

**Kentucky Public Pensions Authority
Board Meeting
November 17, 2021, 10:00 a.m. ET (9:00 am CT)
Live Video Conference/Facebook Live
AGENDA**

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|--|---------------------------------|
| 1. Call to Order | Keith Percy |
| 2. Legal Public Statement | Office of Legal Services |
| 3. Roll Call/Public Comment | Sherry Rankin |
| 4. Approval of Minutes of September 8, 2021 Meeting* | Keith Percy |
| 5. Approval of KPPA ByLaws* | Michael Board |
| 6. Ratification of the Amendments of the following regulations* | Carrie Bass |
| a. 105 KAR 1:210, Disability procedures | |
| b. 105 KAR 1:310, Fred Capps Memorial Act | |
| c. 105 KAR 1:330, Purchase of service credit | |
| 7. KPPA Updates | David Eager |
| 8. New Business | Keith Percy |
| 9. Closed Session** | Keith Percy |
| 10. Adjourn* | Keith Percy |

**Board Action Required*

***Board Action May Be Required*

**MINUTES OF MEETING
KENTUCKY PUBLIC PENSIONS AUTHORITY
MEETING VIA LIVE VIDEO TELECONFERENCE
SEPTEMBER 8, 2021 AT 10:00 AM**

At the meeting of the Board of the Kentucky Public Pensions Authority held on September 8, 2021 the following members were present: Keith Peercy, John Cheshire, Campbell Connell, Dr. Merl Hackbart, Prewitt Lane, William O'Mara, Betty Pendergrass, and Jerry Powell. Other Trustees present were Lynn Hampton, Larry Totten and George Cheatham. Staff members present were KRS CEO John Chilton, CERS CEO Ed Owens, Rebecca Adkins, Erin Surratt, Michael Board, Steven Herbert, Victoria Hale, Connie Davis, Kristen Coffey, Ann Case, Shaun Case, Phillip Cook, Glenna Frasher and Sherry Rankin.

Mr. Peercy called the meeting to order.

Mr. Board read the Legal Opening Statement.

Ms. Rankin called roll and advised that there was one *Public Comment* submitted.

The following was submitted by Jim Carroll, president of Kentucky Government Retirees: "On behalf of stakeholders, I commend the KPPA staff and board for the outstanding investment performance of the entire portfolio in the fiscal year ending June 30. We believe the unprecedented gains provide a window of opportunity. As the board is aware, it has been a decade since KPPA retirees last received a cost-of-living adjustment. Even in a low-inflation environment, retirees have lost about 14% of their purchasing power in the last 10 years. Kentucky Government Retirees intends to seek legislation that will earmark a small percentage of the record investment gains for the payment of a modest annual COLA that would terminate after several years. We note that past COLAs were fiscally unsounded and contributed to the system's liabilities. They were granted even during years of disastrous investment losses and even during years when employer contributions fell far short of the actuarially required amount. We believe our proposed temporary COLA is far more fiscally sound. In the interest of transparency, we are informing you of our intent as we look toward the 2022 session. Thank you"

Mr. Peercy introduced agenda item *Approval of Minutes – May 26, 2021*. Ms. Pendergrass had a couple of edits. On page 2 of the minutes, second paragraph, there is a reference of a "trust" and that should be edited to be plural and reflect "Trusts". And at the top of page 3 of the minutes, the

end of the third line, should read “now that the boards have split”. Ms. Pendergrass made a motion and Mr. Cheshire seconded to approve the minutes with those minor edits.

Mr. Peercy introduced agenda item *Approval of KPPA ByLaws*. Mr. Board indicated that the board possibly voted on ByLaws at one of the meetings held in the Spring; however, there were some edits and amendments that were requested and those have now been made and these are being brought back before the Board for approval. Mr. Board stated that the main section that was amended was Section 3 regarding litigation defense for Trustees and employees of KPPA, County Employees Retirement Systems and Kentucky Retirement Systems. For clarity purposes, Mr. Board feels it necessary for the Board to vote on these ByLaws again with the amended section included. Mr. Peercy stated that he felt like discussions were previously held regarding this Section to include “former” Trustees and employees. Ms. Pendergrass pointed out a spelling error also in Section 3, and agreed with Mr. Peercy regarding the addition of “former” Trustees and employees to this section. Mr. Cheshire recalled that discussions on this subject had occurred in the past. Mr. Powell indicated that this is essentially the stance the Board takes presently. Mr. Peercy stated that it has never been in writing and always left up to interpretation, so he feels it is necessary to add this language to the ByLaws. Mr. Board indicated that he will make that addition as well as, list both Trustees and Board members, since CERS and KRS have Trustees, but KPPA has Board Members. Mr. Peercy asked if the Board wishes for these edits to be made and brought back to the next meeting, or to take a vote to include these edits. Ms. Pendergrass stated she felt these were editorial and Mr. Cheshire agreed. Mr. Cheshire made a motion and Mr. Lane seconded to approve the KPPA ByLaws with the suggested edits. The motion carried unanimously.

Mr. Peercy introduced agenda item *Approval of KPPA Conflict of Interest Policy*. Ms. Bass stated that the Office of Legal Services is recommending that the KPPA Board review and adopt the KPPA Conflict of Interest Policy and KPPA Conflict of Interest Statement. While the Kentucky Retirement Systems Board of Trustees and the County Employees Retirement System Board of Trustees may adopt separate conflict of interest statements for their respective Boards, it is recommended that this Board also adopt a Conflict of Interest Policy. Ms. Pendergrass made a motion and Mr. O’Mara seconded to approve the KPPA Conflict of Interest Policy as presented. Ms. Pendergrass asked if these statements should be signed now and renewed in December, or just initially sign them in December. Ms. Bass responded that they expect to get these signed in December.

Mr. Peercy introduced agenda item *Discussion of CERS and KRS Investment Policies*. Mr. Herbert

began by indicating this discussion pertains to the administrative investment policies that sit at the bottom of both of the bigger policy statements of both the CERS and KRS Boards. There are currently nine of them, they are separate, and we wanted to address them. He stated that on July 14th, the CERS Investment Committee proposed that these separate administrative investment policies apply to the KPPA Board since KPPA staff is the administrative arm that carries those out on behalf of the plans. He indicated that the Committee suggested he review these policies and make any changes and bring those to this Board for a vote. He stated that the process is taking longer than anticipated, however, the initial drafts of these policies are now complete. He did indicate that one of the issues that was holding up the process was the evolving realization that without adjustments to the respective ByLaws of CERS and KRS, these policies will need to be approved and ratified by five committees and/or boards. Those being KPPA Board, CERS Board, KRS Board, CERS Investment Committee and KRS Investment Committee. He stated that in addition there are some protocol issues as how to enact this, so out of the abundance of caution, he is not asking for a vote at this time but is asking the Board for direction on whether to move forward and how to proceed. Ms. Pendergrass indicated that the Investment Committees make recommendations to the Boards and the Boards approve, so therefore you would have three possible signatures. Ms. Hale stated that on the Investment Committees, all of the policies are approved by the committees and the Boards ratify them. So, in the past all of the investment policies have been signed by the chairs of the Investment Committees as well as the chair of the respective Boards. Mr. Herbert stated that another complication is that one of these documents isn't an actual policy but rather a detailed process for Investment staff to take once a manager is hired. He indicated that this possibly should just be a process on the Investment Staff level and not as a policy. Mr. Herbert recommends that a small change in each of the Trust Boards ByLaws would accomplish this in the most efficient manner. Mr. O'Mara stated that he understands the problem that has been brought before the Board, however, he questions what changes to the ByLaws would be needed in Mr. Herbert's recommendation. Mr. Herbert answered that the change would be that each of the Trust Boards that have oversight of their respective beneficiaries, CERS and KRS, would in their ByLaws give that administrative function to the KPPA Board which currently does not have that oversight. Ms. Hale added that the current ByLaws for both CERS and KRS indicate that they can dictate the authority and that is what would be required. Because right now, in both Boards ByLaws they list specific things for the Investment Committee, and all the various committees, and they retain authority over the policies. Ms. Hale indicated that if they wish to delegate these policies to KPPA, they can do so, but the easiest way would be to put the delegation actually in the ByLaws. If that takes place, then it would only come before the

KPPA Board for a vote and signature. Mr. Hebert gave an example using the Brokerage Policy and indicated if the Investment Staff indicated a change was needed with a brokerage firm, and currently it would have to go before the CERS Investment Committee, KRS Investment Committee, the CERS Board and KRS Board before that change could be implemented. He is asking that the respective Boards delegate that policy authority to the KPPA Board in order to narrow down the processes contained in these policies. Ms. Pendergrass voiced her concern about whether or not we leave investment management to the purview of the CERS Board and the KRS Board, and not KPPA. She stated that the statutes in her mind are very clear that CERS manages its own investments. Therefore, if we change language in the ByLaws, she doesn't want to create a back door where KPPA takes over CERS investment management. Mr. Herbert indicated that KPPA still has to express an interest in having the authority and oversight of the administrative policies. Ms. Pendergrass offered a suggestion of having the administrative policies adopted by each of the Boards of Trustees, making sure that the language is exactly the same, so that staff that are actually doing the investments will not have to sort through the differences. Mr. Hebert stated that is also an option, but indicated that his preference would be to have these administrative policies managed by the KPPA Board. Mr. Connell stated that since KPPA doesn't have an Investment Committee, wouldn't there need to be involvement with an Investment Committee to review administrative policies concerning investment activity. Mr. Herbert indicated that he had voiced that concern, however, the current legal structure it is not required. Ms. Pendergrass stated that in looking at the ByLaws for CERS, under the committee responsibilities for Investment Committees, it states that the CERS Investment Committee shall have authority to implement the Investment Policies, adopted by the Board. It does not say create the policies or approve the policies, the Board is adopting the policies. Mr. Connell raised a question of whether it would be beneficial to have joint investment committee meetings regarding these types of issues. Mr. Cheshire stated that having to go through five entities in order to be functional is problematic. Mr. O'Mara asked Mr. Herbert for a brief description of what type of procedures you are referring to versus policy, as he believe the setting of the policy and implementing procedures may have differences. Mr. Herbert answered that they are Brokerage Policy, Investment Transaction Policy, Manager and Placement Agent Statement of Disclosure Policy, Proxy Voting Policy, Real Estate Policy, Securities Lending Policy, Securities Litigation Policy, Trading Policy, and Investment Procurement Policy with addendum. Mr. Herbert used the Brokerage Policy as an example, where the investment staff selects a broker and executes transactions. There is a process listed to get the brokerage approved and accept competitive bids. So approval would need to be sought and the various Boards would have to review and approve the bids before the investment staff could move

forward. Ms. Pendergrass suggested that this issue may need to be brought back before the respective Investment Committees for further review on how to proceed on this matter. She stated that we have some new Trustees who have not had the opportunity to review these policies, nor have they had time to dig into them to find out what these policies actually do. She suggests taking this matter back before the respective Investment Committees, to allow them make recommendations to their Boards, and then the Boards can send a recommendation to the KPPA Board. Dr. Hackbart questioned if it would be possible for a small special committee appointed with members of both CERS and KRS, along with Mr. Herbert, to work through this and then have those recommendations go to their respective Investment Committees. Mr. Peercy asked if we would need anyone other than the respective Investment Committee chairs to work with Mr. Herbert on this Ad Hoc committee. Mr. Lane offered that certainly he and Dr. Hackbart could make themselves available to Mr. Herbert for follow-up on this matter. Mr. Powell indicated that he felt like the respective CEOs should also be involved in those meetings. Mr. Peercy stated that Mr. Lane, Dr. Hackbart, Mr. Owens, and Mr. Chilton would work with Mr. Herbert to come up with some policies that we could bring to a vote before the Board.

Mr. Peercy announced that the agenda item *Ratification of the Joint Audit Committee Charters*. Ms. Coffey began by stating that the Joint Audit Committee met on August 26, 2021, and are asking the Board to ratify the Charter for the Division of Internal Audit Administration. Due to some edits, the Charter for the Joint Audit Committee will need to be taken back before the Committee prior to being presented to the Board. Ms. Pendergrass made a motion and Mr. Cheshire seconded to ratify the Charter for the Division of Internal Audit Administration. The motion passed unanimously.

Mr. Peercy introduced agenda item *Ratification of the Amendments to Regulations*. Ms. Bass outlined the purpose behind the Amendments to the Regulations concerning Disability procedures, Fred Capps Memorial Act and Purchase Service Credit that the Office of Legal Services is requesting that the KPPA Board ratify. She explained that these are all day-to-day administrative functions that were set to expire at the end of July. She noted that typically these are presented to the Board for approval to file the amendments with the Legislative Research Commission, however, due to time constraints and with the many Board and Committee meetings already in progress, the amendments were filed and the Office of Legal Services is now asking for ratification of the Board. Ms. Pendergrass made a motion and Mr. Powell seconded to table this matter to the next KPPA meeting. Due to the timing of the release of the material to the Trustees, there wasn't

sufficient time to properly review the material. A vote occurred, all voted yes, with the exception of Mr. Connell. The motion carried.

Mr. Peercy introduced agenda item *Administrative Expenses Methodology*. Ms. Adkins began by indicating that one of the responsibilities of the KPPA Board is to define how administrative expenses will be allocated to each of the plans. Per statute, it comes out of the Pension Plans, so that is the five plans consisting of CERS hazardous, CERS Non-hazardous, KERS hazardous, KERS hazardous, and SPRS. Ms. Adkins reviewed the current allocation calculation and how the expenses are allocated based on membership as of the last fiscal year ending June 30, 2020. Ms. Pendergrass asked if the Ad Hoc Committee which was formed assist with the analysis given here. She indicated that Mr. Lane and Mr. O'Mara were appointed to an Ad Hoc committee to look at how to determine direct and indirect expenses that need to be allocated to each system and to assist in developing a written policy going forward. Ms. Adkins apologized for her oversight and indicated that she would reach out to Mr. Lane and Mr. O'Mara for a meeting and asked that the two items, Allocation of Administrative Expenses and Allocation of Board Separation Expenses, be tabled to a later date.

Mr. Peercy introduced agenda item *Quarterly Financial Reports*. Ms. Rebecca Adkins noted the new format splitting the report to show all five plans. She indicated that these unaudited reports are for Fiscal Year ending June 30, 2021. She reviewed the Combining Statement of Fiduciary Net Position of the Pension Funds and Insurance Funds, Combining Statement of Changes of Fiduciary Net Position of the Pension and Insurance Funds, Administrative Expenses Fourth Quarter Budget to Actual Analysis for the Fiscal Year ending June 30, 2021, Contribution Reports for both the Pension Fund and Insurance Fund separated out by the three systems, Outstanding Invoices, and Penalty Waivers Report. Mr. O'Mara asked about the Fiscal Year 2022 Administrative Budget and when will that be presented to the KPPA Board. Ms. Adkins indicated that it was probably something that should have been presented today. She stated that traditionally it is not something we have done, but agrees that it is something that should be done. Ms. Adkins also stated that since we are proposing a new biennium proposed budget for 2023 and 2024, which also needs to be brought to the Board. Mr. O'Mara asked about the timeline, does the Board see it before it is submitted, or is it after the fact and reviewed as informational only, or is it reviewed and approved by the Board. Ms. Adkins indicated that it was her intent to bring it to the Board prior to the submission, but that might require a special called meeting. Ms. Pendergrass stated that the ByLaws indicate that the Board is going to approve it. Mr. O'Mara then asked about the deadline

for submission as he is unfamiliar with the process. Ms. Adkins answered that it is due the end of October. Mr. O'Mara then asked if work is currently being done on it. Ms. Adkins indicated that work has not yet begun as information is needed from Finance Cabinet that hasn't been received to date. Mr. Peercy added that the majority of that is 18A salaries and fringe benefits and it's not something discretionary for KPPA. Ms. Adkins agreed and indicated that is about 81% of the budget. Mr. O'Mara responded that his focus is turned to the line item, Major Legislative Implementation to the tune of \$7.7 million. He noted that this figure is in this budget and last year's budget and nothing has been paid. Mr. O'Mara questioned if this was part of the allocation conversation that the subcommittee is supposed to have, or if it is independent. He stated that of a budget of \$48 million, a line item of \$7.7 million is worthy of discussion. Ms. Adkins indicated that the subcommittee will be discussing the whole \$48 million budget, including all of the line items. Ms. Adkins added that the \$7.7 million line item for Major Legislative Implementation was added back in 2016 to 2017, when then Governor Bevin was looking at making some huge changes in a relatively short amount of time to the pension systems and we were in the middle of a budget cycle. At that time it was determined that for the amount of work that was being suggested, an outside vendor would have to be brought in to implement those changes in that time frame, so that amount was added to the budget at that time. Ms. Adkins indicated that it has remained on the budget since then to have it in case we needed it and didn't want to have to go and asked for it again. In years past, we had it allocated across the divisions where those funds would be spent, such as salaries, IT, etc., but it was decided to pull it out and keep it separate in order to help monitor it more closely.

Mr. Keith Peercy introduced agenda items— *Legislative Updates and KPPA Updates*. Due to Mr. Eager's absence, Ms. Adkins reported on his behalf. She indicated that Representative Jerry Miller has agreed to sponsor our Housekeeping Bill again this year. Ms. Adkins indicated that COLAs is on the agenda for the Public Pension Oversight Board's October meeting and KPPA has been asked to join in those discussions at that meeting. Ms. Adkins reported that our staffing is looking better. We tend to hover around 250, but recently had dipped down into the 235 range. We are currently at 243, and by the middle of this month will be back to our average of around 250. There is a cap of 270 total employees. Ms. Adkins indicated that work is still being performed regarding the implementation of 484 and House Bill 9. Ms. Adkins reported that the government newsletter has been distributed. KPPA sends a newsletter to all legislators that contains key pieces of information and that letter was sent out at the end of August, and a member newsletter will be sent out soon. Ms. Adkins reported that the Actuary, GRS Consulting, has the data and is working on

those numbers to report soon. The audit is proceeding on schedule. Finally, Ms. Adkins reported that the Annual Report and the SAFR are on track

Mr. Peercy introduced agenda item – *New Business*. There being no new business to discuss, this agenda item was passed.

Mr. Peercy introduced agenda item – *Closed Session*. Mr. Lane made a motion and Mr. Connell seconded to go into closed session for the purpose of discussion active litigation. The motion passed unanimously.

Mr. Peercy read the following closed session statement:

A motion having been made in open session to move into a closed session for a specific purpose, and such motion having carried by majority vote in open, public session, the Board shall now enter closed session to consider litigation, pursuant to KRS 61.810(1)(c), because of the necessity of protecting the confidentiality of the System's litigation strategy and preserving any available attorney-client privilege.

There being no action taken in closed session. Ms. Betty Pendergrass made a motion and was seconded by Mr. Powell to adjourn the meeting. The motion passed unanimously.

