report such employment in writing to the Kentucky Public Pensions Authority pursuant to 105 KAR 1:390.

I acknowledge and understand that if I fail to comply with federal and state law regarding bona fide separation from service and break in service, my retirement shall be voided and I shall repay all retirement allowances, dependent child payments, and health plan premiums paid by the Kentucky Public Pensions Authority.

I certify the information in this Notification of Retirement is correct and that my employer has been informed of my intent to terminate employment on the date indicated on this form if applying for early/normal retirement. I understand the Kentucky Public Pensions Authority will send an estimated retirement allowance. **I acknowledge my estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty in accordance with KRS 523.100.**

Member's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

NOTE: Signature of Member is required. Signature of either the Spouse **or** a Witness is also required.

Failure to sign form and have your signature witnessed by either your spouse or another person will result in the form being voided.



Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to the Kentucky Public Pensions Authority in order to include future salary, service and sick and compensatory leave balances in your estimated retirement allowance. If you are currently employed by more than one participating employer, each employer should complete a copy of Section H of this form. If you do not have the employer complete Section H of this form, the Kentucky Public Pensions Authority will **exclude** all leave balances from the estimated retirement allowance. **Your estimated retirement allowance and benefits are subject to post retirement audit and adjustment after retirement.**

Employer Name:	Employer Code:
Member Name:	Member ID:
Termination Date:	
Employer's Report of Leave Balances as of:	
Does your agency participate in a sick leave program administered by KPPA? <input type="radio"/> Yes <input type="radio"/> No If yes above, select the type of sick leave plan: <input type="radio"/> Standard <input type="radio"/> Alternate Does the above member work an average of 21 days per month? <input type="radio"/> Yes <input type="radio"/> No If no above, please provide an Alternate Average Working Days Per Month: _____	

Standard Sick Leave Program: If participating in the standard sick leave program, please provide the following information.
 Note: Contributions should not be withheld from standard sick leave lump sum payouts.

Accumulated Sick Leave (in hours):	Hours in a Sick Leave Day:
------------------------------------	----------------------------

Alternate Sick Leave Program: If participating in the alternate sick leave program, please provide the following information.
 Note: Contributions should be withheld from alternate sick leave lump sum payouts.

Accumulated Sick Leave (in days):	Hours in a Sick Leave Day:
Estimated Compensation to be Paid for Sick Leave:	

School Board Certification (*school board employees only*): Indicate the number of actual days the member will have worked through the expected termination date. If the days occur in different school years, please list each school year separately below.

Actual Days Worked through Expected Termination Date	
School Year	Number of Actual Days

Section H is continued on the following page. You must complete the Employer Certification at the end of Section H.


Section H Continued - Employer Certification of Leave Balances and Final Salary

Employer Name:	Employer Code:
Member Name:	Member ID:

Note to Employer:

KPPA will provide calculations to the member based upon the information you certify below. Due to the reporting process there may be a delay from the time you report it to the time it is available for use in the calculation. For this reason we ask that you verify the actual earned wages for the three months prior to the date you are completing this certification and each month thereafter through member's anticipated date of termination.

Employer's Report of Final Salary

You may select from the following payment reasons:
Regular Pay, Regular Pay with Additional Creditable

Posting Month	Payment Reason	Salary

Employer Certification

I certify that the leave balances and estimated final salary information provided above is accurate based upon our agency's records. I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and that the information provided is true and accurate.

Printed Name of Agency Official: _____

Title: _____ Agency Phone Number: _____

Signature of Agency Official: _____ Date: _____

Section I - Member's Statement of Disability**If additional space is required to answer the questions, you may use and attach additional paper.**

Member Name:

Member ID:

1. List the diagnoses of the injury, illness, or disease for which you are applying for disability:**2. Describe how the diagnoses listed above on this page prevent you from performing your essential job duties:****3. Describe the history of the diagnoses listed above, including the onset or start of your symptoms or complaints:**

4a. If you are a non-hazardous employee, are you claiming that you are totally and permanently disabled from performing any occupation for remuneration or profit as a result of a single traumatic event that occurred while you were performing the duties of your job or a single act of violence committed against you that was related to your job duties?

☐ Yes ☐ No

Please note: A duty related injury does not include the effects of the natural aging process, a communicable disease unless the risk of contracting the disease is increased by the nature of the employment, or a psychological, psychiatric, or stress related change unless the direct result of a physical injury.