Copies of all documents presented are incorporated as part of the Minutes of the KPPA Board held September 8, 2021 except documents provided during a closed session conducted pursuant to the openmeetings act and exempt under the open records act.

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CERTIFICATION

I do certify that I was present at this meeting, and I have recorded the above actions of the Board 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 Board of Kentucky Public Pensions Authority and Executive Director, do certify that the Minutes of Meeting held on September 8, 2021 were approved on November 17, 2021.

KPPA Board Chair

Executive Director

I have reviewed the Minutes of the September 8, 2021 Kentucky Public Pensions Authority Board Meeting for content, form, and legality.

Executive Director Office of Legal Services

**KENTUCKY PUBLIC PENSIONS AUTHORITY
STATEMENT OF BYLAWS AND COMMITTEE ORGANIZATION**

Effective September 8th, 2021

Section 1.1 GENERAL ADMINISTRATION.

This Statement of Bylaws and Committee Organization of the Kentucky Public Pensions Authority Board is adopted pursuant to the authority of KRS 61.505(3)(b). State and Federal law shall control any inconsistency that exists or may exist between the law and this Statement of Bylaws and Committee Organization.

I. Definitions.

1. KPPA: “The KPPA” refers to the Kentucky Public Pensions Authority.
2. KPPA member: “KPPA member” used in reference to the KPPA means the eight (8) members of the KPPA Board pursuant to Kentucky Revised Statutes 61.505(2).
3. KPPA Board: “KPPA Board” refers to the eight-member board tasked with administering and operating the KPPA in accordance with Kentucky Revised Statutes 61.505.
4. Committee member: “Committee member” or “member” used in relation to a Committee refers to a member of the KPPA Board serving on an *ad hoc* Committee.
5. Board Year: The Board Year shall be from April 1 of each calendar year through March 31 of the following year.
6. Bylaws: “Bylaws” refers to the Statement of Bylaws and Committee Organization.
6. Executive Director: “Executive Director” refers to KPPA Executive Director, as outlined in KRS 61.505(8).
7. CEO: “CEO” refers to the Chief Executive Officer of the Kentucky Retirement Systems and/or the Chief Executive Officer of the County Employees Retirement System.
8. KRS: “KRS” refers to the Kentucky Revised Statutes.
9. Retirement Office: “Retirement Office” refers to the offices of the KPPA located at 1260 Louisville Road, Frankfort, Kentucky 40601.
10. Take action: “Take action” used in relation to the KPPA Board refers to a motion being made, seconded, and voted upon by the KPPA Board in compliance with Robert’s Rules of Order. [RONR (11th ed., as amended)].

II. Quorum; Parliamentary Authority.

1. KPPA Board quorum. As required by KRS 61.505(7)(c), a majority of the KPPA members shall constitute a quorum and all actions taken by the KPPA Board shall be by affirmative vote of a majority of the KPPA members present.

2. KPPA Committee quorum. A majority of the KPPA members on any *ad hoc* Committee shall constitute a quorum and all actions taken by the Committee shall be by affirmative vote of a majority of the Committee members present.
3. Parliamentary authority. The most recent edition of Robert's Rules of Order shall be the parliamentary authority. [RONR (11th ed., as amended)]

III. **Meetings**. Meetings of the KPPA Board and its Committees shall be conducted consistent with the Open Meetings Act, KRS 61.805 to 61.850. The Open Meetings Act shall control if any inconsistency exists between the Open Meetings Act and these Bylaws.

1. Annual Meeting. The annual meeting of the KPPA Board shall be held on the fourth (4th) Wednesday of April of each Board Year.
2. Regular Meetings. Regular meetings of the KPPA Board shall be held on the fourth (4th) Wednesday of February and ~~May~~, the third (3rd) Wednesday of September and ~~November~~ December.
3. Special Meetings.
 - A. Special meetings of the KPPA Board shall be held upon the call of the Chair of the KPPA Board or the Executive Director.
 - B. Special meetings of an *ad hoc* Committee of the KPPA Board shall be held upon the call of the Committee Chair, Chair of the KPPA, or the Executive Director.
 - C. A KPPA member may request that the Executive Director, Chair of the KPPA Board (in the case of a special meeting of the KPPA), or Committee Chair (in the case of a special meeting of an *ad hoc* Committee) call a special meeting by email or other written means. Upon receipt of email or other written requests to call a special meeting from a majority of the KPPA members, the Executive Director, KPPA Board Chair, or Committee Chair shall call the requested special meeting.
4. Notice of Meetings.
 - A. Regular Meetings. Notice of a regular meeting of the KPPA Board shall be posted at least ten (10) days (inclusive of weekends and holidays) before the meeting is scheduled. The notice of a regular meeting shall include the date, time, and location of the meeting, and the agenda for the meeting. The agenda shall be determined under the direction of and approval by the Chair of the KPPA Board. Changes or revisions to the agenda may be proposed by the Executive Director or a KPPA member, provided such proposed changes shall be delivered to the Chair for approval not less than ninety-six (96) hours before the meeting is scheduled and further provided that nothing in this sentence shall prevent a KPPA member from introducing new items of business during a regular meeting. Approved changes or revisions to the agenda shall be posted not less than seventy-two (72) hours before the meeting is scheduled.

Commented [BM(1)]: Impact of change is that KPPA will have 4 meetings per year rather than 5. Meetings will occur in February, April (annual), September, & December.

- B. **Special Meetings.** When circumstances warrant a special meeting of the KPPA Board or of an *ad hoc* Committee, notice shall be posted as soon as reasonably possible, but not less than twenty-four (24) hours before the meeting is scheduled. The notice of a special meeting shall include the date, time, and location of the special meeting and the agenda for the meeting. Discussions and action at the meeting shall be limited to items listed on the agenda in the notice.
5. **Change in Meeting Dates.** Any regular or special meeting of the KPPA Board may be changed by following the procedure prescribed in these Bylaws for calling special meetings.
6. **Records of Proceedings.** All official acts of the KPPA Board shall be recorded in the minutes of the regular or special meeting at which the action was approved or adopted. The Executive Director shall cause the minutes to be transcribed and presented for approval or amendment at the next regular meeting. An electronic copy (certified by the Chair and the Executive Director) shall be on file in the Retirement Office for public inspection and posted on the KPPA website. Electronic copies are maintained on the KPPA Website for KPPA Board and Committee actions. Copies that have been archived from the website are available on request.
- IV. **Chair and Vice-Chair of the KPPA.** The KPPA Board shall elect a Chair and a Vice-Chair at each annual meeting to hold office for the ensuing Board Year or until their successors are elected. The Chair shall not serve more than four (4) consecutive years as Chair or Vice-Chair (in combination) of the KPPA Board. The Vice-Chair shall not serve more than four (4) consecutive years as Chair or Vice-Chair (in combination) of the KPPA Board. A KPPA member who has served four (4) consecutive years as Chair or Vice-Chair of the KPPA Board may be elected Chair or Vice-Chair of the KPPA after an absence of two (2) years from both positions.
- V. **Committees.** The KPPA Board may create *ad hoc* Committees with such powers and duties as established by the KPPA Board. The Chair of the KPPA Board, unless otherwise stipulated or determined by the KPPA Board, shall appoint the members of each *ad hoc* Committee, and such appointments shall be recorded in the minutes of the current or next-following regular KPPA Board meeting. The Chair shall also appoint a Chair for each *ad hoc* Committee and may appoint a Vice Chair for each *ad hoc* Committee, unless otherwise determined by the KPPA Board. Committee members, Committee Chair, and Committee Vice Chair, if applicable, shall serve concurrently with the appointing Chair.
- VI. **Conflicts of Interest.**
1. KPPA members shall file a statement of financial disclosure with the Executive Branch Ethics Commission within thirty (30) days of taking office and provide a copy to the KPPA legal staff.

2. KPPA members shall also file a statement of financial disclosure by April 15 of each calendar year, and within thirty (30) days following departure from office as a KPPA member, or as otherwise provided by law, with the Executive Branch Ethics Commission and provide a copy to the KPPA legal staff.
 3. KPPA members shall also file a written conflict of interest statement as required pursuant to the KPPA Conflict of Interest Policy.
- VII. **Confidentiality.** KPPA members shall file a written confidentiality statement as required by the KPPA Confidentiality Policy.
- VIII. **Travel Policy Guidelines.**
1. All travel for official business of KPPA must be done in accordance with the requirements of and be consistent with KRS Chapter 45A and the KPPA Per Diem and Reimbursement Policy.
 2. No more than three (3) KPPA members may be passengers in the same common carrier. A maximum of one (1) executive staff of the KPPA may be a passenger in the same common carrier.
 3. To avoid an accidental violation of Kentucky Open Meetings Laws, other than for scheduled meetings, no more than four (4) KPPA members may attend the same off-site conference, training, etc., at the same time. The Executive Director, or his or her designee, shall review KPPA member travel requests to coordinate attendance and avoid noncompliance with Kentucky Open Meetings Laws.
- IX. **Violations of KPPA Policies and Guidelines.** If a complaint is made that a KPPA member violated these Bylaws or any policy approved by the KPPA Board, the KPPA Board shall follow the procedure found in the KPPA Conflict of Interest and the KPPA Confidentiality Policies in investigating the complaint.

Section 1.2 KPPA MEMBER REQUIREMENTS.

- I. A vacancy on the KPPA Board shall be filled by the Kentucky Retirement Systems or the County Employees Retirement System, as appropriate, in the same manner provided for the selection of the particular KPPA member position in KRS 61.505(2).
- II. No person shall serve in more than one (1) position as a KPPA member and if a person holds more than one (1) position as a KPPA member, he or she shall resign a position.
- III. Membership on the KPPA Board shall not be incompatible with any other office unless a constitutional incompatibility exists.
- IV. An KPPA member shall be removed from office upon conviction of a felony or for a finding of a violation of any provision of KRS 11A.020 or 11A.040 by a court of competent jurisdiction.

- V. KPPA members are expected to comply with the Trustee Education Policy of the Board of Trustees of the Kentucky Retirement Systems or the Trustee Education Policy of the County Employees Retirement System, as applicable. The Executive Director may schedule additional KPPA member education at any Annual Meeting or Regular Meeting of the KPPA Board. If a KPPA member fails to comply with the Trustee Education Policy of either the Board of Trustees of the Kentucky Retirement Systems or the Board of Trustees of the County Employees Retirement System (as applicable), or fails to attend additional KPPA member education scheduled by the Executive Director, then any reimbursement or per diem of the KPPA member shall not be paid until the KPPA member is in compliance with the applicable Trustee Education Policy or receives the additional KPPA member education.

Section 1.3 KPPA BOARD RESPONSIBILITIES.

- I. The KPPA Board shall make and maintain Bylaws.
- II. The KPPA Board shall appoint an Executive Director and fix the Executive Director's salary.
- III. The KPPA Board may act on contracts for rental of office space, and professional services, including, but not limited to, the auditor, legal counsel, medical examiners, and hearing officers, in accordance with the requirements of the Commonwealth of Kentucky Model Procurement Act (KRS Chapter 45A).
- IV. The KPPA Board shall consider and take action on changes to administrative regulations proposed by the staff of the KPPA.
- V. The KPPA Board shall take action on the audited financial statements of the KPPA, which includes the Kentucky Retirement Systems and the County Employees Retirement System plans.
- VI. The KPPA Board shall consider and take action on the recommendations of all of its Committees.
- VII. The KPPA Board shall receive reports from the joint Audit Committee of the Kentucky Retirement Systems and the County Employees Retirement System, and shall be responsible for ensuring that the recommendations of the joint Audit Committee are implemented.
- VIII. The KPPA Board shall, in compliance with KRS Chapter 45A, issue a Request for Proposal and through KPPA staff select and contract with the actuary, who shall be a Fellow of the Conference of Consulting Actuaries or a member of the American Academy of Actuaries, pursuant to KRS 61.505(1)(e), KRS 61.645(2)(d), and KRS 78.782(2)(d) in order to allow the Kentucky Retirement Systems and the County Employees Retirement System to carry out their obligations in accordance with KRS 61.670 and KRS 78.784. The KPPA may also consult with the actuary as needed in accordance with KRS 61.505(12)(c)2.
- IX. The KPPA Board shall provide oversight concerning programs and services for Kentucky Retirement Systems' and County Employees Retirement System's members, beneficiaries, recipients, and participating employers.

- X. The KPPA Board, and individual KPPA members, should ordinarily refer all news media inquiries to the Executive Director and/or the KPPA Board Chair, and should not speak on behalf of the KPPA with the news media. However, nothing in this subsection is intended to prevent individual KPPA members from speaking to the media concerning their actions, opinions, and decisions as individual KPPA members.
- XI. The KPPA Board shall review and approve the KPPA biennial administrative budget and necessary budget amendments. The Executive Director (or designee) will schedule meetings, prepare budget documents and supporting schedules, and present them to KPPA members prior to the date of a meeting. The KPPA biennial administrative budget will include the budgets of the Kentucky Retirement Systems and the County Employees Retirement Systems.

Section 1.4 EXECUTIVE DIRECTOR RESPONSIBILITIES.

- I. The Executive Director shall appoint all employees deemed necessary to transact the business of the KPPA, and shall be responsible for oversight and implementation of agency-related human resources management, e.g., affirmative action and similar matters. All employees of the KPPA, except for the Executive Director, the Executive Director of the Office of Investments, and the Deputy Executive Director of the Office of Investments shall be subject the state personnel system established pursuant to KRS 18A.005 to 18A.204 and shall have their salaries determined by the secretary of the Personnel Cabinet.
- II. The Executive Director shall seek appropriate input from the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System and the Investment Committee Chairs of the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the County Employees Retirement System regarding the hiring, firing, and performance evaluations of the Executive Director of the Office of Investments. The Executive Director shall also have personnel authority over all employees of the Office of Investments. However, all Office of Investments employees, including the Executive Director of the Office of Investments, shall take direction on investment management and performance from the Investment Committees of the Board of Trustees of the Kentucky Retirement Systems and the Board of Trustees of the County Employees Retirement System.
- III. The Executive Director will coordinate with the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System to develop a biennial budget and necessary budget amendments for approval by the KPPA, and shall submit the budget to the Governor's office. The KPPA biennial administrative budget will include the budgets of the Kentucky Retirement Systems and the County Employees Retirement Systems. The Executive Director (or designee) shall present a budget-to-actual expenditure analysis to the KPPA at each regular quarterly meeting of the KPPA.
- IV. The Executive Director shall ensure that information and records management is comprehensive and efficient, and shall ensure that a disaster recovery plan, continuity of operations plan, and policies to ensure cyber-security are developed and maintained.

- V. The Executive Director shall develop recommendations for improvements and revisions of KPPA Board policies and submit such revisions for KPPA Board approval. The Executive Director shall ensure that approved policies are implemented in conformance with statutes, regulations, and relevant policies of the Kentucky Retirement Systems and the County Employees Retirement System.
- VI. The Executive Director shall collaborate with the KPPA Office of Legal Services to monitor litigation affecting the KPPA and the Kentucky Retirement Systems, and the County Employees Retirement System, jointly. The Executive Director shall report significant relevant developments to the KPPA Board. Litigation affecting only the Kentucky Retirement Systems or only the County Employees Retirement System shall not be reported to the KPPA.
- VII. The Executive Director shall collaborate with the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System in acting as legislative liaison, and represent the KPPA at legislative hearings and other legislative meetings. The Executive Director will review proposed legislation that is likely to affect the KPPA, the Kentucky Retirement Systems, and the County Employees Retirement System and advise the KPPA Board about pending legislation.
- VIII. The Executive Director shall collaborate with the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System to provide technical assistance to the members of the General Assembly, the Governor's office, and state and local government officials.
- IX. The Executive Director shall collaborate with the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System to recommend legislative or regulatory changes and propose draft language.
- X. The Executive Director shall implement any statutory or regulatory changes and take appropriate action to conform to state and federal law.
- XI. The Executive Director shall sign all documents necessary to promulgate or amend an administrative regulation on behalf of the KPPA in accordance with KRS 13A.220 and KRS 61.505(1)(f).
- XII. The Executive Director shall collaborate with the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System to communicate with the mass media and other agencies, entities, or institutions, including responding to correspondence or inquiries addressed to the KPPA.
- XIII. The Executive Director shall assist the CEOs of the Kentucky Retirement Systems and the County Employees Retirement System in coordinating reciprocal benefits with the other state administered retirement systems in Kentucky.

- XIV. In the case of emergency conditions that threaten the functioning of the KPPA, the Kentucky Retirement Systems, or the County Employees Retirement System; the preservation or protection Kentucky Retirement Systems' property or assets or the County Employees Retirement System's property or assets; vital data; or the health and safety of any person, and where a quorum of the KPPA Board is unavailable, the Executive Director may take actions necessary to prevent or mitigate the threat, even if a vote of the KPPA Board would otherwise be necessary to take such action. When a quorum of the KPPA Board becomes available, any such actions taken by the Executive Director shall be reviewed and ratified as necessary.
- XV. The Executive Director shall designate KPPA staff to act as the Records Custodian for the KPPA, the Kentucky Retirement Systems, and the County Employees Retirement System, and shall ensure compliance with Kentucky's Open Records Act, KRS 61.870, et seq.
- XVI. The Executive Director shall ensure that all Board and/or Committee meeting materials are distributed to Trustees at least one week in advance of the meeting to allow Trustees ample time to review documents.

Section 2.1 AD HOC COMMITTEES.

The Chair or the KPPA Board may at any time establish an *ad hoc* Committee of the KPPA Board and fix its duties and responsibilities for any purpose which, in the judgment of the Chair or the KPPA Board, is served by an *ad hoc* Committee. The Chair shall appoint the members of each *ad hoc* Committee. Each *ad hoc* Committee shall consist of two (2) KPPA members who also serve on the Board of Trustees of the Kentucky Retirement Systems and two (2) KPPA members who also serve on the Board of Trustees of the County Employees Retirement System. The Chair shall also appoint a Chair for each *ad hoc* Committee and may appoint a Vice Chair, unless otherwise determined by the KPPA Board.

Section 2.2 DELEGATIONS OF AUTHORITY BY THE KPPA BOARD.

Delegation of Authority. Except as may be prohibited by or inconsistent with law, the KPPA Board may delegate to any *ad hoc* Committee of the KPPA any power, authority, duty, or responsibility conferred on the KPPA Board by law. In the case of any such delegation, the decision or action of the *ad hoc* Committee within the scope of its delegated authority shall constitute the decision or action of the KPPA Board. The KPPA Board may at any time rescind the delegated authority as a whole or in part.

Section 2.3 LIMITATIONS ON AUTHORITY.

No Committee shall have any power or authority, nor shall the KPPA Board delegate to itself, power or authority, as to any of the following:

- I. The amendment or repeal of any KPPA Board resolution.
- II. Action on other matters committed by KPPA Board resolution or by Kentucky law (including the common law of trusts respecting the delegation or the non-delegation of fiduciary responsibilities) to the KPPA Board under terms or provisions that make such action non-delegable.