4b. If you are a hazardous employee, are you claiming that you are disabled due to an act in line of duty by either a single act occurring while performing the principal duties of your job or a single act of violence against you that was related to your job duties?

☐ Yes ☐ No

If you answered yes to 4a or 4b, describe specific date, time, and circumstances of the duty related injury or act in line of duty below. Please attach a copy of the employer incident report to this form. Failure to attach the employer incident report will delay your disability application.



Section I is continued on the following page. You must complete the Certification at the end of Section I.

Section I *Continued* - Member's Statement of Disability

Member Name:

Member ID:

Last Day of Paid Employment

Last Day of Paid Employment: The last day of paid employment is the last day for which contributions were reported and for which you were eligible to receive retirement credit. Identify the month, day, and year that is your last day of paid employment, or if you are still working or on paid leave, identify the month, day, and year that is your anticipated last day of paid employment.

Last Day of Paid Employment: _____
Month Day Year

You will be sent an estimate of disability retirement benefits, subject to post retirement audit and adjustment after retirement, based upon your last day of paid employment in a regular full-time position assuming your application for disability retirement benefits is approved. If approved for disability benefits, you will receive benefits effective the first day of the month following your last day of paid employment.

Certification and Authorization

I certify the information on this Statement of Disability, Section I, is true and correct. I acknowledge that any person who makes a false statement, report, or representation is subject to penalty pursuant to KRS 523.010 to 523.110.

I authorize the Authority, its agents, servants, and employees to have full and complete access to any and all medical records of mine, whether or not related to this injury, illness, or disease, and authorize the Authority, and its agents, servants, and employees to discuss such records as it may be necessary at any meeting of the Board in connection with my application for disability retirement benefits.

I authorize my employer to release, furnish, disclose, or discuss with the Kentucky Public Pensions Authority all records or other information regarding my employment, including but not limited to, a description of job duties performed as of the last day of my employment, a description of the accommodations, assistance, or help that was offered or attempted or reasonably available to allow me to perform my essential job duties, a report of work injuries or accidents, my personnel file, or other employee records.

Signature of Member: _____

Date: _____

Signature of Witness: _____

Date: _____

Form 6008
Revised 11/2023

Beneficiary Election to Continue Disability Application Process on Behalf of Deceased Member

Member Information

Member Name:

Member ID:

Payment Options: Please tell us whether you elect to proceed with the disability application process.

☐ I elect to proceed with the disability application process.

I understand that if _____ was eligible to begin receiving non-disability retirement benefits, that I may begin receiving regular death payments until the disability process is complete. If the disability application is approved, my benefits will be increased at that time.

If _____ was not eligible to begin receiving non-disability retirement benefits, then I must await the disability determination before benefits are processed. If disability is ultimately denied, the beneficiary of the account will be the beneficiary the member named on the Form 2035, Beneficiary Designation

☐ I elect to cancel the disability application, so that death benefits can be processed under a non-disability death calculation.

Please note this action may void the member's Form 6000, Notification of Retirement, beneficiary designation if the member was not receiving early retirement benefits. If so, the beneficiary of the account will be the beneficiary the member named on Form 2035, Beneficiary Designation.

Certification

I certify that I have checked the box above which best suits my needs. I realize that I **cannot change** to another payment option on or after the first day of the month in which I will receive my first payment.

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.

Beneficiary Signature: _____

Date: _____

Witnessed by: _____

Date: _____

KENTUCKY PUBLIC PENSIONS AUTHORITY
 1268 Louisville Road • Frankfort, KY 40601
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

*6010

FORM 6010

FORM 6010 ESTIMATED RETIREMENT ALLOWANCE

Retirement Date: _____

Retirement Plan: _____

Retirement Type: _____

Member Information

Beneficiary Information

Beneficiary: _____

Beneficiary Date of Birth: _____

Member Date of Birth: _____

Member ID: _____

Please Select ONE payment option by checking
one box below

- ☐ BASIC
☐ LIFE WITH 10 YEARS CERTAIN
☐ LIFE WITH 15 YEARS CERTAIN
☐ LIFE WITH 20 YEARS CERTAIN
☐ SURVIVORSHIP 100%
☐ SURVIVORSHIP 66 2/3%
☐ SURVIVORSHIP 50%
☐ POP-UP
☐ 10 YEARS CERTAIN

Payment to member while
livingPayment to beneficiary
after member's death

- ☐ I REJECT ALL MONTHLY PAYMENT OPTIONS AND REQUEST A(n) ACTUARIAL REFUND OF APPROXIMATELY _____ I AM ALSO FORFEITING ANY HEALTH INSURANCE AND DEATH BENEFITS PROVIDED BY THE KENTUCKY PUBLIC PENSIONS AUTHORITY.