Section 2.4 AMENDMENT OF BYLAWS.

These Bylaws may be amended at any regular meeting of the KPPA Board by a vote of a majority of the entire membership of the KPPA Board.

Section 3.0 LITIGATION DEFENSE FOR TRUSTEES AND EMPLOYEES OF KPPA, COUNTY EMPLOYEES RETIREMENT SYSTEMS AND KENTUCKY RETIREMENT SYSTEMS.

The KPPA shall provide and pay for the defense of any current or former Board Member or employee of the KPPA, or trustee County Employees Retirement Systems and Kentucky Retirement Systems who is named in any action arising out of an act or omission occurring within the scope of the Trustee or employee's duty as a member or employee of one of those Boards and to pay any judgment, compromise or settlement of the action provided that the Trustee or employee notifies in writing the KPPA within 10 days of receipt of service. The KPPA shall not pay a judgement or settlement or may recover payments made on behalf of a Trustee or employee if it is determined through the course of litigation that the Trustee or employee: acted or failed to act because of malice, fraud or corruption; the actions are clearly outside the actual or apparent scope of the Trustee or employee's duties; the Trustee or employee willfully failed or refused to assist in the defense of the cause of action; or the Trustee or employee compromised or settled the claim without the approval of the KPPA. If the Trustee or employee obtains private counsel KRS 78.782 and KRS 61.645 shall apply.

Section 4.0 CERTIFICATION OF STATEMENT OF BYLAWS AND COMMITTEE ORGANIZATION.

We, the Chair of the Kentucky Public Pensions Authority Board and the Executive Director of the Kentucky Public Pensions Authority, do certify that this Statement of Bylaws and Committee Organization was approved and adopted by the KPPA Board on the 9th day of September, 2021.

Keith Peercy, Chair
Kentucky Public Pensions Authority

Date

Executive Director
Kentucky Public Pensions Authority

Date

MEMORANDUM

TO: Kentucky Public Pensions Authority Board (“KPPA Board”)

FROM: Michael Board, Executive Director, Office of Legal Services

DATE: October 21, 2021

RE: KPPA Board ratification of filing of amended administrative regulations with the Legislative Research Commission (“LRC”)

Background:

In 2017, the Kentucky General Assembly enacted legislation placing an automatic expiration date on all administrative regulations promulgated pursuant to Kentucky Revised Statutes Chapter 13A (including administrative regulations applicable to the Kentucky Retirement Systems and County Employees Retirement System), unless the promulgating agency takes action to prevent the regulation from expiring. Under this legislation, the following administrative regulations were set to expire at the end of July 2021 unless an amendment to the regulations were filed with LRC before the July 2021 expiration date:

1. 105 KAR 1:210, Disability procedures;
2. 105 KAR 1:310, Fred Capps Memorial Act; and
3. 105 KAR 1:330, Purchase of service credit.

Kentucky Revised Statutes 61.505(1)(f) authorizes the KPPA 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 ... KRS [“Kentucky Revised Statutes”] 16.505 to 16.652, 61.510 to 61.705, 78.510 to 78.852, and 61.505.”¹

Due to the July 2021 expiration deadline and to avoid scheduling an additional special meeting, as well as knowing that amendments to the regulations, which would incorporate any KPPA Board comments or changes, may be made up to three (3) days prior to the Administrative Regulation Review Subcommittee (ARRS) meeting, the KPPA staff proceeded with filing amendments to 105 KAR 1:210,

¹ As a reminder, Section 45 of House Bill 484 (2020) provides that administrative regulations promulgated by the Board of Trustees of the Kentucky Retirement Systems prior to April 1, 2021 on behalf of the County Employees Retirement System shall continue to apply to the County Employees Retirement System after the County Employees Retirement System Board separation on April 1, 2021. Additionally, the KPPA Office of Legal Services is in the process of working with the staff of the Legislative Research Commission to reorganize the administrative regulations previously promulgated for the Kentucky Retirement Systems into (1) administrative regulations promulgated by the KPPA for both the Kentucky Retirement Systems and the County Employees Retirement System, (2) administrative regulations promulgated by the Board of Trustees of the Kentucky Retirement Systems for the Kentucky Retirement Systems, and (3) administrative regulations promulgated by the Board of Trustees of the County Employees Retirement System for the County Retirement System. When this reorganization occurs, all three of the regulations addressed in this Memo will be listed as administrative regulations promulgated by the KPPA for both the Kentucky Retirement Systems and the County Employees Retirement System.

Disability procedures; 105 KAR 1:310, Fred Capps Memorial Act; and 105 KAR 1:330, Purchase of service credit, with LRC without the KPPA Board having reviewed and approved them.² The regulations were brought before the KPPA Board at its last meeting on September 8, 2021, where the KPPA Board tabled the discussion of them. The KPPA staff again requests ratification of the amended regulations filed with LRC. Below is an overview of the amended regulations that were filed.

105 KAR 1:210, Disability procedures:

105 KAR 1:210, Disability procedures, addresses purely day-to-day functions necessary to administer disability retirement benefits for both the Kentucky Retirement Systems and the County Employees Retirement System. This regulation details the process of applying for hazardous and nonhazardous disability retirement benefits,³ the process of review by contract medical examiners to determine eligibility to receive disability retirement benefits, the process for appealing a determination of ineligibility, and the processes for payment of disability retirement benefits, when approved. Finally, this regulation incorporates numerous forms by reference that are used by the KPPA Division Disability and Survivor Benefits to facilitate the aforementioned processes.

In the amendment, substantial updates have been made to 105 KAR 1:210, Disability procedures, in order to more clearly outline the process of applying for both nonhazardous and hazardous disability retirement benefits via the KPPA. The amendments to 105 KAR 1:210, Disability procedures, also modernize this regulation to reflect the use of KPPA's Member Self-Service website and the use of electronic communications, where appropriate. The amendments to this regulation further acknowledge the KPPA's use of a third-party vendor, currently MMRO, to facilitate medical examiner reviews of disability retirement applications and accompanying records. Finally, the amendments to 105 KAR 1:210, Disability procedures, include updated and revised forms used in the disability retirement process.

105 KAR 1:310, Fred Capps Memorial Act:

105 KAR 1:310, Fred Capps Memorial Act, likewise addresses purely day-to-day functions necessary to administer duty-related disability and survivor benefits for nonhazardous members of both the Kentucky Retirement Systems and the County Employees Retirement System. This regulation details the process of applying for nonhazardous duty-related disability and survivor benefits, the process of review by contract medical examiners to determine eligibility to receive duty-related disability or survivor benefits, the process for appealing a determination of ineligibility, and the processes for payment of duty-related benefits, when approved. This regulation additionally addresses some areas that differ from disability retirement benefits, such as the payment of dependent child benefits. Finally, this regulation incorporates numerous forms by reference that are used by the KPPA Division Disability and Survivor Benefits to facilitate the aforementioned processes.

In the amendment, substantial updates have been made to 105 KAR 1:310, Fred Capps Memorial Act, in order to more clearly outline the process of applying for nonhazardous duty-related disability and survivor benefits via the KPPA. The amendments to 105 KAR 1:310, Fred Capps Memorial Act, also modernize this regulation to reflect the use of KPPA's Member Self-Service website and the use of

² The amended regulations are all signed by the KPPA Executive Director in accordance with Section 1.4(V.) of the KPPA Board Bylaws.

³ Nonhazardous duty-related disability and survivor benefits are addressed in 105 KAR 1:310, discussed below. The KPPA staff is working on a new regulation regarding hazardous duty-related disability and survivor benefits.

electronic communications, where appropriate. The amendments to this regulation further acknowledge the KPPA's use of a third-party vendor, currently MMRO, to facilitate medical examiner reviews of applications for nonhazardous duty-related benefits and accompanying records. Finally, the amendments to 105 KAR 1:310, Fred Capps Memorial Act, include updated and revised forms used in the nonhazardous duty-related benefit process.

105 KAR 1:330, Purchase of service credit:

105 KAR 1:330, Purchase of service credit, addresses purely day-to-day functions necessary to facilitate service purchases with the Kentucky Retirement Systems and the County Employees Retirement System. This regulation details the process involved in providing service purchase cost estimates and the submission of forms and documents necessary for purchasing various types of service credit. Finally, this regulation incorporates numerous forms by reference that are used by the KPPA Division of Member Services for service credit purchases.

In the amendment, updates have been made to 105 KAR 1:330, Purchase of service credit, in order to make this regulation more consistent with recent changes in House Bill 9 (2021) to the statutes governing purchases of service credit with the Kentucky Retirement Systems and the County Employees Retirement System. The amendments to this regulation further reflect the use of KPPA's Member Self-Service website and the use of electronic communications, where appropriate. Finally, the amendments to 105 KAR 1:330, Purchase of service credit, include updated and revised forms used to purchase service credit.

Staff Recommendation:

The Office of Legal Services renews its request that the KPPA Board review the attached materials and ratify the amendments to 105 KAR 1:210, Disability procedures; 105 KAR 1:310, Fred Capps Memorial Act; and 105 KAR 1:330, Purchase of service credit, filed with LRC.

FILED WITH LRC
TIME: 11:17 AM
JUL 29 2021
Emily B Caudill
REGULATIONS COMPILER

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Retirement Systems

3 (Amendment to Administrative Regulation)

4 105 KAR 1:210. Disability procedures.

5 RELATES TO: KRS 16.505-16.652, 61.505~~[14]~~-61.705, 78.510-78.852, 344.030, 29

6 C.F.R. Part 1630, 42 U.S.C. 12111(9)

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

8 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(f)~~[61.645(9)(g)]~~

9 authorizes the Kentucky Public Pensions Authority~~[Board of Trustees of Kentucky~~
10 ~~Retirement Systems]~~ to promulgate all administrative regulations on behalf of the
11 Kentucky Retirement Systems and the County Employees Retirement System that are
12 consistent with~~[necessary or proper in order to carry out the provisions of]~~ KRS
13 61.510~~[61.515]~~ to 61.705, 16.505~~[16.540]~~ to 16.652, and 78.510~~[78.520]~~ to 78.852. KRS
14 16.582, 78.5524, 61.600, 78.5522, [and] 61.665, and 78.545 establish~~[provide for]~~ a
15 process for applying for disability retirement benefits to members of the Kentucky
16 Employees Retirement System, the State Police Retirement System, and the County
17 Employees Retirement System~~[retirement systems]~~ and a process for administrative
18 appeal of a denial of an application or reapplication for disability retirement benefits. This
19 administrative regulation establishes the procedure for filing an application or

1 reapplication for disability retirement benefits and the procedures for filing an
2 administrative appeal of a denial of an application for disability retirement benefits.

3 Section 1. Definitions.

4 (1) Definitions contained in KRS 16.505, 61.510, and 78.510 shall apply to this
5 regulation, unless otherwise defined herein.

6 (2) Prior to April 1, 2021, "the Agency" means the Kentucky Retirement Systems,
7 which administers the State Police Retirement System, the Kentucky Employees
8 Retirement System, and the County Employees Retirement System. Effective April 1,
9 2021, "the Agency" means the Kentucky Public Pension Authority, which is authorized to
10 carry out the day-to-day administrative needs of the Kentucky Retirement Systems
11 (comprised of the State Police Retirement System and the Kentucky Employees
12 Retirement System) and the County Employees Retirement System.

13 (3) "Applicant" means a member or retired member of the State Police Retirement
14 System, the Kentucky Employees Retirement System, or the County Employees
15 Retirement System (or a member or retired member of multiple Systems) who has applied
16 or is applying for disability retirement benefits in accordance with KRS 16.582, 78.5524,
17 61.600, 78.5522, 61.665, and 78.545.

18 (4) Prior to April 1, 2021, "DAC" means the Disability Appeals Committee of the
19 Board of Trustees of the Kentucky Retirement Systems. Effective April 1, 2021, "DAC"
20 means the separate or joint Disability Appeals Committees of the Board of Trustees of
21 the Kentucky Retirement Systems and the Board of Trustees of the County Employees
22 Retirement System in accordance with KRS 61.665(4) and 78.545.

1 (5) "File" means the following methods for delivering or submitting a form or other
2 documents to the retirement office, unless otherwise stated: mail, fax, in-person delivery,
3 secure email, and upload via Self Service on the Web site maintained by the Agency (if
4 available). A form or other document shall not be deemed filed until it has been received
5 at the retirement office.

6 (6) "Participating employers" means employers participating in the State Police
7 Retirement System, the Kentucky Employees Retirement System, and the County
8 Employees Retirement System.

9 (7) "Provide," when used in reference to a form, means the following methods for
10 the Agency to make a form available to a member, retired member, or beneficiary: mail,
11 fax, secure email, and upload via Self Service on the Web site maintained by the Agency
12 (if available).

13 (8) For the purposes of this regulation only, "recipient" means a retired member of
14 the State Police Retirement System, the Kentucky Employees Retirement System, or the
15 County Employees Retirement System (or a retired member of multiple Systems) who is
16 receiving disability retirement benefits in accordance with KRS 16.582, 78.5524, 61.600,
17 78.5522, 61.665, and 78.545.

18 (9) "The Systems" means the State Police Retirement System, the Kentucky
19 Employees Retirement System, and the County Employees Retirement System.

20 (10) "Valid," when used in reference to a form, means that all required sections on
21 a form are completed and all required signatures on a form are executed.

1 (11) "Invalid," when used in reference to a form, means that the form is deficient
2 and shall not be accepted or processed by the Agency. ~~[(1) An application or reapplication~~
3 ~~for disability benefits shall be made on "Form 6000, Notification of Retirement".~~

4 ~~(2)(a) The application or reapplication shall be filed at the retirement systems within~~
5 ~~twenty-four (24) months, which is 730 calendar days, of the applicant's last day of paid~~
6 ~~employment in a regular full-time position.~~

7 ~~(b) The time period for filing an application or reapplication for disability retirement~~
8 ~~benefits shall begin on the day after the applicant's last day of paid employment in the~~
9 ~~regular full-time position and shall end at close of business on the following 730th day.~~

10 ~~(c) If the last day of the period is a Saturday, Sunday, or state or federal holiday, then the~~
11 ~~application shall be valid if filed at the retirement systems by the close of the next business~~
12 ~~day following the weekend or holiday.~~

13 ~~(d) The applicant's employer shall certify the applicant's last day of paid employment.~~

14 ~~(e) An application or reapplication may be submitted prior to the applicant's last day of~~
15 ~~paid employment.]~~

16 Section 2. Use of third-party vendors.

17 (1) The Agency may contract with third-party vendors to act on its behalf
18 throughout the disability retirement application and review process. The Agency may also
19 contract with third-party vendors to act on its behalf throughout the periodic review,
20 reinstatement review, and employment review processes.

21 (2) The Agency may utilize independent, licensed physicians provided by third-
22 party vendors to serve as medical examiners pursuant to KRS 61.665 and 78.545. Third-

1 party vendors may also provide additional persons to fulfill non-physician roles throughout
2 the disability retirement application process.

3 (3) For purposes of this regulation, third-party vendors may act on behalf of the
4 Agency and the Systems with all the rights and responsibilities therein.~~[(1) If the applicant~~
5 ~~is eligible to begin drawing early retirement benefits, the applicant shall be notified of the~~
6 ~~right to receive a retirement allowance while the disability application is being processed.~~
7 ~~(2) Election of early retirement by the applicant shall not affect the application for disability~~
8 ~~retirement.]~~

9 Section 3. Filing an application or reapplication for disability retirement benefits.

10 (1) An application for disability retirement benefits or a reapplication for disability
11 retirement benefits shall be made on the Form 6000, "Notification of Retirement."

12 (2) (a)1. A reapplication for disability retirement benefits based on the same claim
13 of incapacity shall be accompanied by new objective medical evidence not previously
14 considered with prior applications.

15 2. An applicant shall have one hundred eighty (180) days from the date the
16 reapplication for disability retirement benefits based on the same claim of incapacity is on
17 file at the retirement office in which to file new objective medical evidence not previously
18 considered with prior applications.

19 3. If the last day of the period described in subparagraph 2. of this paragraph is a
20 Saturday, Sunday, a public holiday listed in KRS 2.110, a day on which the retirement
21 office is actually and legally closed, or any other state or federal holiday that disrupts mail
22 service, then the deadline shall be satisfied if the required forms, certification, information,
23 and/or request are on file at the retirement office by the close of the next business day.

1 4. A reapplication for disability retirement benefits based on the same claim of
2 incapacity that is accompanied by new objective medical evidence shall be reviewed in
3 conjunction with the objective medical evidence, forms, and information filed with all
4 previous applications.

5 (b) A reapplication for disability retirement benefits based on the same claim of
6 incapacity that is unaccompanied by new objective medical evidence that was not
7 considered with previous applications within one hundred eighty (180) days of filing of the
8 reapplication shall be invalid and shall not be accepted or considered by the Agency.

9 (3) A reapplication for disability retirement benefits that is filed subsequent to a
10 prior application for disability retirement benefits and is based on an entirely different
11 claim of incapacity will be treated in the same manner as a reapplication for disability
12 retirement benefits based on the same claim of incapacity under subsection (2) of this
13 Section.

14 (4)(a) Pursuant to KRS 16.582, 78.5524, 61.600, and 78.5522, the twenty-four (24)
15 month period after the applicant's last day of paid employment during which the applicant
16 must have a valid application on file at the retirement office shall consist of seven hundred
17 thirty (730) calendar days.

18 (b) If the 730th day is on a Saturday, Sunday, a public holiday listed in KRS 2.110,
19 a day on which the retirement office is actually and legally closed, or any other state or
20 federal holiday that disrupts mail service, then the application shall be timely if filed at the
21 retirement office by the close of the next business day.

1 (c) If a valid application or reapplication for disability retirement benefits is not on
2 file at the retirement office at the close of business on the 730th day, then the application
3 or reapplication is not timely and the applicant is not qualified to retire on disability.

4 (d)1. The applicant's last day of paid employment shall either be certified by the
5 applicant's employer or filed by the applicant and corroborated by the reporting
6 information received by the Agency from the applicant's employer.

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

10 (5) An application or reapplication may be filed prior to the applicant's last day of
11 paid employment but no earlier than six (6) months prior to the applicant's last day of paid
12 employment.

13 Section 4. Forms required with disability retirement application or reapplication.

14 (1) In addition to a valid application or reapplication for disability retirement benefits
15 in accordance with Section 3, the applicant shall be required to file the following forms
16 and information with the retirement office prior to review by the medical examiners under
17 KRS 61.665 and 78.545:

18 (a) A valid Form 8035, "Employee Job Description;"

19 (b) A valid Form 8040, "Prescription and Nonprescription Medications;"

20 (c) Supporting medical information; and

21 (d) Once all supporting medical information has been submitted, a valid Form
22 8001, "Certification of Application for Disability Retirement and Supporting Medical
23 Information."

1 (2) The applicant's employer shall complete and submit to the retirement office a
2 Form 8030, "Employer Job Description," for all initial applications for disability retirement
3 benefits.

4 (3) Both the applicant and the employer shall file information regarding the
5 applicant's request for reasonable accommodations as required by KRS 61.665(2)(a),
6 61.665(2)(b), and 78.545.

7 (4) The applicant and the applicant's employer shall file or submit additional
8 information regarding the applicant's job duties and reasonable accommodations upon
9 request by the Agency or a third-party vendor on its behalf.

10 (5) For a reapplication for disability retirement benefits, the applicant's employer
11 shall be required to complete and submit to the retirement office an updated Form 8030,
12 "Employer Job Description," and additional information on reasonable accommodations
13 as described in subsection (3) of this Section only if the applicant's job duties or the
14 reasonable accommodation information have changed since the prior application.

15 (6) The Agency or its contracted third-party vendor shall provide to the medical
16 examiners the application or reapplication for disability retirement benefits and all forms
17 and information listed in subsections (1) and (5) of this Section upon submission of a valid
18 Form 8001, "Certification of Application for Disability Retirement and Supporting Medical
19 Information."

20 (7)(a) The one hundred eighty (180) day period to file all necessary forms,
21 certifications, and information under KRS 61.665(2)(a) and 78.545 and this Section shall
22 begin on the day the applicant's valid Form 6000, "Notification of Retirement," that

1 complies with Section 3 is on file at the retirement office and shall end at close of business
2 on the last day of the prescribed time period.

3 (b) Pursuant to KRS 61.665(2)(f), 61.665(2)(h), 61.665(3)(a), and 78.545, the one
4 hundred eighty (180) day period to appeal the recommended denial of disability
5 retirement benefits by two (2) or more of the three (3) medical examiners reviewing the
6 objective medical evidence shall begin on the day the notification of the recommendation
7 of the medical examiners is mailed by the Agency, or a third-party vendor on its behalf,
8 and shall end at close of business on the last day of the prescribed time period.

9 (c) If the last day of the period described in paragraphs (a) or (b) of this subsection
10 is a Saturday, Sunday, a public holiday listed in KRS 2.110, a day on which the retirement
11 office is actually and legally closed, or any other state or federal holiday that disrupts mail
12 service, then the deadline shall be satisfied if the forms, certification, information, appeals,
13 and/or requests required by KRS 61.665 and 78.545 and this Section are on file at the
14 retirement office by the close of the next business day.

15 Section 5. Effect of subsequent disability retirement reapplication while a prior application
16 or reapplication is still pending.

17 (1) If a subsequent valid reapplication for disability retirement benefits that
18 complies with Section 3 is filed at the retirement office while a prior application or
19 reapplication is pending review by the medical examiners under KRS 61.665 and 78.545,
20 then the subsequent reapplication shall be accepted solely for the purpose of designating
21 a new beneficiary in accordance with KRS 61.542 and 78.545. The subsequent
22 reapplication shall not be submitted for review by the medical examiners.

1 (2)(a) If a subsequent valid reapplication for disability retirement benefits that
2 complies with Section 3 is filed at the retirement office after an applicant has requested
3 an administrative hearing to appeal the denial of an earlier application or reapplication for
4 disability retirement benefits, but prior to a Final Order of DAC regarding the earlier
5 application or reapplication, then the subsequently filed reapplication shall be deemed a
6 notice of intent to dismiss the request for administrative hearing unless the applicant
7 simultaneously files a written statement that the subsequently filed reapplication has been
8 filed solely for the purpose of designating a new beneficiary in accordance with KRS
9 61.542 and 78.545.

10 (b) A subsequently filed reapplication as described in paragraph (a) of this
11 subsection shall not be processed by the Agency until thirty-one (31) days after the entry
12 of a Final Order of DAC dismissing the previously requested administrative appeal, except
13 that a new beneficiary designated on the subsequently filed reapplication in accordance
14 with KRS 61.542 and 78.545 shall be effective immediately.

15 (c) All evidentiary filings made during an administrative hearing process to appeal
16 the denial of an earlier application or reapplication for disability retirement benefits shall
17 be included in the information provided to the medical examiners for review of the
18 subsequently filed reapplication.

19 (3)(a)1. If a subsequent valid reapplication for disability retirement benefits is filed
20 at the retirement office after DAC has issued a Final Order denying a prior application or
21 reapplication for disability retirement benefits and during the statutory time for appeal of
22 the Final Order or after an appeal of the Final Order has been made, then the

1 subsequently filed reapplication shall be accepted solely for the purpose of designating a
2 new beneficiary in accordance with KRS 61.542 and 78.545.

3 2. The subsequent reapplication as described in subparagraph 1. of this paragraph
4 shall not be submitted for review by the medical examiners, unless the applicant
5 simultaneously files a written statement that the applicant will not appeal the Final Order
6 of DAC or has withdrawn any pending appeal of a Final Order of DAC.

7 (b) If a subsequent valid reapplication for disability retirement benefits is filed at
8 the retirement office after DAC has issued a Final Order denying an application or
9 reapplication for disability retirement benefits, all applicable statutory time for appeals of
10 the Final Order have lapsed, and the reapplication complies with KRS 16.582, 78.5524,
11 61.600, 78.5522, and Section 3 of this regulation, then the subsequently filed
12 reapplication for disability retirement benefits shall be valid.

13 Section 6. Eligibility for early or normal retirement benefits at the time of application for
14 disability retirement benefits.

15 (1)(a) If the applicant is eligible to receive early or normal retirement benefits at the
16 time a valid Form 6000, "Notification of Retirement," for disability retirement benefits that
17 complies with Section 3 is filed at the retirement office, the Agency shall treat a valid Form
18 6000, "Notification of Retirement," as also being an application for early or normal
19 retirement benefits.

20 (b) If the applicant becomes eligible to receive early or normal retirement benefits
21 while the application for disability retirement benefits is pending or an appeal of the denial
22 of disability retirement benefits is pending, the Agency shall treat a valid Form 6000,
23 "Notification of Retirement," of the applicant that complies with Section 3 as also being an

1 application for early or normal retirement benefits upon written request by the applicant
2 filed at the retirement office.

3 (2) If the applicant has terminated employment from all participating employers and
4 the applicant's Form 6000, "Notification of Retirement," is also an effective application for
5 early or normal retirement benefits pursuant to subsection (1) of this Section, the Agency
6 shall provide a Form 6010, "Estimated Retirement Allowance," for early or normal
7 retirement benefits to the applicant.

8 (3)(a) An application for disability retirement benefits on the Form 6000, "Notification
9 of Retirement," that is also an effective application for early retirement benefits pursuant
10 to subsection (1) of this Section shall not be affected if the applicant fails to have a valid
11 Form 6010, "Estimated Retirement Allowance," for early retirement benefits on file at the
12 retirement office within six (6) months following termination from all employment with
13 participating employers in accordance with KRS 61.590(5)(b) and 78.545, so long as the
14 application for disability retirement benefits is still pending medical examiner review,
15 administrative action, or judicial review.

16 (b) If the applicant has been provided with a Form 6010, "Estimated Retirement
17 Allowance," for early retirement benefits in accordance with subsection (2) of this Section
18 and the applicant does not have a valid Form 6010, "Estimated Retirement Allowance,"
19 for early retirement benefits on file at the retirement office within six (6) months following
20 termination from all employment with participating employers, then in order to receive
21 early retirement benefits the applicant shall be required to file a new Form 6000,
22 "Notification of Retirement," solely for early retirement benefits in accordance with KRS
23 61.590(5)(b) and 78.545.

1 (c) If the applicant is required to file a new valid Form 6000, "Notification of
2 Retirement," specifically for early retirement benefits as described in paragraph (b) of this
3 subsection and designates a different beneficiary than designated on the original Form
4 6000, "Notification of Retirement," for disability retirement benefits, then the beneficiary
5 designation on the later Form 6000, "Notification of Retirement," specifically for early
6 retirement benefits shall supersede any prior beneficiary designation pursuant to KRS
7 61.542 and 78.545.

8 Section 7. Requests for additional objective medical evidence by the medical examiners.

9 (1) A medical examiner reviewing an application or reapplication for disability
10 retirement benefits pursuant to KRS 61.665 and 78.545 may place their recommendation
11 on hold and request additional objective medical evidence.

12 (2) If two (2) or more of the three (3) medical examiners reviewing an application or
13 reapplication for disability retirement benefits place their recommendation on hold and
14 request additional objective medical evidence, then the Agency, or a third-party vendor,
15 shall notify the applicant of the medical examiner's request for additional objective
16 medical evidence. The applicant shall have sixty (60) days from the date of the notification
17 to file the requested objective medical evidence along with a valid Form 8001,
18 "Certification of Application for Disability Retirement and Supporting Medical Information,"
19 to the retirement office.

20 (3) If there is no majority recommendation by the three (3) medical examiners
21 reviewing an application or reapplication for disability retirement benefits because one (1)
22 medical examiner recommends approval, one (1) medical examiner recommends denial,
23 and one (1) medical examiner requests additional objective medical evidence, then the

1 Agency, or a third-party vendor, shall notify the applicant of the medical examiner's
2 request for additional objective medical evidence. The applicant shall have sixty (60) days
3 from the date of the notification to file the requested objective medical evidence along
4 with a valid Form 8001, "Certification of Application for Disability Retirement and
5 Supporting Medical Information," to the retirement office.

6 (4)(a) Upon receipt of the requested additional objective medical evidence with a
7 valid Form 8001, "Certification of Application for Disability Retirement and Supporting
8 Medical Information," the Agency, or a third-party vendor, shall resubmit the matter,
9 including any additional objective medical evidence submitted in response to the medical
10 examiner's request, to all three (3) medical examiners and the medical examiners shall
11 issue new recommendations.

12 (b) Upon the expiration of sixty (60) days from the date of the notification, if no
13 additional objective medical evidence with a valid Form 8001, "Certification of Application
14 for Disability Retirement and Supporting Medical Information," is on file at the retirement
15 office, the Agency, or a third-party vendor, shall resubmit the matter to only the medical
16 examiner(s) that placed their recommendation on hold and the medical examiner(s) shall
17 issue a new recommendation.

18 Section 8. Medical or psychological examination required at the expense of the Agency.

19 ~~[(1) The applicant shall complete and submit to the retirement systems a "Form 8035,~~
20 ~~Employee's Job Description". The applicant's employer shall complete and submit to the~~
21 ~~retirement systems a "Form 8030, Employer's Job Description". Both the applicant and~~
22 ~~the employer shall provide information regarding applicant's request for reasonable~~

1 accommodations and the reasonable accommodations available to applicant, whether or
2 not the applicant actually accepted the reasonable accommodations.

3 (2) The retirement systems may require additional details from the applicant and the
4 applicant's employer regarding the applicant's job duties, if necessary.

5 Section 4.]

6 (1) If the Agency[retirement systems] requires an applicant to submit to a medical
7 or psychological examination under KRS 61.665(2)(j) and 78.545 or KRS 61.665(3)(c)
8 and 78.545, the Agency[retirement systems] shall reimburse the applicant for mileage
9 from the applicant's home address as it is on file at the retirement office[systems], to the
10 place of the examination or evaluation, and returning to the applicant's home address on
11 file at the retirement office[systems]. The applicant shall be reimbursed for the most direct[
12 and usually traveled] routes.

13 (2)(a)[Mileage shall be based on the MapQuest website, Google Maps website,
14 the "Kentucky Official Highway Map", mileage software, or the most recent edition of the
15 "Rand McNally Road Atlas."] The applicant shall complete and file[submit] a Form 8846,
16 "Independent Examination Travel Voucher," indicating the mileage the applicant traveled
17 from the applicant's home address as it is on file at the retirement office[systems], to the
18 place of the examination or evaluation, and returning to the applicant's home address on
19 file at the retirement office[systems]. The applicant shall also indicate any actual parking
20 costs and any actual bridge or highway toll charges on the most direct route on the Form
21 8846, "Independent Examination Travel Voucher."[The applicant shall use the most direct
22 and usually traveled routes.]

1 **(b) The applicant shall file the Form 8846, "Independent Examination Travel**
2 **Voucher" and all necessary receipts at the retirement office within fifteen (15) days of the**
3 **examination or evaluation in order to be reimbursed for mileage, actual parking costs,**
4 **and any actual bridge or highway toll charges as described in subsections (3) through (6)**
5 **of this Section.**

6 **(3)(a) Mileage shall be based on the MapQuest Web site, Google Maps Web site,**
7 **the "Kentucky Official Highway Map," or the most recent edition of the "Rand McNally**
8 **Road Atlas."**

9 **(b) The mileage certified by the applicant on the Form 8846, "Independent**
10 **Examination Travel Voucher," shall not be greater than the mileage indicated by the**
11 **MapQuest Web site, Google Maps Web site, the "Kentucky Official Highway Map," [",**
12 **mileage software,] or the most recent edition of the "Rand McNally Road Atlas" for the**
13 **most direct[and usually traveled] route from applicant's home address as it is on file at**
14 **the retirement office[systems], to the place of the examination or evaluation, and returning**
15 **to the applicant's home address on file at the retirement office[systems].**

16 **(c) If the mileage certified by the applicant on the Form 8846, "Independent**
17 **Examination Travel Voucher," is greater than the mileage indicated by the MapQuest Web**
18 **site, Google Maps Web site, the "Kentucky Official Highway Map," [", mileage software,]**
19 **or the most recent edition of the "Rand McNally Road Atlas" for the most direct route, the**
20 **Agency[retirement systems] shall pay the applicant the mileage indicated by the**
21 **MapQuest Web site, Google Maps Web site, the "Kentucky Official Highway Map," [",**
22 **mileage software,] or the most recent edition of the "Rand McNally Road Atlas" ["-"] for the**
23 **most direct route.**

1 (4) Reimbursement for use of a privately owned vehicle shall be made at the
2 Internal Revenue Service[IRS] established standard mileage rate applicable at the time
3 of travel[which changes periodically; and shall not exceed the cost of commercial coach
4 fare].

5 (5) Actual costs for parking shall be reimbursed upon submission of receipts.[The
6 applicant shall submit the originals of the parking receipts along with a written request for
7 reimbursement].

8 (6) Actual[Actually] bridge and highway toll charges shall be reimbursed if the
9 bridge or highway is on the most direct[and usually traveled] route.[The applicant shall
10 submit the originals of the bridge and highway toll receipts along with a written request
11 for reimbursement.

12 ~~(7) The applicant shall file at the retirement office a completed Form 8846, Independent~~
13 ~~Examination Travel Voucher, within fifteen (15) days of the date of the examination or~~
14 ~~evaluation in order to receive reimbursement for travel expenses.~~

15 ~~Section 5. The applicant shall provide to the retirement system information concerning~~
16 ~~his continuing status with regard to receipt of Workers' Compensation and Social Security~~
17 ~~disability benefits.~~

18 ~~Section 6. (1) The applicant shall complete and submit a "Form 8001, Certification of~~
19 ~~Application for Disability Retirement and Supporting Medical Information." The applicant~~
20 ~~shall attach all medical information, forms, and other information for review by the medical~~
21 ~~examiners to the "Form 8001, Certification of Application for Disability Retirement and~~
22 ~~Supporting Medical Information."~~

1 ~~(2) The retirement systems shall submit the completed "Form 8001, Certification of~~
2 ~~Application for Disability Retirement and Supporting Medical Information" and all the~~
3 ~~attached information to the medical examiners upon receipt by the retirement systems.~~

4 ~~(3) The time periods prescribed in KRS 61.600 and 61.665 shall begin on the day the~~
5 ~~notification of the recommendation of the medical examiners is mailed by the retirement~~
6 ~~systems and shall end at close of business on the last day of the prescribed time period.~~

7 ~~(4) If the last day of the period is a Saturday, Sunday, or state or federal holiday, then the~~
8 ~~application shall be valid if filed at the retirement systems by the close of the next business~~
9 ~~day following the weekend or holiday.~~

10 ~~(5) An applicant's request for a formal hearing shall be made in writing.~~

11 ~~(6) Statements by the physicians shall not be considered medical evidence unless~~
12 ~~accompanied by documented medical records or test results.~~

13 ~~Section 7. The medical examiner may contact the applicant or the applicant's physicians~~
14 ~~to request additional medical evidence as necessary.]~~

15 Section 9. Social Security and Workers' Compensation benefits.

16 (1) The applicant shall notify the Agency of his or her intent to apply for Workers'
17 Compensation or disability benefits from the Social Security Administration.

18 (2) The applicant shall file information concerning his or her status with regard to
19 receipt of Workers' Compensation and Social Security disability benefits at the retirement
20 office.

21 (3) Upon receipt of approval for Workers' Compensation or disability benefits from
22 the Social Security Administration, the applicant shall file at the retirement office a copy
23 of the approval notice containing the amount of the award or payments. For Workers'

1 Compensation settlements, the applicant shall file a copy of the settlement signed by the
2 Administrative Law Judge.

3 (4) To determine the maximum benefit under KRS 61.607 and 78.5530, the following
4 shall be added together:

5 (a) The applicant's gross monthly disability retirement allowance determined in
6 accordance with KRS 61.605 and 78.5522 or 16.582 and 78.5522, excluding payments
7 to dependent children and before any actuarial reduction for purposes of an optional
8 retirement plan under KRS 61.635 and 78.545 or 16.576, converted to an annual amount.

9 (b) The applicant's total gross monthly benefit from Workers' Compensation
10 excluding spouse or dependent benefits and allowances. If the applicant's benefit
11 includes a lump sum payment or a payment for a period less than the applicant's lifetime,
12 then an annualized benefit shall be determined as follows:

13 1. The gross amount of any lump sum payment shall be divided by the applicant's
14 life expectancy, expressed in years, from the applicant's effective date of retirement.

15 2. The total gross amount of all payments paid for any period other than the
16 applicant's lifetime shall be divided by the applicant's life expectancy, expressed in years,
17 from the applicant's effective date of retirement.

18 3. The total determined in subparagraphs 1 and 2 of this paragraph shall be
19 combined and added to the total gross annual amount of the applicant's lifetime benefit,
20 if any.

21 (c) The applicant's gross monthly disability benefit from the Social Security
22 Administration, excluding spouse or dependent benefits converted to an annual amount.

1 (5) If the projected combined monthly benefit exceeds 100 percent of the disabled
2 employee's final rate of pay or final compensation, whichever is greater, the disability
3 retirement allowance from the systems operated by the Agency shall be reduced as
4 follows:

5 (a) The difference shall be divided by twelve (12) and subtracted from the applicant's
6 monthly retirement allowance determined in accordance with KRS 61.605 and 78.5522
7 or 16.582 and 78.5522, excluding payments to dependent children and before any
8 actuarial reduction for purposes of an optional retirement plan under KRS 61.635 and
9 78.545 or 16.576.