NOTE: If you select the actuarial refund or lump sum refund you must also complete and return the enclosed Form 6025, Direct Rollover/Direct Payment Election Form. The Form 6025 is located in the Special Tax Notice. This estimate was calculated using an early retirement percentage of 100.00%.

Certification

I CERTIFY THAT I HAVE SELECTED THE OPTION OF MY CHOICE. I REALIZE THAT AFTER THE FIRST DAY OF THE MONTH IN WHICH I RECEIVE MY FIRST RETIREMENT CHECK, I WILL NOT HAVE THE RIGHT TO CHANGE MY PAYMENT OPTION OR MY BENEFICIARY.

Signature of Recipient: _____ Date: _____

Signature of Spouse: _____ Date: _____

Witnessed by: _____ Date: _____

FORM 6010 KPPA:TH

Page 1 of 1



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



Form 6025
 Revised 06/2023

Direct Rollover/Direct Payment Election Form for a Member, Beneficiary, or Alternate Payee Regarding an Eligible Rollover Distribution

Required Information: Failure to complete all items and sign this form could delay the processing of your lump sum/ monthly benefit.

Recipient Information

Member Name:		Member ID:	
If you are not the member, please provide your name and Social Security Number (SSN) below.			
Name:		SSN:	
Address:	City:	State:	Zip Code:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No			

This form must be completed if you are electing to receive an "eligible rollover distribution." **Failure to complete this form could delay the processing of your lump sum/monthly benefit.** If you are the member, the following payment options are "eligible rollover distributions": Actuarial Refund, Partial Lump Sum, and Refund of Contributions. If you are a beneficiary, the following payment options are "eligible rollover distributions": Actuarial Refund, Refund of Contributions, \$5,000 Death Benefit, \$10,000 Lump Sum pursuant to KRS 16.601 and 78.5534, and 60 Months Certain.

Please read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. **If you have questions about the SPECIAL TAX NOTICE, please contact a qualified tax advisor. Kentucky Public Pensions Authority employees are not qualified to answer questions concerning your tax status or the effects of the federal tax laws and regulations.** After you have read the SPECIAL TAX NOTICE, you must complete the following form to certify that you have read the SPECIAL TAX NOTICE and to make your selections with regard to treatment of your payment.

Distribution of Payment Election: If you are unsure about the information to provide in this section, please contact our office for assistance from a counselor to avoid possible delays in processing your benefits.

I elect a complete distribution of my payment as follows:

If your distribution will include a taxable portion, you must select one option from this column.

Taxable Portion (Monies have not yet been taxed)

- ☐ Direct Rollover
- ☐ Paid Directly to me (less 20% withholding*)
- ☐ Partial Rollover in the amount of \$_____, balance (less 20% withholding*) paid to me.

If your distribution will include a non-taxable portion, you must select one option from this column.

Non-Taxable Portion (Monies have already been taxed)

- ☐ Direct Rollover
- ☐ Paid Directly to me
- ☐ Partial Rollover in the amount of \$_____, balance paid to me.

Complete page 2 only if you select a rollover

I certify that I have read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and have selected the distribution option indicated above. I understand that my payment will not be processed until this form is completed and returned to the retirement office. I understand that I have a right to at least 30 days from my receipt of the SPECIAL TAX NOTICE in which to make my decision regarding receipt or rollover of these funds, and by signing and returning this form, I waive my right to the full 30-day period. I understand that if I elect to receive any or all of the taxable portion directly, 20% of the taxable portion paid to me will be withheld for my federal income taxes.* I understand that no tax will be withheld if I have the entire taxable portion rolled over. If I elect to have any or all of the payment rolled over, I will have the Trustee receiving the rollover complete the back of this form. I understand that in the case of monthly payments, my selection will remain in effect for each monthly payment until I change my election. I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I (personally) may be liable for restitution of the benefits for which I or a minor recipient was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

*If you are a nonresident alien, the mandatory withholding rate is 30% instead of 20%, unless a tax treaty exemption applies. Page 1

Recipient Information

Member Name: _____

Member ID: _____

Direct Rollover Information: To be completed by Trustee of IRA or eligible plan receiving rollover. Please complete both sections if the distribution will include a taxable portion and a non-taxable portion.

Taxable Portion (*Monies have not yet been taxed*)

- ☐ Traditional Individual Retirement Account/Annuity*
- ☐ Roth Individual Retirement Account/Annuity*
- ☐ 401(a) Qualified Plan, 403(a) Qualified Annuity, 403(b) Annuity Contract, or 457(b) Governmental Plan*
- ☐ SIMPLE IRA that has been established for at least two (2) years*

Make check payable to: _____

Account number (if applicable): _____

Send check to: _____

As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of pre-tax dollars that would otherwise be taxable upon distribution.

Trustee/Agent
Signature: _____

Phone: _____

Title: _____

Date: _____

Non-Taxable Portion (*Monies have already been taxed*)

- ☐ Traditional Individual Retirement Account/Annuity*
- ☐ Roth Individual Retirement Account/Annuity*
- ☐ 401(a) Qualified Plan or 403(b) Annuity Contract*

Make check payable to: _____

Account number (if applicable): _____

Send check to: _____

As agent for the above named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of post-tax dollars, and will separately account for such post-tax dollars, in the case of a 401(a) qualified plan or a 403(b) annuity contract.

Trustee/Agent
Signature: _____

Phone: _____

Title: _____

Date: _____

*** If you are a non-spouse beneficiary, you may only rollover your payment to an "inherited" individual retirement account/annuity. The "inherited" IRA may be either a traditional IRA or a Roth IRA.**

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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


[Print Form](#)

Form 6110
 Revised 06/2023

Affidavit of Authorization to Receive Funds on Behalf of Minor**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:
Phone Number:	Email Address:		

Minor Recipient Information

Minor Name:	Minor's Social Security Number:
-------------	---------------------------------

Comes the Affiant, and states as follows:

My name is: _____ My address is: _____

City: _____ State: _____ Zip Code: _____

I understand that the Minor Recipient named above is the beneficiary of certain benefits payable from the Kentucky Public Pensions Authority on the account of the above named Member.

I am legally authorized to receive the benefits on behalf of the Minor Recipient in my capacity as (check one):

- ☐ Natural/custodial parent of the Minor Recipient
- ☐ Court-appointed guardian, conservator, or other representative of the Minor Recipient (attach a copy of the court authorization)

I hereby certify that the information completed on this form, and documents attached hereto, is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to 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, or if I knowingly fail to inform KPPA of any divorce decree, termination of parental rights, adoption, or any other legal process affecting my legal authority to receive funds, I personally may be liable for restitution of benefits for which I was not eligible to receive on behalf of the Minor Recipient, plus civil payments, legal fees, and costs.

Signature: _____

Printed Name: _____

Date: _____

State of: _____ County of: _____

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

by _____.

Notary Public

My Commission Expires: _____

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.

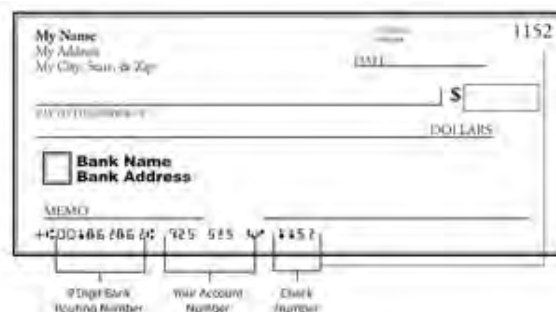
I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject 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: _____

Form 6448
11/2023

Designation of a Dependent Child for Qualifying Total and Permanent Disability

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Dependent Information

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

Has this child "been determined to be eligible for federal Social Security disability benefits" or "been claimed as a qualifying child for tax purposes due to the child's total and permanent disability?" ☐ YES ☐ NO

If YES, please submit a current statement of disability issued by the Social Security Administration, or the most recent tax return showing the dependent is claimed due to his or her total and permanent disability.

Complete the following if the dependent child is over the age of eighteen, unmarried, and a full-time student.

Dependent's School:	Phone Number:		
School Address:	City:	State:	Zip Code:

Certification

I, _____, do hereby state I am the parent or guardian of the dependent child as defined by KRS 16.505(17) and 78.510(49), or I am the dependent child over the age of 18 of the deceased member. I understand that benefits shall immediately cease when the person designated above no longer qualifies as a dependent child. I UNDERSTAND AND AGREE that I will:

- Immediately provide written notification to the Kentucky Public Pensions Authority as soon as the person designated above marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17) and 78.510(49).
- Be responsible for repayment of any benefits paid to the person designated above if said person is not a dependent child as defined by KRS 16.505(17) and 78.510(49), or if I fail to notify the Kentucky Public Pensions Authority if said person no longer qualifies as a dependent child.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I (personally) may be liable for restitution of the benefits for which the person designated above was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Notary Certificate

State of: _____

County of: _____

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

_____.

My Commission Expires: _____

Notary Public: _____

Form 6456
Revised 11/2023

Designation of Dependent Child

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Dependent Information

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

Complete the following if the dependent child is over the age of eighteen, unmarried, and a full-time student.