10 (b) The actuarial reduction for the applicant's optional plan under KRS 61.635 and
11 78.545 or 16.576 shall be applied to determine the applicant's monthly retirement
12 allowance. The reduction shall apply to all retirement allowances received since the date
13 the combined benefits exceeded 100 percent of the higher of the applicant's final
14 compensation or final rate of pay based on the effective dates of the individual benefits.

15 (6) The disability retirement allowance payable shall not be reduced below an
16 amount that would result from a computation of retirement allowance under early
17 retirement or the disability retirement allowance from the systems operated by the Agency
18 using the applicant's actual total service, whichever is greater.

19 (7)(a) Failure to respond to requests from the Agency for information concerning a
20 recipient's status with regard to receipt of Workers' Compensation and Social Security
21 disability benefits may result in the Agency putting the recipient's monthly benefit on hold.

22 (b) Monthly benefits held for failure to respond to a request for information
23 concerning a recipient's status with regard to receipt of Workers' Compensation and

1 Social Security disability benefits will be paid to the recipient once the recipient files the
2 requested information at the retirement office.

3 Section 10. Administrative hearings concerning the denial of disability retirement
4 benefits.

5 (1)(a) A request by the applicant for an administrative hearing to appeal the denial
6 of disability retirement benefits under KRS 61.665 and 78.545 shall be made in writing
7 and contain a short statement of the issues being appealed.

8 (b) An applicant's written request for an administrative hearing to appeal the denial
9 of disability retirement benefits shall be filed at the retirement office. Email requests shall
10 not be accepted.

11 (2)[Section 8. (1)] The hearing officer presiding over an administrative hearing may
12 allow the applicant to introduce, among other evidence, the determination of other state
13 and federal agencies, including, but not limited to the Kentucky Department of Workers'
14 Claims and the [Workers' Compensation or] Social Security Administration, approving the
15 applicant for [awarding disability] benefits [to the applicant] if accompanied by underlying
16 objective medical evidence.

17 (3)[(2)] The hearing officer presiding over an administrative hearing shall consider
18 only objective medical evidence records contained within the determination and shall not
19 consider or be bound by vocational factors or [be bound by] factual or legal findings of
20 other state or federal agencies.

21 (4) Statements by physicians within the administrative record of the application or
22 reapplication for disability retirement benefits shall not be considered by themselves to

1 be objective medical evidence unless accompanied by documented medical records or
2 test results.

3 Section 11[9]. Provisions applicable to applicants with hazardous and nonhazardous
4 service.

5 (1) ~~[The provisions of this section shall only apply to a member who began~~
6 ~~participating on or before July 31, 2004.~~

7 (2) ~~If an application for disability is approved, the applicant's disability benefit shall~~
8 ~~be paid retroactive to the month following the month of the applicant's last day of paid~~
9 ~~employment.~~

10 ~~(3)]~~The service added for determining the disability retirement allowance shall be
11 determined under KRS 16.582 and 78.5524 if the applicant's last day of paid employment
12 was in a hazardous position, or under KRS 61.605 and 78.5522 if the applicant's last day
13 of paid employment was in a nonhazardous position.

14 ~~(2)[(4)]~~ If the applicant has both hazardous and nonhazardous service in the same
15 system, the added service shall be prorated between hazardous and nonhazardous
16 service based on the proportion of service in each position to the whole, except that all of
17 the added service shall be applied toward the nonhazardous retirement allowance if:

18 (a) The applicant is disabled from a hazardous position as a result of an act in line
19 of duty; and

20 (b) Twenty-five (25) percent of the applicant's final rate of pay is greater than the
21 hazardous disability retirement allowance determined using the prorated added service.

22 ~~(3)[(5)]~~ If the applicant has service in more than one (1) system administered by
23 the Kentucky Retirement Systems or the County Employees Retirement System, the

1 added service shall be prorated between the systems based on the proportion of service
2 in each system to the whole, except if the applicant is disabled from a hazardous position
3 in one (1) system as a result of an act in line of duty and twenty-five (25) percent of the
4 applicant's final rate of pay is greater than the hazardous disability retirement allowance
5 determined using the prorated added service:

6 (a) All of the added service shall be applied toward the nonhazardous retirement
7 system if the applicant is vested for disability retirement benefits from the nonhazardous
8 system.

9 (b) All of the added service shall be applied toward the hazardous retirement
10 system if the applicant is not vested for disability retirement benefits from the
11 nonhazardous system.

12 Section 12[(40)]. Back payment of enhanced disability retirement allowance.

13 (1) If the applicant [~~who~~] is awarded disability retirement benefits and did not
14 receive early or normal retirement benefits, [~~upon the applicant's selection of a payment~~
15 ~~option,~~] the Agency[retirement systems] shall pay the applicant the total monthly
16 retirement allowances payable retroactive to the month following the month of the
17 applicant's last day of paid employment[~~from the effective date of disability retirement~~].

18 (2)(a) If the applicant received early or normal retirement benefits, the
19 Agency[retirement systems] shall calculate and pay to the applicant the difference
20 between the early or normal retirement benefit which was paid to the applicant and the
21 disability retirement benefit.

22 (b) The applicant shall not change the beneficiary named or[his] the payment
23 option selected upon early or normal retirement except as provided in KRS 61.542(5)(a).

1 ~~61.542(5)(b), and 78.545. (3) If benefits are payable to dependent children, as defined in~~

2 ~~KRS 16.505(17), the parent or guardian shall provide:~~

3 ~~(a) A completed Form 6456, Designation of Dependent Child;~~

4 ~~(b) A verification of full-time student status of a child age eighteen (18) or over;~~

5 ~~(c) A copy of the birth certificate of each dependent child;~~

6 ~~(d) If a dependent child is a minor, a Form 6110, Affidavit of Authorization to Receive~~

7 ~~Funds on Behalf of Minor. If the minor child has a court appointed guardian or conservator~~

8 ~~and the court appointed guardian or conservator completed the Form 6110, Affidavit of~~

9 ~~Authorization to Receive Funds on Behalf of Minor, the guardian or conservator shall~~

10 ~~submit a copy of the court order appointing the guardian or conservator; and~~

11 ~~(e) Notice of the death or marriage of a dependent child, or if the dependent child ceases~~

12 ~~to be a full-time student.~~

13 ~~(f) A copy of the dependent child's verification of full-time student status shall be filed with~~

14 ~~the retirement system for each semester of study within thirty (30) days following the start~~

15 ~~and within thirty (30) days following the end of each semester.~~

16 ~~(4) An increase provided to recipients under KRS 61.691 shall be applied to the~~

17 ~~applicant's disability benefit and payments to dependent children in determining the total~~

18 ~~retroactive payments owed to the applicant and dependent children.~~

19 ~~Section 11. (1) The applicant shall notify the retirement systems of his intent to apply for~~

20 ~~workers' compensation or benefits from the Social Security Administration. Upon receipt~~

21 ~~of approval for workers' compensation or benefits from the Social Security Administration,~~

22 ~~the applicant shall file at the retirement systems a copy of the approval notice containing~~

23 ~~the amount of the award.~~

1 ~~(2) To determine the maximum benefit under KRS 61.607, the following shall be added~~
2 ~~together:~~

3 ~~(a) The applicant's gross monthly disability retirement allowance determined in~~
4 ~~accordance with KRS 61.605 or 16.582, excluding payments to dependent children and~~
5 ~~before any actuarial reduction for purposes of an optional retirement plan under KRS~~
6 ~~61.635 or 16.576, converted to an annual amount.~~

7 ~~(b) The applicant's total gross annual benefit from workers' compensation. If the~~
8 ~~applicant's benefit includes a lump sum payment or a payment for a period less than the~~
9 ~~applicant's lifetime, then an annualized benefit shall be determined as follows:~~

10 ~~1. The gross amount of any lump sum payment shall be divided by the applicant's life~~
11 ~~expectancy, expressed in years, from the effective date of the award.~~

12 ~~2. The total gross amount of all payments paid for any period other than the applicant's~~
13 ~~lifetime shall be divided by the applicant's life expectancy, expressed in years, from the~~
14 ~~effective date of the award.~~

15 ~~3. The total determined in subparagraphs 1 and 2 of this paragraph shall be combined~~
16 ~~and added to the total gross annual amount of the applicant's lifetime benefit, if any.~~

17 ~~(c) The applicant's gross monthly disability benefit from the Social Security Administration,~~
18 ~~excluding spouse or dependent benefits converted to an annual amount.~~

19 ~~(3) If the projected combined monthly benefit exceeds 100 percent of the disabled~~
20 ~~employee's final rate of pay or final compensation, whichever is greater, the disability~~
21 ~~retirement allowance from the retirement system shall be reduced as follows:~~

22 ~~(a) The difference shall be divided by twelve (12) and subtracted from the applicant's~~
23 ~~monthly retirement allowance determined in accordance with KRS 61.605 or 16.582,~~

1 ~~excluding payments to dependent children and before any actuarial reduction for~~
 2 ~~purposes of an optional retirement plan under KRS 61.635 or 16.576.~~

3 ~~(b) The actuarial reduction for the applicant's optional plan under KRS 61.635 or 16.576~~
 4 ~~shall be applied to determine the applicant's monthly retirement allowance. The reduction~~
 5 ~~shall apply to all retirement allowances received since the date the combined benefits~~
 6 ~~exceeded 100 percent of the higher of the applicant's final compensation or final rate of~~
 7 ~~pay based on the effective dates of the individual benefits.~~

8 ~~(4) The disability retirement allowance payable shall not be reduced below an amount~~
 9 ~~which would result from a computation of retirement allowance under early retirement or~~
 10 ~~the disability retirement allowance from the retirement system using the disabled~~
 11 ~~employee's actual total service, whichever is greater.]~~

12 Section ~~13~~[12]. Direct deposit or payment by check.

13 (1) A recipient shall complete a Form 6130, "Authorization for Deposit of
 14 Retirement Payment," and file it at the retirement office, include direct deposit information
 15 on the Form 6000, "Notification of Retirement," or authorize direct deposit via Self-Service
 16 on the Web site maintained by the Agency to have the monthly retirement allowance
 17 deposited to an account in a financial institution.

18 (2) The recipient and the financial institution shall file the information and
 19 authorizations required for the electronic transfer of funds from the State Treasurer's
 20 office to the designated financial institution.

21 (3)(a) At any time while receiving a retirement allowance, the recipient may change
 22 the designated institution by completing a new valid Form 6130, "Authorization for Deposit
 23 of Retirement Payment," and filing the form at the retirement office[systems], or by

1 changing their direct deposit information via Self-Service on the Web site maintained by
2 the Agency.

3 (b) The latter of the designation on a valid Form 6000, "Notification of Retirement,"
4 the last valid Form 6130, "Authorization for Deposit of Retirement Payment," after the
5 Form 6000 is on file at the retirement office[systems], or the direct deposit information
6 submitted via Self-Service on the Web site maintained by the Agency shall control the
7 electronic transfer of the recipient's retirement allowance.

8 (4) The recipient may complete a Form 6135, "Request for Payment by Check,"
9 and file it at the retirement office if the recipient does not currently have an account with
10 a financial institution or the member's financial institution does not participate in the
11 electronic funds transfer program.

12 (5) The Agency[retirement systems] shall not process the retirement allowance
13 until the recipient has filed a valid Form 6000, "Notification of Retirement," that complies
14 with Section 3 at the retirement office[a completed Form 6130, Authorization for Deposit
15 of Retirement Payment or filed a completed Form 6135, Request for Payment by Check].
16 Section 14. Death during disability retirement application process.

17 (1)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for
18 disability retirement benefits that complies with Section 3 on file at the retirement office,
19 is not receiving monthly early or normal retirement benefits, and dies prior to being
20 approved for disability retirement benefits by at least a majority of the medical examiners
21 or by a Final Order of DAC, then the beneficiary named on the Form 6000 shall file the
22 following at the retirement office in accordance with any applicable deadlines in KRS

1 61.665 and 78.545 in order to continue with the applicant's application or reapplication
2 for disability retirement benefits:

3 1. A Form 6008, "Beneficiary Election to Continue Disability Application Process
4 on Behalf of Deceased Member,"

5 2. Any outstanding forms required by Section 4 that have not yet been filed by the
6 applicant, and

7 3. Any additional relevant objective medical evidence and a valid Form 8002,
8 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
9 Information."

10 (b) If there are no applicable deadlines pursuant to KRS 61.665 and 78.545, then
11 the beneficiary named on the Form 6000, "Notification of Retirement," as described in
12 paragraph (a) of this subsection shall file at the retirement office a Form 6008, "Beneficiary
13 Election to Continue Disability Application Process on Behalf of Deceased Member,"
14 within sixty (60) days of the date of the applicant's death.

15 (c) A beneficiary as described in paragraphs (a) or (b) of this subsection that does
16 not want to continue with the applicant's application or reapplication may file at the
17 retirement office a Form 6008, "Beneficiary Election to Continue Disability Application
18 Process on Behalf of Deceased Member."

19 (d) If the beneficiary named on the Form 6000, "Notification of Retirement," as
20 described in paragraphs (a) or (b) of this subsection does not timely file the required
21 documentation, then the Form 6000 shall be invalid and the disability application or
22 reapplication shall not be processed by the Agency.

1 (2)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for
2 disability retirement benefits that complies with Section 3 on file at the retirement office,
3 is receiving monthly early or normal retirement benefits, and dies prior to being approved
4 for disability retirement benefits by at least a majority of the medical examiners or by a
5 Final Order of DAC, and no monthly or lump-sum benefits are payable to the beneficiary
6 listed on the Form 6000, then the executor, administrator, or other representative of the
7 applicant's estate shall file the following at the retirement office in accordance with any
8 applicable deadlines in KRS 61.665 and 78.545 in order to continue with the applicant's
9 application or reapplication for disability retirement benefits:

10 1. An order appointing the executor, administrator, or other representative of the
11 applicant's estate from a court with jurisdiction that has been entered by the Clerk of the
12 Court or certified by the Clerk of the Court,

13 2. A written statement that the application or reapplication for disability retirement
14 benefits should continue,

15 3. Any outstanding forms required by Section 4 that have not yet been filed by the
16 applicant, and

17 4. Any additional relevant objective medical evidence and a valid Form 8002,
18 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
19 Information."

20 (b) If none of the deadlines in KRS 61.665 and 78.545 apply, within sixty (60) days
21 of their appointment, the executor, administrator, or other representative of the applicant's
22 estate as described in paragraph (a) of this subsection shall file the following at the

1 retirement office in order to continue with the applicant's application or reapplication for
2 disability retirement benefits:

3 1. A copy of the order appointing the executor, administrator, or other
4 representative of the applicant's estate from a court with jurisdiction that has been entered
5 by the Clerk of the Court or certified by the Clerk of the Court, and

6 2. A written statement that the application or reapplication for disability retirement
7 benefits should continue.

8 (c) An executor, administrator, or other representative of the applicant's estate as
9 described in paragraphs (a) or (b) of this subsection that does not want to continue with
10 the applicant's application or reapplication may file the following at the retirement office:

11 1. A copy of the order appointing the executor, administrator, or other
12 representative of the applicant's estate from a court with jurisdiction that has been entered
13 by the Clerk of the Court or certified by the Clerk of the Court, and

14 2. A written statement that the application or reapplication for disability retirement
15 benefits is withdrawn.

16 (d) If the executor, administrator, or other representative of the applicant's estate
17 as described in paragraphs (a) or (b) of this subsection does not timely file the required
18 documentation, then the application or reapplication for disability retirement benefits shall
19 be invalid and shall not be processed by the Agency.

20 (3)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for
21 disability retirement benefits that complies with Section 3 on file at the retirement office,
22 is receiving monthly early or normal retirement benefits, and dies prior to being approved
23 for disability retirement benefits by at least a majority of the medical examiners or by a

1 Final Order of DAC, and lump sum or monthly benefits are payable to the beneficiary
2 listed on the Form 6000, then the beneficiary named on the Form 6000 shall file the
3 following at the retirement office in accordance with any applicable deadlines in KRS
4 61.665 and 78.545 in order to continue with the applicant's application or reapplication
5 for disability retirement benefits:

6 1. A Form 6008, "Beneficiary Election to Continue Disability Application Process
7 on Behalf of Deceased Member,"

8 2. Any outstanding forms required by Section 4 that have not yet been filed by the
9 applicant, and

10 3. Any additional relevant objective medical evidence and a valid Form 8002,
11 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
12 Information."

13 (b) If there are no applicable deadlines pursuant to KRS 61.665 and 78.545, then
14 the beneficiary named on the Form 6000, "Notification of Retirement," as described in
15 paragraph (a) of this subsection shall file at the retirement office a Form 6008, "Beneficiary
16 Election to Continue Disability Application Process on Behalf of Deceased Member,"
17 within sixty (60) days of the date of the applicant's death.

18 (c) A beneficiary as described in paragraphs (a) or (b) of this subsection that does
19 not want to continue with the applicant's application or reapplication may file at the
20 retirement office a Form 6008, "Beneficiary Election to Continue Disability Application
21 Process on Behalf of Deceased Member."

22 (d) If the beneficiary named on the Form 6000, "Notification of Retirement," as
23 described in paragraphs (a) or (b) of this subsection does not timely file the required

1 documentation, then the disability retirement application or reapplication shall be invalid
2 and shall not be processed by the Agency.

3 Section 15[13]. Incorporation by Reference.

4 (1) The following material is incorporated by reference:

5 (a) Form 6000, "Notification of Retirement," [;] April 2021[July 2004];

6 (b) Form 8030, "Employer[']s Job Description," [;] April 2021[July 2004];

7 (c) Form 8035, "Employee[']s Job Description," [;] April 2021[July 2004];

8 (d) Form 8040, "Prescription and Nonprescription Medications," October
9 2005[Form 6110, "Affidavit of Authorization to Receive Funds on Behalf of Minor", May
10 2003];

11 (e) Form 8001, "Certification of Application for Disability Retirement and
12 Supporting Medical Information," April 2021[Form 6456, "Designation of Dependent
13 Child," July 2004];

14 (f) Form 6010, "Estimated Retirement Allowance," April 2021;

15 (g) Form 8846, "Travel Voucher for Independent Examination," May 2008;

16 (h) Form 6130, "Authorization for Deposit of Retirement Payment," [;] April
17 2021[May 2008];

18 (i)[(g)] Form 6135, "Request for Payment by Check," [;] May 2015[February 2002];

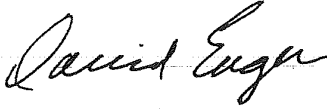
19 (j) Form 6008, "Beneficiary Election to Continue Disability Application Process on
20 Behalf of Deceased Member," April 2021; and

21 (k) Form 8002, "Beneficiary Certification of Application for Disability Retirement
22 and Supporting Medical Information," April 2021.[(h) Form 8001, "Certification of
23 Application for Disability Retirement and Supporting Medical Information", May 2008; and

1 (i) ~~Form 8846, "Independent Examination Travel Voucher", May 2008.]~~

2 (2) This material may be inspected, copied, or obtained, subject to applicable
3 copyright law, at the Kentucky Public Pensions Authority~~[Retirement Systems]~~,
4 ~~[Perimeter Park West,]~~1260 Louisville Road, Frankfort, Kentucky 40601, Monday through
5 Friday, 8 a.m. to 4:30 p.m. (18 Ky.R. 932; eff. 11-8-91; Am. 19 Ky.R. 968; 1338; eff. 12-
6 9-92; 20 Ky.R. 829; eff. 12-6-93; 21 Ky.R. 1525; eff. 2-8-95; 22 Ky.R. 775; eff. 12-7-95;
7 27 Ky.R. 1050; 1444; eff. 12-21-2000; 28 Ky.R. 912; 1350; eff. 12-19-2001; 29 Ky.R. 767;
8 1250; eff. 11-12-02; 31 Ky.R. 386; eff. 11-5-04; 35 Ky.R. 111; Am. 538; eff. 10-3-08; Crt
9 eff. 1-29-2020.)

APPROVED:



DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

7/29/2021

DATE

PUBLIC HEARING: A public hearing on this administrative regulation shall be held on Thursday, October 21, 2021 at 11:00 a.m. Eastern Standard Time at the Kentucky Public Pensions Authority, 1270 Louisville Road, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by 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. This hearing is open to the public. Any person who wishes to be heard will be given the opportunity to comment on the proposed administrative regulation. 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 through October 31, 2021. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Michael Board, Executive Director Office of Legal Services, Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8647, facsimile (502) 696-8801.

REGULATORY IMPACT ANALYSIS
AND TIERING STATEMENT

Regulation number: 105 KAR 1:210

Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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 and requirements for applying or reapplying for disability retirement benefits and for administratively appealing a denial of an application or reapplication for disability retirement benefits.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedures and requirements for applying or reapplying for disability retirement benefits and for administratively appealing a denial of an application or reapplication for disability retirement benefits.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statutes by establishing the procedures and requirements for applying or reapplying for disability retirement benefits and for administratively appealing a denial of an application or reapplication for disability retirement benefits in accordance with KRS 16.582, 78.5524, 61.600, 78.5522, 61.665, and 78.545.

(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 applying or reapplying for disability retirement benefits and for administratively appealing a denial of an application or reapplication for disability retirement benefits in accordance with KRS 16.582, 78.5524, 61.600, 78.5522, 61.665, and 78.545.

(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: The amendment updates the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021) as well as the Kentucky Public Pensions Authority's use of a third-party vendor to provide medical examiner reviews in accordance with KRS 61.665 and 78.545. The amendment also clarifies the existing regulation.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to update the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021) as well as the Kentucky Public Pensions Authority's use of a third-party vendor to provide medical examiner reviews in accordance with KRS 61.665 and 78.545. The amendment also clarifies the existing regulation.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the authorizing statute because it is necessary to carry out the

provisions of KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, in accordance with KRS 61.505(1)(f).

(d) How the amendment will assist in the effective administration of the statutes: The amendment establishes the procedures and forms necessary to carry out the provisions of KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, particularly the disability retirement application and reapplication process as well as the process for administratively appealing the denial of disability retirement applications and reapplications.

(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 amendment 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): The amendment allows the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System to conform with KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, particularly the disability retirement application and reapplication process as well as the process for administratively appealing the denial of disability retirement applications and reapplications.

(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 1:210

Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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)(f).

(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 (+/-):

Expenditures (+/-):

Other Explanation:



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

Revised 04/2021

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.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section G - 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
- U.S. Passport
- Age record of the Social Security Administration

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.



KENTUCKY PUBLIC PENSIONS AUTHORITY

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

Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference by completing Section G of your Form 6000, Notification of Retirement. *If you do not complete Section G, KPPA will automatically withhold federal income tax based on married status with 3 exemptions.* You may find the worksheets below helpful when completing Section G.

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? Complete lines A through H of the Personal Allowances Worksheet. Use the additional 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 G 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly.	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. 	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-". 	E	_____
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-". 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here:	G	_____
H	Add lines A through G and enter the total here	H	_____

• If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments and Additional Income Worksheet**, later.

• If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$53,000 (\$24,450 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld.

• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 2 of Form W-4P above.

For accuracy, complete all worksheets that apply.

Form W-4P Instructions *Continued*

Deductions, Adjustments, and Additional Income Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details 1 \$ _____
- 2 Enter:

\$24,400 if you're married filing jointly or qualifying widow(er)	_____
\$18,350 if you're head of household	_____
\$12,200 if you're single or married filing separately	_____

2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. 5 \$ _____
- 6 Enter an estimate of your 2019 other income not subject to withholding (such as dividends, interest, or capital gains) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1. 10 _____

Multiple Pensions/More-Than-One-Income Worksheet

Note. Use this worksheet *only* if the instructions under line H from the **Personal Allowance Worksheet**, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet. 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 **Divide** line 8 by the number of payments remaining in 2019. For example, divide by 8 if you're paid every month and you complete this form in April 2019. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment. 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						



KENTUCKY PUBLIC PENSIONS AUTHORITY

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



Form 6000
 Revised 04/2021

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

Retirement Date: _____ 1, _____
(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)

Section B - Type of Retirement

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.

Disability Retirement applicants must complete Section I.

NORMAL OR EARLY RETIREMENT DISABILITY RETIREMENT

Section C: Retirement Systems

Check the appropriate box or boxes to indicate the retirement systems from which you intend to retire.

- Kentucky Employees Retirement System - KERS (state employees, health departments, universities)
- County Employees Retirement System - CERS (city, county, local governments, classified employees of boards of education)
- 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 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.

- Teachers' Retirement System - TRS (certified employees of boards of education)
- Legislators' Retirement Plan - LRP (State Senators and Representatives)
- Judicial Retirement Plan - JRP (Judges)

Section D - 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:
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<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.
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Section E - \$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:
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<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.
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<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 F - 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:

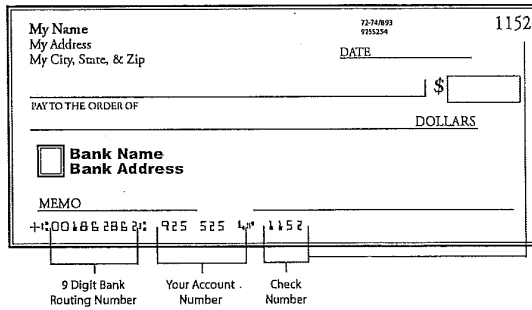
Depositor Routing Number:

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 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.

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 G - 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, KPPA will automatically withhold federal income tax based on married status with 3 exemptions. 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:

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.)

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) (Enter number of allowances)

Marital status: Single Married Married, but withhold at higher "Single" rate

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) \$ _____

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 Kentucky Public Pensions Authority or entities affiliated with participating agencies in order for 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies, or that I will have a separation from service with agencies participating in 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 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 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the terms "agencies participating in 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies, I have a duty to report such employment in writing to 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 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.

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Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to 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, 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:
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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 Compensation, Lump Sum Compensatory Pay, Bonus/Severance Payment, Wages Paid After Term but Eained Prior to Term or Contract Payout - School Board Use Only.

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:
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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 as a result of an act in the line of duty?

Yes, this is the direct result of an injury sustained while performing the principal duties of the hazardous position.

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: _____
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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.

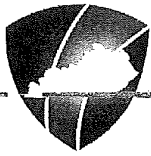
I authorize my employer to release, furnish, disclose, or discuss with the Kentucky Public Pensions Authority all records or other information regarding my employment, including but not limited to, a description of job duties performed as of the last day of my employment, a description of the accommodations, 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: _____



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Employer Instructions for Member Filing for Disability

Revised 04/2021

IMPORTANT: Failure to return the required information within 5 business days may cause a delay in the member's monthly benefit and health insurance.

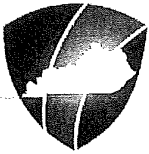
A disability retirement application has been initiated through Kentucky Public Pensions Authority.

For members who apply for disability retirement, KRS 61.665(2)(a) requires 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.



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Print Form

Form 8030
 Revised 04/2021

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 attach a statement describing 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? _____

Additional Remarks: _____

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: _____

IMPORTANT: FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN 5 BUSINESS DAYS MAY CAUSE A DELAY IN THE MEMBER'S MONTHLY BENEFIT AND HEALTH INSURANCE.

For members who apply for disability retirement through Kentucky Public Pensions Authority, KRS 61.665(2)(a) requires 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. sec. 12111(9) and 29 C.F.R. Part 1630 through the American with Disabilities Act (ADA).

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 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: _____



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Print Form

Form 8035
 Revised 04/2021

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.

Signature: _____

Date: _____



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



Print Form

Form 8040
 Revised 10/2005

Prescription and Nonprescription Medications

Member Information			
Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Prescription Medications				
Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Nonprescription Medications				
Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Signature: _____

Date: _____



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Form 8001
 Revised 04/2021

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
<p>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. 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.</p> <p>I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.</p> <p>Signature: _____ Date: _____</p>

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*6010

FORM 6010

FORM 6010 ESTIMATED RETIREMENT ALLOWANCE

Retirement Date: [REDACTED]

Retirement Plan: [REDACTED]

Retirement Type: [REDACTED]

Member Information

[REDACTED]

Beneficiary Information

Beneficiary: [REDACTED]

Beneficiary Date of Birth: [REDACTED]

Member Date of Birth: [REDACTED]

Member ID: [REDACTED]

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 living

[REDACTED]

Payment to beneficiary after member's death

[REDACTED]

I REJECT ALL MONTHLY PAYMENT OPTIONS AND REQUEST A(n) ACTUARIAL REFUND OF APPROXIMATELY [REDACTED] 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%.

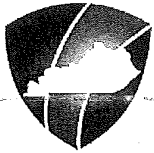
Certification

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: _____



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Print Form

Form 8846
 Revised 05/2008

Travel Voucher for Independent Examination

Member Information			
Member Name: _____		Member ID: _____	
Address: _____	City: _____	State: _____	Zip Code: _____

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 Kentucky Official Highway Map, mileage software or the most recent edition of the Rand McNally Road Atlas, whichever is less. Receipts for cost of tolls and parking must be included and returned with this voucher. Written request and receipts for reimbursement must be submitted and received by our office within 15 days of the date of the examination or evaluation.

I _____ certify that the information set out above is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty of perjury under KRS 523.010 to KRS 522.110.

Signature: _____ Date: _____



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



Form 6130
 Revised 04/2021

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 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.

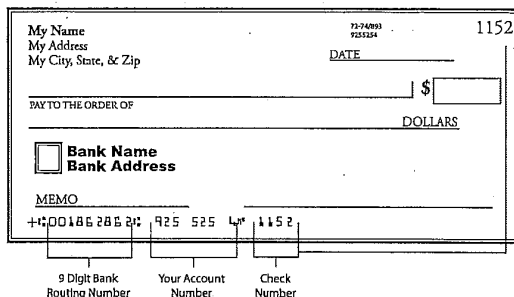
I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject 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.



KENTUCKY PUBLIC PENSIONS AUTHORITY

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



Print Form

Form 6135
 Revised 05/2015

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:
Phone Number:	Is this a new address?	<input type="radio"/> Yes	<input type="radio"/> No

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: _____

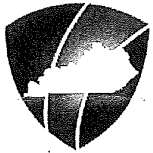
This recipient has an account in our institution, but we do not currently participate in the EFT program.

Authorized Signature of Financial Institution Officer: _____ Title: _____

Certification

I 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. 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: _____



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Form 6008
 Revised 09/2010

**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 I begin receiving payments.

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.

Beneficiary Signature: _____

Date: _____

Witnessed by: _____

Date: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY
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 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 8002
 04/2021

Certification of Application for Disability Retirement and Supporting Medical Information

Member Information	
Member Name: _____	Member ID: _____
<p>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. This means the attached information consists of all the existing medical information regarding the condition(s) for which the member was 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 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 pursuant to KRS 61.665(2)(a) that I am responsible for filing supporting objective medical information to report the deceased member's physical and mental condition. I am also aware that by signing this certification I am certifying to Kentucky Public Pensions Authority that the enclosed medical records represent all of the 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 deceased member.</p> <p>I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.</p>	
Beneficiary's Signature: _____	Date: _____
Print Name: _____	SSN: _____

FILED WITH LRC
TIME: 11:17 AM
JUL 29 2021
Emily B Caudill
REGULATIONS COMPILER

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Retirement Systems

3 (Amendment to Administrative Regulation)

4 105 KAR 1:310. Fred Capps Memorial Act.

5 RELATES TO: KRS 16.505-16.652, 61.505~~[40]~~-61.705, 78.510-78.852

6 STATUTORY AUTHORITY: KRS 61.505(1)(f)[KRS 61.645(9)(g)]

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.621, The Fred Capps Memorial

8 Act, establishes duty-related disability or death benefits for~~[enables an]~~ nonhazardous

9 employees~~[of a state-administered retirement system]~~ who are~~[is]~~ killed or totally and

10 permanently disabled from a duty-related injury~~[to receive death or disability benefits~~

11 equal to those received by hazardous employees under KRS 16.582]. This administrative

12 regulation establishes the procedure for filing an application or reapplication for duty-

13 related death or disability benefits and the appeal procedure for duty-related death or

14 disability~~[injury]~~ benefits for nonhazardous employees.

15 Section 1. Definitions.

16 (1) Definitions contained in KRS 16.505, 61.510, and 78.510 shall apply to this

17 regulation, unless otherwise defined herein.

18 (2) Prior to April 1, 2021, "the Agency" means the Kentucky Retirement Systems,

19 which administers the State Police Retirement System, the Kentucky Employees

20 Retirement System, and the County Employees Retirement System. Effective April 1,

1 2021, "the Agency" means the Kentucky Public Pension Authority, which is authorized to
2 carry out the day-to-day administrative needs of the Kentucky Retirement Systems
3 (comprised of the State Police Retirement System and the Kentucky Employees
4 Retirement System) and the County Employees Retirement System.

5 (3) "Applicant" means a member or retired member of the Kentucky Employees
6 Retirement System, the County Employees Retirement System, or both who has applied
7 or is applying for duty-related disability benefits in accordance with KRS 61.621, 61.665,
8 and 78.545.

9 (4) Prior to April 1, 2021, "DAC" means the Disability Appeals Committee of the
10 Board of Trustees of the Kentucky Retirement Systems. Effective April 1, 2021, "DAC"
11 means the separate or joint Disability Appeals Committees of the Board of Trustees of
12 the Kentucky Retirement Systems and the Board of Trustees of the County Employees
13 Retirement System in accordance with KRS 61.665(4) and 78.545.

14 (5) "File" means the following methods for delivering or submitting a form or other
15 documents to the retirement office, unless otherwise stated: mail, fax, in-person delivery,
16 secure email, and upload via Self Service on the Web site maintained by the Agency (if
17 available). A form or other document shall not be deemed filed until it has been received
18 at the retirement office.

19 (6) "Participating employer" means an employer participating in the Kentucky
20 Employees Retirement System or the County Employees Retirement System.

21 (7) For the purposes of this regulation only, "recipient" means a retired member of
22 the Kentucky Employees Retirement System, the County Employees Retirement System,

1 or both who is receiving duty-related disability benefits in accordance with KRS 61.621,
2 61.665, and 78.545.

3 (8) "Valid," when used in reference to a form, means that all required sections on
4 a form are completed and all required signatures on a form are executed.

5 (9) "Invalid," when used in reference to a form, means that the form is deficient and
6 shall not be accepted or processed by the Agency.

7 Section 2. Use of third-party vendors.

8 (1) The Agency may contract with third-party vendors to act on its behalf
9 throughout the duty-related disability and duty-related death benefit application and
10 review process. The Agency may also contract with third-party vendors to act on its behalf
11 throughout the periodic review, reinstatement review, and employment review processes.

12 (2) The Agency may utilize independent, licensed physicians provided by third-
13 party vendors to serve as medical examiners pursuant to KRS 61.665 and 78.545. Third-
14 party vendors may also provide additional persons to fulfill non-physician roles throughout
15 the duty-related disability and duty-related death benefit application process.

16 (3) For purposes of this regulation, third-party vendors may act on behalf of the
17 Agency and the Systems with all the rights and responsibilities therein.

18 Section 3. Application for Duty-Related[-Injury] Death Benefits.

19 (1)(a) A written request for duty-related[-injury] death benefits pursuant to KRS
20 61.621 and 78.545 shall[~~may~~] be filed[~~made~~] by the surviving spouse,[-~~or~~] dependent
21 child, or parent or guardian of dependent child at the retirement[~~Frankfort~~] office[-~~of the~~
22 Kentucky Retirement Systems].

1 (b) The Agency may notify the surviving spouse, dependent child, or parent or
2 guardian of the dependent child of their ability to file a written request for duty-related
3 death benefits if the Agency becomes aware of a nonhazardous employee potentially
4 killed as a result of a duty-related injury.

5 (c) A claim for duty-related[~~injury~~] death benefits shall be verified by the deceased
6 employee's immediate supervisor and agency head on the ["Form 6800, "Application for
7 Death Benefits Duty Related/In Line of Duty."[-]

8 (2)(a) The participating employer, surviving spouse, [~~or~~]dependent child, or parent
9 or guardian of dependent child shall submit the following documents:

- 10 1. A copy of the death certificate;
- 11 2. The employer death investigation report; and
- 12 3. An employee job description provided by the participating employer.

13 (b) The Agency[~~retirement system~~] may request additional information; [~~or~~]
14 medical records, including hospital, emergency room, autopsy, or other related records; [-]
15 documentation relating to Workers' Compensation claims; and police or other crime
16 reports, if necessary, from the participating employer, surviving spouse, [~~or~~]dependent
17 child, or parent or guardian of dependent child.

18 (3) The application for duty-related[~~injury~~] death benefits and accompanying
19 documentation as listed in subsection (2) of this Section shall be reviewed by the
20 Agency's[~~board's~~] medical examiners, or the Agency's third-party vendor, and
21 administered in the same manner as provided in KRS 16.582, 78.5524, [-and] 61.665, and
22 78.545.

23 Section 4[2]. Application for Duty-R[~~f~~]elated[~~injury~~] Disability Benefits.

1 (1)(a) A claim for duty-related[~~injury~~] disability benefits pursuant to KRS 61.621
2 and 78.545 shall be filed by the applicant[~~employee~~] at the retirement[~~Frankfort~~] office[~~of~~
3 the Kentucky Retirement Systems].