Dependent's School:	Phone Number:		
School Address:	City:	State:	Zip Code:

Certification

I, _____, do hereby state I am the parent or guardian of the dependent child as defined by KRS 16.505(17) and 78.510(49), or I am the dependent child over the age of 18, of the deceased member. I understand that benefits shall immediately cease when the person designated above no longer qualifies as a dependent child. I understand and agree that I will:

- Immediately provide written notification to the Kentucky Public Pensions Authority as soon as the person designated above marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17) and 78.510(49).
- Be responsible for repayment of any benefits paid to the person designated above if said person is not a dependent child as defined by KRS 16.505(17) and 78.510(49), or if I fail to notify the Kentucky Public Pensions Authority if said person no longer qualifies as a dependent child.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I (personally) may be liable for restitution of the benefits for which the person designated above was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____

Notary Certificate

State of: _____

County of: _____

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

_____.

My Commission Expires: _____

Notary Public: _____



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



Print Form

Form 6810
 Revised 04/2021

Certification of Beneficiary

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name: <input type="text"/>	Member ID: <input type="text"/>
-----------------------------------	---------------------------------

Beneficiary Information

If an individual is the beneficiary, please complete the following section. If an Estate or Trust is beneficiary skip to the Estate or Trust Information section.

Name: <input type="text"/>		Social Security Number: <input type="text"/>	
Telephone Number: <input type="text"/>		Date of Birth: <input type="text"/> exampleexampleexample	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Relationship to member: <input type="text"/>			
Authority of Signature: <input type="radio"/> Beneficiary <input type="radio"/> Guardian <input type="radio"/> Power of Attorney			
Signature: <input type="text"/>		Date: <input type="text"/>	
Witness: <input type="text"/>		Date: <input type="text"/>	

Estate or Trust Information

Complete this section only if the Estate or Trust is beneficiary.

Name of Representative(s): <input type="text"/>		Telephone Number: <input type="text"/>	
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Federal Tax ID No. (Provide the Estate EIN or Trust ID if applicable): <input type="text"/>			
Fiduciary Authority: <input type="radio"/> Administrator / Executor / Personal Representative <input type="radio"/> Trustee (Trust only)			
Fiduciary's Signature: <input type="text"/>		Date: <input type="text"/>	
Witness: <input type="text"/>		Date: <input type="text"/>	
Fiduciary's Signature: <input type="text"/> (for multiple executors only)		Date: <input type="text"/>	
Witness: <input type="text"/>		Date: <input type="text"/>	



Form 8001
Revised 11/2023

Certification of Application for Disability Retirement and Supporting Medical Information

Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Certification

I, _____, hereby certify that the attached medical information, job description, reasonable accommodations request, and prescription and nonprescription drug list are true, correct, accurate, and complete. This means the attached information consists of **all** the existing medical information regarding the condition(s) for which I am seeking enhanced disability retirement benefits. The medical information includes all existing medical records regardless of the membership date with Kentucky Public Pensions Authority. I further hereby certify that my application for disability retirement, medical information, and job description are ready to be submitted to the medical examiners for review and determination. I am aware that pursuant to KRS 61.665(2)(a) that I am responsible for filing supporting objective medical information to report my physical and mental condition. Written statements by medical providers alone are not objective medical information unless accompanied by supporting records as discussed in this paragraph. I am also aware that by signing this certification I am certifying to Kentucky Public Pensions Authority that the enclosed medical records represent **all** the evaluations, examinations, and treatment I have had for the condition(s) for which I am applying for disability retirement benefits, including all reports of diagnostic medical testing performed on me.

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.

Signature: _____

Date: _____

Form 8002
11/2023

Certification of Application for Disability Retirement and Supporting Medical Information

Member Information

Member Name:	Member ID:
--------------	------------

Beneficiary Information

Name:	SSN:
-------	------

Address:	City:	State:	Zip Code:
----------	-------	--------	-----------

Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:
--	--------

As beneficiary of the above member's account, I, _____, hereby certify that the attached medical information, job description, reasonable accommodations request, and prescription and nonprescription drug list are true, correct, accurate, and complete. I am aware that pursuant to KRS 61.665(2)(a) and 78.545, I am responsible for filing supporting objective medical information to report the deceased member's physical and mental condition prior to death. The attached objective medical information consists of all existing medical records regardless of the above member's membership date with the Kentucky Public Pensions Authority. Written statements by medical providers alone are not objective medical information unless accompanied by supporting records as discussed in this paragraph. I hereby certify that the application for disability retirement, medical information, and job description are ready to be submitted to the medical examiners for review and determination. I am aware that by signing this certification I am certifying to the Kentucky Public Pensions Authority that the enclosed medical records represent all of the above member's evaluations, examinations, and treatment for the condition(s) for which the member was applying for disability retirement benefits, including all reports of diagnostic medical testing performed on the above member.

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.

Beneficiary's Signature: _____	Date: _____
--------------------------------	-------------



Form 8025
Revised 11/2023

Authorization for Independent Medical or Psychological Examination and Release of Medical Information

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:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Acknowledgment and Authorization

I hereby acknowledge that the Kentucky Public Pensions Authority, or a third-party vendor on its behalf, has recommended an independent medical or psychological examination in accordance with KRS 61.665 and 78.545.

I understand that once the appointment for the independent medical or psychological examination has been made, I will be notified by mail of the date, time, and location of the appointment. Records from the examination will be used in determining my eligibility for disability retirement benefits.

I understand that I am eligible to receive reimbursement for mileage, actual parking costs, and any actual bridge or highway toll charges by filing a completed Form 8846, Travel Voucher for Independent Examination, with all the necessary receipts at the retirement office within fifteen (15) calendar days of the date of the examination or evaluation.

I understand that if I fail or refuse to appear at a scheduled appointment, my claim for disability shall be determined based on the medical information currently contained in my file.

I understand that if I fail to appear, cancel, or reschedule within the time frames required in the appointment notice, I shall be responsible for payment of any charges associated with the medical or psychological examination.

I authorize the Kentucky Public Pensions Authority to release my medical records to the medical or mental health professional who will perform an independent medical or psychological examination for the Kentucky Public Pensions Authority.

Signature: _____

Date: _____

Witnessed: _____

Date: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Employer Instructions for Member or Beneficiary Filing for Disability or Survivor Benefits

Revised 06/2023

IMPORTANT: FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN 5 BUSINESS DAYS MAY CAUSE A DELAY IN THE MEMBER'S OR BENEFICIARY'S BENEFITS AND/OR HEALTH INSURANCE.

For members who apply for disability retirement through KPPA, KRS 61.665(2)(a) and 78.545 require a complete job description of the member's job duties and requirements and requires that the member make a request for reasonable accommodations as provided for in 42 U.S.C. Part 1630 of the Americans with Disabilities Act (ADA). For beneficiaries who apply for survivor benefits, 105 KAR 1:457 requires a complete job description of the members job duties and requirements.

A disability retirement application or a survivor benefit application has been initiated through Kentucky Public Pensions Authority.

For members who apply for disability retirement, KRS 61.665(2)(a) and 78.545 require a complete description of the member's job duties and requirements and requires that the member make a request for reasonable accommodations as provided for in 42 U.S.C. sec. 12111(9) and 29 C.F.R. Part 1630 through the American with Disabilities Act (ADA).

Examples of reasonable accommodations may include:

- Making existing facilities accessible to individuals with disabilities
- Job restructuring
- Part-time or modified work schedules
- Reassignment to a vacant position
- Retraining
- Purchase of assistive equipment

If the individual has terminated employment with your agency or did not request accommodations, you should outline what accommodations **were made** or **could have been made** on the enclosed Form 8030.

*For beneficiaries who apply for survivor benefits, 105 KAR 1:457 requires a complete description of the member's job duties and requirements to process the application for benefits.