4 (b) An application for duty-related[~~injury~~] disability benefits shall be made by the
5 applicant[~~employee~~] on the ["]Form 6000, "Notification of Retirement."[-]

6 (2) The applicant shall be required to file the following forms and information to the
7 retirement office along with a valid application for duty-related disability benefits in
8 accordance with subsection (1) of this Section:

9 (a) A Workers' Compensation incident report, where one exists;

10 (b) A valid Form 8035, "Employee Job Description;"

11 (c) A valid Form 8040, "Prescription and Nonprescription Medications;"

12 (d) Supporting medical information; and

13 (e) Once all supporting medical information has been submitted, a valid Form
14 8001, "Certification of Application for Disability Retirement and Supporting Medical
15 Information."

16 (3) The applicant's participating employer shall complete and submit to the
17 retirement office a Form 8030, "Employer Job Description."

18 (4) The applicant and the applicant's employer shall file or submit additional
19 information regarding the applicant's job duties and reasonable accommodations upon
20 request by the Agency or a third-party vendor on its behalf.

21 (5) The application for duty-related[~~injury~~] disability benefits and accompanying
22 documentation as listed in subsections (2), (3), and (4) of this Section shall be reviewed
23 by the Agency's[~~board's~~] medical examiners, or the Agency's third-party vendor, and

1 administered in the same manner as provided in KRS 16.582, 78.5524, ~~and~~ 61.665, and
2 78.545.

3 Section 5. Joint Application for Duty-Related Disability Benefits and Disability Retirement
4 Benefits.

5 (1) If qualified to retire on disability pursuant to KRS 61.600 and 78.5522, an
6 applicant may apply for both duty-related disability benefits in accordance with KRS
7 61.621 and 78.545 and disability retirement benefits in accordance with KRS 61.600 and
8 78.5522 using the same valid Form 6000, "Notification of Retirement."

9 (2)(a) If an applicant qualified to retire on disability applies for both duty-related
10 disability benefits in accordance with KRS 61.621 and 78.545 and disability retirement
11 benefits in accordance with KRS 61.600 and 78.5522 using the same Form 6000,
12 "Notification of Retirement," and is approved only for disability retirement benefits by a
13 majority or greater of the reviewing medical examiners pursuant to KRS 61.665 and
14 78.545, the applicant may solely appeal the denial of duty-related disability benefits in the
15 same manner provided for disability retirement benefits in KRS 61.665(2)(f), 61.665(2)(h),
16 and 78.545.

17 (b) A request for an administrative hearing to solely appeal the denial of duty-
18 related disability benefits shall not affect the disability retirement benefits of an applicant
19 who has been approved for disability retirement benefits under KRS 61.600 and 78.5522,
20 except as provided in KRS 61.685 and 78.545.

21 (3) If an applicant qualified to retire on disability applies for both duty-related
22 disability benefits in accordance with KRS 61.621 and 78.545 and disability retirement
23 benefits in accordance with KRS 61.600 and 78.5522 using the same Form 6000,

1 "Notification of Retirement," and is denied for both by a majority or greater of the reviewing
2 medical examiners pursuant to KRS 61.665 and 78.545, the applicant may appeal both
3 the denial of duty-related disability and disability retirement benefits as provided by KRS
4 61.665(2)(f), 61.665(2)(h), and 78.545.

5 (4) A request for an administrative hearing to solely appeal the denial of duty-
6 related disability benefits or to appeal denials of both duty-related disability benefits and
7 disability retirement benefits must conform with Section 10.

8 Section 6[3]. Time Period for Filing.

9 (1)(a) The application or reapplication for duty-related~~[-injury]~~ death or duty-related
10 ~~[-injury]~~ disability benefits shall be filed at the retirement office within twenty-four (24)
11 months from the employee's last day of paid employment in a regular full-time position.

12 (b) The filing period shall begin on the day after the last day of paid employment in
13 a regular full-time position and shall end at close of business on the 730th calendar day.

14 (c) If the 730th day is on a Saturday, Sunday, a public holiday listed in KRS 2.110,
15 a day on which the public office is actually and legally closed, or any other state or federal
16 holiday that disrupts mail service, then the application shall be timely if filed at the
17 retirement office by the close of the next business day.

18 (d) If the 730th day is on a Saturday, Sunday, a public holiday listed in KRS 2.110,
19 a day on which the retirement office is actually and legally closed, or any other state or
20 federal holiday that disrupts mail service, then the application or reapplication is not timely
21 and the employee, surviving spouse, dependent child, or parent or guardian of dependent
22 child is not qualified for duty-related death or duty-related disability benefits.

1 (e)1. The applicant's last day of paid employment shall either be certified by the
2 applicant's employer or filed by the applicant and corroborated by the reporting
3 information received by the Agency from the applicant's employer.

4 2. In accordance with KRS 61.685 and 78.545, the applicant's last day of paid
5 employment may be corrected at any time upon discovery of any error or omission in the
6 Agency's records.[If the last day of the filing period is a Saturday, Sunday, or a state or
7 federal holiday, then the application shall be timely filed if received in the retirement office
8 by the close of the next business day following the weekend or holiday.]

9 (2) If rejected, an employee's reapplication for duty-related~~[injury]~~ disability
10 benefits based on the same claim of incapacity shall be reconsidered for disability if
11 accompanied by new objective medical evidence or new evidence concerning the duty-
12 related injury that was not considered with previous applications. The reapplication shall
13 be filed at the retirement office within twenty-four (24) months from the employee's last
14 day of paid employment in a regular full-time position.

15 Section 7. Effect of Application or Reapplication for Duty-Related Disability Benefits While
16 Prior Application or Reapplication is Pending.

17 (1) If a subsequent valid reapplication for duty-related disability benefits that
18 complies with Sections 4 and 6 is filed at the retirement office while a prior application or
19 reapplication is pending review by the medical examiners under KRS 61.665 and 78.545,
20 then the subsequent reapplication shall be accepted solely for the purpose of designating
21 a new beneficiary in accordance with KRS 61.542 and 78.545. The subsequent
22 reapplication shall not be submitted for review by the medical examiners.

1 (2)(a) If a subsequent valid reapplication for duty-related disability benefits that
2 complies with Sections 4 and 6 is filed at the retirement office after an applicant has
3 requested an administrative hearing to appeal the denial of an earlier application or
4 reapplication for duty-related disability benefits, but prior to a Final Order of DAC
5 regarding the earlier application or reapplication, then the subsequently filed reapplication
6 shall be deemed a notice of intent to dismiss the request for administrative hearing unless
7 the applicant simultaneously files a written statement that the subsequently filed
8 reapplication has been filed solely for the purpose of designating a new beneficiary in
9 accordance with KRS 61.542 and 78.545.

10 (b) A subsequently filed reapplication as described in paragraph (a) of this
11 subsection shall not be processed by the Agency until thirty-one (31) days after the entry
12 of a Final Order of DAC dismissing the previously requested administrative appeal, except
13 that a new beneficiary designated on the subsequently filed reapplication in accordance
14 with KRS 61.542 and 78.545 shall be effective immediately.

15 (c) All evidentiary filings made during an administrative hearing process to appeal
16 the denial of an earlier application or reapplication for duty-related disability benefits shall
17 be included in the information provided to the medical examiners for review of the
18 subsequently filed reapplication.

19 (3)(a)1. If a subsequent valid reapplication for duty-related disability benefits is filed
20 at the retirement office after DAC has issued a Final Order denying a prior application or
21 reapplication for duty-related disability benefits and during the statutory time for appeal of
22 the Final Order or after an appeal of the Final Order has been made, then the

1 subsequently filed reapplication shall be accepted solely for the purpose of designating a
2 new beneficiary in accordance with KRS 61.542 and 78.545.

3 2. The subsequent reapplication shall not be submitted for review by the medical
4 examiners, unless the applicant files a written statement that the applicant will not appeal
5 the Final Order of DAC or has withdrawn any pending appeal of a Final Order of DAC.

6 (b) If a subsequent valid reapplication for duty-related disability benefits is filed at
7 the retirement office after DAC has issued a Final Order denying an application or
8 reapplication for duty-related disability benefits, all applicable statutory time for appeals
9 of the Final Order have lapsed, and the reapplication complies with KRS 61.621, 78.545
10 and Sections 4 and 6 of this regulation, then the subsequently filed reapplication for duty-
11 related disability benefits shall be valid.

12 Section 8. Medical or psychological examination required at the expense of the Agency.

13 (1) If the Agency requires an applicant to submit to a medical or psychological
14 examination under KRS 61.665(2)(j) and 78.545 or KRS 61.665(3)(c) and 78.545, the
15 Agency shall reimburse the applicant for expenses associated with the medical or
16 psychological examination in the same manner as 105 KAR 1:210 Section 8.

17 (2) The applicant shall file the Form 8846, "Independent Examination Travel
18 Voucher" and all necessary receipts at the retirement office within fifteen (15) days of the
19 examination or evaluation in order to be reimbursed for mileage, actual parking costs,
20 and any actual bridge or highway toll charges as described in subsection (1) of this
21 Section and 105 KAR 1:210 Section 8.

22 Section 9. Requests for additional objective medical evidence by the medical examiners.

1 (1) A medical examiner reviewing an application or reapplication for duty-related
2 disability benefits or duty-related death benefits may place their recommendation on hold
3 and request additional objective medical evidence.

4 (2) If two (2) or more of the three (3) medical examiners reviewing an application or
5 reapplication for duty-related disability benefits or duty-related death benefits place their
6 recommendation on hold and request additional objective medical evidence, then the
7 Agency, or a third-party vendor, shall notify the applicant of the medical examiner's
8 request for additional objective medical evidence. The applicant shall have sixty (60) days
9 from the date of the notification to file the requested objective medical evidence to the
10 retirement office.

11 (3) If there is no majority recommendation by the three (3) medical examiners
12 reviewing an application or reapplication for duty-related disability benefits or duty-related
13 death benefits because one (1) medical examiner recommends approval, one (1) medical
14 examiner recommends denial, and one (1) medical examiner requests additional
15 objective medical evidence, then the Agency, or a third-party vendor, shall notify the
16 applicant of the medical examiner's request for additional objective medical evidence.
17 The applicant shall have sixty (60) days from the date of the notification to file the
18 requested objective medical evidence to the retirement office.

19 (4)(a) Upon receipt of the requested additional objective medical evidence with a
20 valid Form 8001, "Certification of Application for Disability Retirement and Supporting
21 Medical Information," the Agency, or a third-party vendor, shall resubmit the matter,
22 including any additional objective medical evidence submitted in response to the medical

1 examiner's request, to all three (3) medical examiners and the medical examiners shall
2 issue new recommendations.

3 (b) Upon the expiration of sixty (60) days from the date of the notification, if no
4 additional objective medical evidence with a valid Form 8001, "Certification of Application
5 for Disability Retirement and Supporting Medical Information," is on file at the retirement
6 office, the Agency, or a third-party vendor, shall resubmit the matter to only the medical
7 examiner(s) that placed their recommendation on hold and the medical examiner(s) shall
8 issue a new recommendation.

9 Section 10. Administrative hearings concerning the denial of duty-related disability or
10 duty-related death benefits.

11 (1)(a) A request by an applicant, surviving spouse, dependent child, or parent or
12 guardian of a dependent child for an administrative hearing to appeal the denial of duty-
13 related disability or duty-related death benefits under KRS 61.621, 61.665, and 78.545
14 shall be made in writing and contain a short statement of the issues being appealed.

15 (b) The written request for an administrative hearing to appeal the denial of duty-
16 related disability or duty-related death benefits by an applicant, surviving spouse,
17 dependent child, or parent or guardian of a dependent child shall be filed at the retirement
18 office. Email requests shall not be accepted.

19 (2) The hearing officer presiding over an administrative hearing may allow an
20 applicant, surviving spouse, dependent child, or parent or guardian of a dependent child
21 to introduce, among other evidence, the determination of other state and federal
22 agencies, including, but not limited to the Kentucky Department of Workers' Claims and

1 the Social-Security Administration, approving the applicant for benefits if accompanied by
2 underlying objective medical evidence or vocational evidence.

3 (3) The hearing officer presiding over an administrative hearing shall consider only
4 objective medical evidence and vocational records contained within or that accompany a
5 determination by another state or federal agency.

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

8 (5) Statements by physicians within the administrative record of the application or
9 reapplication for duty-related disability or duty-related death benefits shall not be
10 considered by themselves to be objective medical evidence unless accompanied by
11 documented medical records or test results.

12 Section 11. Employment and Medical Reviews.

13 If, upon review in accordance with KRS 61.610, 61.615, 78.5528, or other
14 applicable statute, the medical examiner, or third-party vendor, determines that a retired
15 member receiving duty-related disability benefits no longer meets eligibility requirements,
16 then the medical examiner, or third-party vendor, shall determine if the retired member is
17 qualified and remains eligible for disability retirement benefits in accordance with KRS
18 61.600 and 78.5522.~~[Section 4. (1) If the retirement systems requires an applicant to~~
19 ~~submit to a medical or psychological examination under KRS 61.665(2)(j) or (3)(c), the~~
20 ~~retirement systems shall reimburse the applicant for mileage from the applicant's home~~
21 ~~address as it is on file at the retirement systems, to the place of the examination or~~
22 ~~evaluation, and returning to the applicant's home address on file at the retirement~~

1 ~~systems. The applicant shall be reimbursed for the most direct and usually traveled~~
2 ~~routes.~~

3 ~~(2) Mileage shall be based on the "Kentucky Official Highway Map", mileage software, or~~
4 ~~the most recent edition of the "Rand McNally Road Atlas." The applicant shall complete~~
5 ~~and submit a Form 8846, Independent Examination Travel Voucher indicating the mileage~~
6 ~~the applicant traveled from the applicant's home address as it is on file at the retirement~~
7 ~~systems, to the place of the examination or evaluation, and returning to the applicant's~~
8 ~~home address on file at the retirement systems. The applicant shall use the most direct~~
9 ~~and usually traveled routes.~~

10 ~~(3) The mileage certified by the applicant shall not be greater than the mileage indicated~~
11 ~~by the "Kentucky Official Highway Map", mileage software, or the most recent edition of~~
12 ~~the "Rand McNally Road Atlas" for the most direct and usually traveled route from~~
13 ~~applicant's home address as it is on file at the retirement systems, to the place of the~~
14 ~~examination or evaluation, and returning to the applicant's home address on file at the~~
15 ~~retirement systems. If the mileage certified by the applicant is greater than the mileage~~
16 ~~indicated by the "Kentucky Official Highway Map", mileage software, or the most recent~~
17 ~~edition of the "Rand McNally Road Atlas" the retirement systems shall pay the applicant~~
18 ~~the mileage indicated by the "Kentucky Official Highway Map", mileage software, or the~~
19 ~~most recent edition of the "Rand McNally Road Atlas."~~

20 ~~(4) Reimbursement for use of a privately owned vehicle shall be made at the IRS~~
21 ~~established standard mileage rate which changes periodically; and shall not exceed the~~
22 ~~cost of commercial coach fare.~~

1 ~~(5) Actual costs for parking shall be reimbursed upon submission of receipts. The~~
2 ~~applicant shall submit the originals of the parking receipts along with a written request for~~
3 ~~reimbursement.~~

4 ~~(6) Actual bridge and highway toll charges shall be reimbursed if the bridge or highway is~~
5 ~~on the most direct and usually traveled route. The applicant shall submit the originals of~~
6 ~~the bridge and highway toll receipts along with a written request for reimbursement.~~

7 ~~(7) The applicant shall file at the retirement office a completed Form 8846, Independent~~
8 ~~Examination Travel Voucher, within fifteen (15) days of the date of the examination or~~
9 ~~evaluation in order to receive reimbursement for travel expenses.]~~

10 Section 12[5]. Benefit Payment Procedures for Duty-Related Disability.

11 (1) If the employee's application for duty-related~~[injury]~~ disability benefits is
12 approved, the employee's duty-related disability benefit shall be paid retroactive to the
13 month following the month of the employee's last day of paid employment in a regular
14 fulltime position.

15 (2) If the employee did not receive early or normal retirement benefits or disability
16 retirement benefits under KRS 61.600 and 78.5522, upon the employee's selection of a
17 payment option, the Agency~~[retirement office]~~ shall pay the employee the total monthly
18 retirement allowances owed.

19 (3)(a) If the employee did receive early or normal retirement benefits or disability
20 retirement benefits under KRS 61.600 and 78.5522, the Agency~~[retirement office]~~ shall
21 calculate and pay to the employee the difference between the early or normal retirement
22 benefit or disability retirement benefit which was paid to the employee and the duty-
23 related disability benefit.

1 (b) The employee shall not change the beneficiary named or the[his] payment
2 option selected upon early, normal, or disability retirement except as provided in KRS
3 61.542(5)(a), 61.542(5)(b), and 78.545.

4 (4) If benefits are payable to a dependent child as defined in KRS 16.505, the
5 dependent child or the child's parent or guardian shall file[submit] the following documents
6 at the retirement office:

7 (a) A ~~["]~~Form 6448~~[56]~~, "Designation of Dependent Child for Qualifying Total and
8 Permanent Disability";

9 (b) If the child is age eighteen (18) or over and a full-time student, verification of
10 full-time student status, if applicable;

11 (c) If the child is eligible for federal Social Security disability benefits or is being
12 claimed as a qualifying child for tax purposes due to the child's total and permanent
13 disability, file a copy of the most recent statement issued by the Social Security
14 Administration for such dependent children~~[(b) If the child is age eighteen (18) or over,~~
15 ~~verification of full-time student status];~~

16 ~~(d)~~~~[(e)]~~ A copy of the birth certificate of each dependent child; and

17 ~~(e)~~~~[(d)]~~ If a dependent child is a minor, a ~~["]~~Form 6110, "Affidavit of Authorization
18 to Receive Funds on Behalf of Minor."~~[-]~~ If the minor has a court appointed guardian or
19 conservator and the court appointed guardian or conservator completed the Form 6110,
20 "Affidavit of Authorization to Receive Funds on Behalf of Minor," the guardian or
21 conservator shall file[submit] a copy of the court order appointing the guardian or
22 conservator.~~[-];~~

1 ~~(5)(a)(e)~~ The dependent child or the parent or guardian of the dependent child
2 shall also:

3 1. Notify the Agency~~[retirement system]~~ of the death or marriage of a dependent
4 child or if the dependent child ceases to be a full-time student, if applicable; and

5 2. File~~[Submit]~~ a copy of the dependent child's verification of full-time student
6 status with the Agency~~[retirement system]~~ for each semester of study within thirty (30)
7 days following the start and within thirty (30) days following the end of each semester, if
8 applicable.

9 ~~(b)~~ The dependent child or the parent or guardian of the dependent child shall be
10 responsible for repaying any dependent child benefits overpaid due to the failure of the
11 dependent child or parent or guardian of the dependent child to provide the information
12 required by paragraph (a) of this subsection.