KENTUCKY PUBLIC PENSIONS AUTHORITY

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


Print Form

 Form 8030
 Revised 06/2023

Employer Job Description
Employee Information

Employee Name:	Member ID:
Job Title:	Agency:

Job Description

Describe the employee's job duties performed as of the last day worked: _____

_____ Total hours in a workday. _____ Sitting hours in a day. _____ Standing/walking hours in a day.

Does the employee have the ability to alternate between sitting and standing/walking? ☐ Yes ☐ No

Physical effort required: (check appropriate boxes)	<u>Never</u>	<u>Seldom/ Rare</u>	<u>Occasional</u> (up to 1/3 of work day)	<u>Frequent</u> (1/3 to 2/3 of work day)	<u>Repetitive</u> (2/3 or more of work day)
Handle/Finger/Feel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/Push/Pull:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop/Crouch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Crawl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry (frequency):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the items or tools the employee was required to lift and/or carry in performing the essential job duties (include the weight, distance, and frequency of the lifting and/or carrying): _____

Identify the heaviest item and weight lifted on a frequent basis (1/3 to 2/3 of workday): _____

Identify the heaviest item and weight lifted without assistance: _____

Please identify any physical effort requirements for the employee to perform his or her job duties as of the last day worked.
 (Check appropriate boxes)

- ☐ The employee was required to handle, grab, or grasp items or tools. (file, ledger, hammer, wrench, pot/pan, mop/bucket)
- ☐ The employee was required to finger, feel, or sort items or tools. (computer keyboard, typewriter, calculator, pen/pencil)
- ☐ The employee was required to use machinery that used hand and/or foot controls. (backhoe, school bus)
- ☐ The employee was required to use vibratory equipment, machinery, or tools. (jackhammer, floor buffer, lawnmower)
- ☐ The employee was required to reach overhead, and in all other directions.
- ☐ The employee was required to use stairs or ramps.
- ☐ The employee was required to use ladders or scaffolding.
- ☐ The employee was exposed to environmental elements such as extreme heat, extreme cold, or extreme wetness/dampness.
- ☐ The employee was exposed to excessive noise, fumes, odors, gases, or dust.

Please make any remarks concerning the physical effort requirements for the employee to perform his or her job duties as of the last day worked: _____

Accommodations: Examples of reasonable accommodations may include making existing facilities accessible to individuals with disabilities, job restructuring, part-time or modified work schedules, reassignment to a vacant position, retraining, or purchase of assistive equipment. If the individual has terminated employment with your agency or did not request accommodations, you should outline what accommodations were made or could have been made.

Did the employee request accommodations, assistance, or help to perform the essential job duties? ☐ Yes ☐ No

IF YES, please attach a copy of the request. Please attach any written response by the agency to the employee for request for accommodations. Please attach a statement describing the accommodations, assistance, or help that was offered or attempted to allow the employee to perform the essential job duties.

IF NO, please describe the accommodations, assistance, or help that was reasonably available to allow the employee to perform the essential job duties. _____

Did the employee have any machines, tools, or equipment available to assist in performing job duties, such as a handcart, desk mover, special chair, headphones, keyboard, tape recorder, or other? _____

Did the employee have assistance available from co-workers? _____

Where accommodations were made available, requested, or implemented, was the job as accommodated offered to the employee indefinitely?: ☐ Yes ☐ No

Attach additional pages if necessary.

Personnel Issues:

Was the employee injured on the job? ☐ Yes ☐ No If YES, please attach a copy of the incident report.

Is the employee currently receiving Workers' Compensation benefits? ☐ Yes ☐ No

If YES, please provide the Workers' Compensation insurance carrier name and address assisting with this claim.

Insurance Carrier Name: _____

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

Please indicate the employee's current personnel status:

☐ Termination ☐ Sick Leave Without Pay ☐ Still on Payroll ☐ Other _____

If the employee has terminated or is utilizing a leave without pay status, please provide date and attach a copy of the personnel form: _____

If the employee is not still on the payroll, please verify the last day of paid employment: _____

Supervisor Name: _____ Title: _____

Address/Phone: _____

Certification

I hereby certify that the above information is correct and accurately describes the job duties that the employee had as of the last day worked. 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 survivor benefits the spouse, child, dependent, or beneficiary was not eligible to receive, civil payments, legal fees, and costs. I understand that the Kentucky Public Pensions Authority or the employee may request that I testify at an administrative hearing as to the matters described herein.

Agency Representative Printed Name: _____

Agency Representative Title: _____

Agency Representative Signature: _____ Date: _____

Form 8035
Revised 11/2023

Employee Job Description

Member Information

Member Name:		Member ID:
Job Title:	Agency:	

Job Description

Describe your essential job duties: _____

_____ Total hours in a workday. _____ Sitting hours in a day. _____ Standing/walking hours in a day.

Do you have the ability to alternate between sitting and standing/walking? ☐ Yes ☐ No

Physical effort required: (check appropriate boxes)	<u>Never</u>	<u>Seldom/ Rare</u>	<u>Occasional</u> (up to 1/3 of work day)	<u>Frequent</u> (1/3 to 2/3 of work day)	<u>Repetitive</u> (2/3 or more of work day)
Handle/Finger/Feel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/Push/Pull:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop/Crouch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Crawl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry (frequency):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the items or tools you were required to lift and/or carry in performing the essential job duties (include the weight, distance, and frequency of the lifting and/or carrying): _____

Identify the heaviest item and weight lifted on a frequent basis (1/3 to 2/3 of workday): _____

Identify the heaviest item and weight lifted without assistance: _____

Please identify any physical effort requirements to perform your job duties as of the last day worked.
(Check appropriate boxes)

- ☐ I was required to handle, grab, or grasp items or tools. (file, ledger, hammer, wrench, pot/pan, mop/bucket)
- ☐ I was required to finger, feel, or sort items or tools. (computer keyboard, typewriter, calculator, pen/pencil)
- ☐ I was required to use machinery that used hand and/or foot controls. (backhoe, school bus)
- ☐ I was required to use vibratory equipment, machinery, or tools. (jackhammer, floor buffer, lawnmower)
- ☐ I was required to reach overhead, and in all other directions.
- ☐ I was required to use stairs or ramps.
- ☐ I was required to use ladders or scaffolding.
- ☐ I was exposed to environmental elements such as extreme heat, extreme cold, or extreme wetness/dampness.
- ☐ I was exposed to excessive noise, fumes, odors, gases, or dust.

Please make any remarks concerning the physical effort requirements for performing your job duties as of the last day worked:

Accommodations

1. Did you request accommodations, assistance, or help to perform the essential job duties? ☐ Yes ☐ No

IF YES, please attach a copy of the request. Please attach any written response such as describing the accommodations, assistance, or help that was offered or attempted to allow you to perform the essential job duties.

IF NO, please attach a statement describing the accommodations, assistance, or help that was reasonably available to allow you to perform the essential job duties.

2. Did you have any machines, tools, or equipment available to assist in performing job duties, such as a handcart, desk mover, special chair, headphones, keyboard, tape recorder, or other? _____

3. Did you have assistance available from co-workers? _____

Additional Remarks: _____

Attach additional pages if necessary.

Supervisor Name: _____

Title: _____

Address/Phone: _____

Workers' Compensation and Social Security Benefits

1. Did you apply for Workers' Compensation benefits? ☐ Yes ☐ No

If yes, are you receiving a benefit from Workers' Compensation? ☐ Yes ☐ No

If yes, please provide the date that you began receiving Workers' Compensation benefits and the amount paid.

2. Did you apply for disability benefits from the Social Security Administration? ☐ Yes ☐ No

If yes, please provide the status of your disability benefit from the Social Security Administration:

Certification

I hereby certify that the information provided on this form is correct and accurate as of my last day worked.

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.

Signature: _____

Date: _____

Form 8040
Revised 11/2023

Prescription and Nonprescription Medications

Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Prescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Nonprescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

I hereby certify that the information provided on this form is correct 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.

Signature: _____

Date: _____

Form 8480
11/2023**Certification of Statement of Disability - Act In the Line of Duty****Member Information**

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Certification: Please check the appropriate box below. A copy of the employer incident report must be submitted with this form.

- ☐ I am alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties. I am submitting a copy of the incident report with this form.
- ☐ I am not alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties.
- ☐ I am alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties. I cannot provide an incident report documenting this event.

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.

Signature: _____

Date: _____

Form 8846
Revised 11/2023

Travel Voucher for Independent Examination

Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Reimbursement Request: Please enter your mileage, cost of tolls and parking below. Our office will enter the mileage rate and calculate the total payment due. You must attach receipts for tolls and parking.

Mileage _____ x IRS Standard Mileage Rate = _____

Cost of Tolls: _____

Parking: _____

Total Payment Due: _____

Certification

Mileage shall be based on the distance between the member's home address on file with the Kentucky Public Pensions Office and the location of the independent medical or psychological evaluation based on the Kentucky Official Highway Map, mileage software, or the most recent edition of the Rand McNally Road Atlas, whichever is less. If requesting reimbursement for the cost of tolls and parking, receipts for each must be included and returned with this voucher. Written requests and receipts for reimbursement must be submitted and received by the Kentucky Public Pensions Authority within 15 calendar days of the date of the independent examination or evaluation.

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.

Signature: _____

Date: _____