13 ~~(6)(5)~~ Any increases provided~~[to recipients]~~ under KRS 61.691 and 78.5518 shall
14 be applied to the employee's duty-related disability benefit and payments to a dependent
15 child in determining the total retroactive payments owed to the employee and dependent
16 child.

17 ~~(7)(a)(6)~~ If upon review in accordance with KRS 61.610 or other applicable statute,
18 ~~the board determines that an employee receiving duty-related injury disability benefits no~~
19 ~~longer meets eligibility requirements, then the board shall determine if the employee is~~
20 ~~eligible for disability benefits under KRS 61.600.~~

21 ~~Section 6, (1)~~ A recipient shall complete a Form 6130, "Authorization for Deposit of
22 Retirement Payment," and file it at the retirement office, include direct deposit information
23 on the Form 6000, "Notification of Retirement," or authorize direct deposit via Self-Service

1 on the Web site maintained by the Agency to have the monthly retirement allowance
2 deposited to an account in a financial institution.

3 (b) A dependent child or parent or guardian of a dependent child shall file a valid
4 Form 6130, "Authorization for Deposit of Retirement Payment," at the retirement office in
5 order to have the monthly benefit deposited to an account in a financial institution.

6 (c)[(2)] The recipient, dependent child, or parent or guardian of a dependent child
7 and the financial institution shall provide the information and authorizations required for
8 the electronic transfer of funds from the State Treasurer's Office to the designated
9 financial institution.

10 (8)[(3)](a) At any time while receiving a retirement allowance, the recipient may
11 change the designated institution by completing a new valid ["]Form 6130, "Authorization
12 for Deposit of Retirement Payment,"[,] and filing the form at the retirement office, or by
13 changing their direct deposit information via Self-Service on the Web site maintained by
14 the Agency[in Frankfort].

15 (b) The latter of the designation on a valid Form 6000, "Notification of Retirement,"
16 the last valid Form 6130, "Authorization for Deposit of Retirement Payment," after the
17 Form 6000 is on file at the retirement office[systems], or the direct deposit information
18 submitted via Self-Service on the Web site maintained by the Agency shall control the
19 electronic transfer of the recipient's retirement allowance.

20 (c) At any time while receiving a monthly benefit, the dependent child or parent or
21 guardian of a dependent child may change the designated institution by filing a new valid
22 Form 6130, "Authorization for Deposit of Retirement Payment," at the retirement office or

1 by submitting new direct deposit information via Self-Service on the Web site maintained
2 by the Agency.

3 (d) The last valid Form 6130, "Authorization for Deposit of Retirement Payment,"
4 or the last direct deposit information submitted via Self-Service on the Web site
5 maintained by the Agency shall control the electronic transfer of the dependent child's
6 monthly benefit.

7 (9)[(4)] A[The] recipient, dependent child, or parent or guardian of a dependent
8 child may complete a valid ["]Form 6135, "Request for Payment by Check,"[-] and file it at
9 the retirement office if the recipient, dependent child, or parent or guardian of a dependent
10 child does not currently have an account with a financial institution or the financial
11 institution does not participate in the electronic funds transfer program.

12 (10)[(5)] The Agency[retirement office] shall not process the retirement allowance
13 or monthly benefit until the recipient, dependent child, or parent or guardian of a
14 dependent child has filed a valid [completed -"]Form 6130, "Authorization for Deposit of
15 Retirement Payment," included direct deposit information on a valid "Form 6000,
16 Notification of Retirement,"[-or] filed a valid [completed -"]Form 6135, "Request for
17 Payment by Check," or authorized direct deposit via Self-Service on the Web site
18 maintained by the Agency.

19 Section 13. Benefit Payment Procedures for Duty-Related Deaths.

20 (1) If the application for duty-related death benefits is approved, the duty-related
21 death benefit shall be paid retroactive to the month following the month of the employee's
22 date of death.

1 (2) If the surviving spouse did not receive survivor benefits under KRS 61.640 and
2 78.5532, upon the surviving spouse's selection of a payment option, the Agency shall pay
3 the surviving spouse the total monthly retirement allowances owed.

4 (3)(a) If the beneficiary was a surviving spouse who began receiving survivor
5 benefits KRS 61.640 and 78.5532, the Agency shall calculate the difference between the
6 survivor benefit paid to the surviving spouse beneficiary and the duty-related death
7 benefit. The Agency shall pay the surviving spouse any additional funds due.

8 (b) If the surviving spouse was paid more than the amount due under KRS 61.621
9 or KRS 78.545, the Agency shall deduct the difference from the \$10,000 lump sum
10 payment and from the monthly retirement allowance payments until the amount owed to
11 the Agency has been recovered.

12 (4) If benefits are payable to a dependent child as defined in KRS 16.505, the
13 dependent child or the child's parent or guardian shall file the following documents at the
14 retirement office:

15 (a) A Form 6458, "Designation of Dependent Child for In Line of Duty/Duty-
16 Related;

17 (b) If the child is age eighteen (18) or over and a full-time student, verification of
18 full-time student status, if applicable;

19 (c) If the child is eligible for federal Social Security disability benefits or is being
20 claimed as a qualifying child for tax purposes due to the child's total and permanent
21 disability, file a copy of the most recent statement issued by the Social Security
22 Administration for such dependent children;

23 (d) A copy of the birth certificate of each dependent child; and

1 (e) If a dependent child is a minor, a Form 6110, "Affidavit of Authorization to
2 Receive Funds on Behalf of Minor." If the minor has a court appointed guardian or
3 conservator and the court appointed guardian or conservator completed the Form 6110,
4 "Affidavit of Authorization to Receive Funds on Behalf of Minor," the guardian or
5 conservator shall file a copy of the court order appointing the guardian or conservator.

6 (5)(a) The dependent child or the parent or guardian of the dependent child shall
7 also:

8 1. Notify the Agency of the death or marriage of a dependent child or if the
9 dependent child ceases to be a full-time student, if applicable; and

10 2. File a copy of the dependent child's verification of full-time student status with
11 the Agency for each semester of study within thirty (30) days following the start and within
12 thirty (30) days following the end of each semester, if applicable.

13 (b) The dependent child or the parent or guardian of the dependent child shall be
14 responsible for repaying any dependent child benefits overpaid due to the failure of the
15 dependent child or parent or guardian of the dependent child to provide the information
16 required by paragraph (a) of this subsection.

17 (6) Any increases provided under KRS 61.691 and 78.5518 shall be applied to the
18 surviving spouse's duty-related death benefit and payments to a dependent child in
19 determining the total retroactive payments owed to the surviving spouse and dependent
20 child.

21 (7)(a) A surviving spouse, dependent child, or parent or guardian of a dependent
22 child shall complete a Form 6130, "Authorization for Deposit of Retirement Payment," and

1 file it at the retirement office in order to have the monthly benefit deposited to an account
2 in a financial institution.

3 (b) The surviving spouse, dependent child, or parent or guardian of a dependent
4 child and the financial institution shall provide the information and authorizations required
5 for the electronic transfer of funds from the State Treasurer's Office to the designated
6 financial institution.

7 (8)(a) At any time while receiving a monthly benefit, the surviving spouse,
8 dependent child, or parent or guardian of a dependent child may change the designated
9 institution by filing a new valid Form 6130, "Authorization for Deposit of Retirement
10 Payment," at the retirement office or by submitting new direct deposit information via Self-
11 Service on the Web site maintained by the Agency, if available.

12 (b) The last valid Form 6130, "Authorization for Deposit of Retirement Payment,"
13 or the last direct deposit information submitted via Self-Service on the Web Site
14 maintained by the Agency shall control the electronic transfer of the surviving spouse's or
15 dependent child's monthly benefit.

16 (9) A surviving spouse, dependent child, or parent or guardian of a dependent child
17 may file a valid Form 6135, "Request for Payment by Check," at the retirement office if
18 the surviving spouse, dependent child, or parent or guardian of a dependent child does
19 not currently have an account with a financial institution or the financial institution does
20 not participate in the electronic funds transfer program.

21 (10) The Agency shall not process the retirement allowance or monthly benefit until
22 the surviving spouse, dependent child, or parent or guardian of a dependent child has
23 filed a valid Form 6130, "Authorization for Deposit of Retirement Payment," filed a valid

1 Form 6135, "Request for Payment by Check," or authorized direct deposit via Self-Service
2 on the website maintained by the Agency.

3 Section 14. One-Time Window for Surviving Spouse to Apply for Duty-Related Death
4 Benefits.

5 A surviving spouse of an employee who died prior to retirement and prior to April
6 13, 2018 who is currently receiving monthly benefits from the Agency and who did not
7 seek benefits for an employee's death resulting from a duty-related injury pursuant to
8 KRS 61.621 and 78.545 may apply for duty-related death benefits so long as the
9 application for duty-related death benefits is on file at the retirement office on or before
10 January 1, 2021.

11 Section 15. Death During Duty-Related Disability Benefits Application Process.

12 (1)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for duty-
13 related disability benefits on file at the retirement office that complies with Sections 4 and
14 6, is not receiving monthly early, normal, or disability retirement benefits, and dies prior
15 to being approved for duty-related disability benefits by at least a majority of the medical
16 examiners or by a Final Order of DAC, then the beneficiary named on the Form 6000
17 shall file the following at the retirement office in accordance with any applicable deadlines
18 in KRS 61.665 and 78.545 in order to continue with the applicant's application or
19 reapplication for duty-related disability benefits:

20 1. A Form 6008, "Beneficiary Election to Continue Disability Application Process
21 on Behalf of Deceased Member."

22 2. Any outstanding forms required by Section 4 that have not yet been filed by the
23 applicant, and

1 3. Any additional relevant objective medical evidence and a valid Form 8002,
2 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
3 Information."

4 (b) If there are no applicable deadlines pursuant to KRS 61.665 and 78.545, then
5 the beneficiary named on the Form 6000, "Notification of Retirement," as described in
6 paragraph (a) of this subsection shall file at the retirement office a Form 6008, "Beneficiary
7 Election to Continue Disability Application Process on Behalf of Deceased Member,"
8 within sixty (60) days of the date of the applicant's death.

9 (c) A beneficiary as described in paragraphs (a) or (b) of this subsection that does
10 not want to continue with the applicant's application or reapplication may file at the
11 retirement office a Form 6008, "Beneficiary Election to Continue Disability Application
12 Process on Behalf of Deceased Member."

13 (d) If the beneficiary named on the Form 6000, "Notification of Retirement," as
14 described in paragraphs (a) or (b) of this subsection does not timely file the required
15 documentation, then the Form 6000 shall be invalid and the duty-related disability
16 application or reapplication shall not be processed by the Agency.

17 (2)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for duty-
18 related disability benefits that complies with Sections 4 and 6 on file at the retirement
19 office, is receiving monthly early, normal, or disability retirement benefits, and dies prior
20 to being approved for duty-related disability benefits by at least a majority of the medical
21 examiners or by a Final Order of DAC, and no monthly or lump-sum benefits are payable
22 to the beneficiary listed on the Form 6000, then the executor, administrator, or other
23 representative of the applicant's estate shall file the following at the retirement office in

1 accordance with any applicable deadlines in KRS 61.665 and 78.545 in order to continue
2 with the applicant's application or reapplication for duty-related disability benefits:

3 1. An order appointing the executor, administrator, or other representative of the
4 applicant's estate from a court with jurisdiction that has been entered by the Clerk of the
5 Court or certified by the Clerk of the Court,

6 2. A written statement that the application or reapplication for duty-related disability
7 benefits should continue,

8 3. Any outstanding forms required by Section 4 that have not yet been filed by the
9 applicant, and

10 4. Any additional relevant objective medical evidence and a valid Form 8002,
11 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
12 Information."

13 (b) If none of the deadlines in KRS 61.665 and 78.545 apply, within sixty (60) days
14 of their appointment, the executor, administrator, or other representative of the applicant's
15 estate as described in paragraph (a) of this subsection shall file the following at the
16 retirement office in order to continue with the applicant's application or reapplication for
17 duty-related disability benefits:

18 1. A copy of the order appointing the executor, administrator, or other
19 representative of the applicant's estate from a court with jurisdiction that has been entered
20 by the Clerk of the Court or certified by the Clerk of the Court, and

21 2. A written statement that the application or reapplication for duty-related disability
22 benefits should continue.

1 (c) An executor, administrator, or other representative of the applicant's estate as
2 described in paragraphs (a) or (b) of this subsection that does not want to continue with
3 the applicant's application or reapplication may file the following at the retirement office:

4 1. A copy of the order appointing the executor, administrator, or other
5 representative of the applicant's estate from a court with jurisdiction that has been entered
6 by the Clerk of the Court or certified by the Clerk of the Court, and

7 2. A written statement that the application or reapplication for duty-related disability
8 benefits is withdrawn.

9 (d) If the executor, administrator, or other representative of the applicant's estate
10 as described in paragraphs (a) or (b) of this subsection does not timely file the required
11 documentation, then the application or reapplication for duty-related disability benefits
12 shall be invalid and shall not be processed by the Agency.

13 (3)(a) If an applicant has a valid Form 6000, "Notification of Retirement," for duty-
14 related disability benefits that complies with Sections 4 and 6 on file at the retirement
15 office, is receiving monthly early, normal, or disability retirement benefits, and dies prior
16 to being approved for duty-related disability benefits by at least a majority of the medical
17 examiners or by a Final Order of DAC, and lump sum or monthly benefits are payable to
18 the beneficiary listed on the Form 6000, then the beneficiary named on the Form 6000
19 shall file the following at the retirement office in accordance with any applicable deadlines
20 in KRS 61.665 and 78.545 in order to continue with the applicant's application or
21 reapplication for duty-related disability benefits:

22 1. A Form 6008, "Beneficiary Election to Continue Disability Application Process
23 on Behalf of Deceased Member,"

1 2. Any outstanding forms required by Section 4 that have not yet been filed by the
2 applicant, and

3 3. Any additional relevant objective medical evidence and a valid Form 8002,
4 "Beneficiary Certification of Application for Disability Retirement and Supporting Medical
5 Information."

6 (b) If there are no applicable deadlines pursuant to KRS 61.665 and 78.545, then
7 the beneficiary named on the Form 6000, "Notification of Retirement," as described in
8 paragraph (a) of this subsection shall file at the retirement office a Form 6008, "Beneficiary
9 Election to Continue Disability Application Process on Behalf of Deceased Member,"
10 within sixty (60) days of the date of the applicant's death.

11 (c) A beneficiary as described in paragraphs (a) or (b) of this subsection that does
12 not want to continue with the applicant's application or reapplication may file at the
13 retirement office a Form 6008, "Beneficiary Election to Continue Disability Application
14 Process on Behalf of Deceased Member."

15 (d) If the beneficiary named on the Form 6000, "Notification of Retirement," as
16 described in paragraphs (a) or (b) of this subsection does not timely file the required
17 documentation, then the duty-related disability application or reapplication shall be invalid
18 and shall not be processed by the Agency.

19 Section 16[7]. Incorporation by Reference. (1) The following material is incorporated by
20 reference:

21 (a) Form 6800, "Application for Death Benefits Duty Related/In Line of Duty,"[;]
22 April 2021[April 2003];

23 (b) Form 6000, "Notification of Retirement,"[;] April 2021[July 2004];

1 (c) Form 8035, "Employee Job Description," April 2021;

2 (d) Form 8040, "Prescription and Nonprescription Medications," April 2021;

3 (e) Form 8001, "Certification of Application for Disability Retirement and
4 Supporting Medical Information," April 2021;

5 (f) Form 8030, "Employer Job Description," April 2021;

6 (g) Form 8846, "Travel Voucher for Independent Examination," May 2008;

7 (h) Form 6448, "Designation of a Dependent Child for Qualifying Total and
8 Permanent Disability," June 2021;

9 (i)[(e)] Form 6110, "Affidavit of Authorization to Receive Funds on Behalf of
10 Minor,"[;] April 2021[May-2003];

11 (j)[(d)] Form 6456, "Designation of Dependent Child", July 2004;

12 (e)-]Form 6130, "Authorization for Deposit of Retirement Payment," April 2021[May
13 2008];[-and]

14 (k)[(f)] Form 6135, "Request for Payment by Check,"[;] May 2015;[February 2002.]

15 (l) Form 6458, "Designation of Dependent Child for In Line of Duty/Duty-Related,"
16 April 2021;

17 (m) Form 6008, "Beneficiary Election to Continue Disability Application Process
18 on Behalf of Deceased Member," April 2021; and

19 (n) Form 8002, "Certification of Application for Disability Retirement and
20 Supporting Medical Information," April 2021.

21 (2) This material may be inspected, copied, or obtained, subject to applicable
22 copyright law, at the Kentucky Public Pensions Authority[Retirement Systems],
23 [Perimeter Park West,]1260 Louisville Road, Frankfort, Kentucky 40601, Monday through

- 1 Friday, 8 a.m. to 4:30 p.m. (28 Ky.R. 1002; eff. 12-19-2001; 29 Ky.R. 778; 1255; eff. 11-
- 2 12-2002; 32 Ky.R. 393; eff. 11-5-2004; 35 Ky.R. 121; Am. 542; eff. 10-3-2008; Crt eff. 1-
- 3 29-2020.)

APPROVED:



DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

7/29/2021
DATE

PUBLIC HEARING: A public hearing on this administrative regulation shall be held on Thursday, October 21, 2021 at 2:00 p.m. Eastern Standard Time at the Kentucky Public Pensions Authority, 1270 Louisville Road, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by 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. This hearing is open to the public. Any person who wishes to be heard will be given the opportunity to comment on the proposed administrative regulation. 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 through October 31, 2021. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Michael Board, Executive Director Office of Legal Services, Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8647, facsimile (502) 696-8801.

REGULATORY IMPACT ANALYSIS
AND TIERING STATEMENT

Regulation number: 105 KAR 1:310
Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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 and requirements for applying or reapplying for duty-related disability and death benefits and for administratively appealing a denial of an application or reapplication for duty-related benefits.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedures and requirements for applying or reapplying for duty-related disability and death benefits and for administratively appealing a denial of an application or reapplication for duty-related benefits.

(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 duty-related disability and death benefits and for administratively appealing a denial of an application or reapplication for duty-related benefits in accordance with KRS 61.621 and 78.545.

(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 applying or reapplying for duty-related disability and death benefits and for administratively appealing a denial of an application or reapplication for duty-related benefits in accordance with KRS 61.621 and 78.545.

(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: The amendment updates the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021) as well as the Kentucky Public Pensions Authority's use of a third-party vendor to provide medical examiner reviews in accordance with KRS 61.665 and 78.545. The amendment also clarifies the existing regulation.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to update the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021) as well as the Kentucky Public Pensions Authority's use of a third-party vendor to provide medical examiner reviews in accordance with KRS 61.665 and 78.545. The amendment also clarifies the existing regulation.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the authorizing statute because it is necessary to carry out the provisions of KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, in accordance with KRS 61.505(1)(f).

(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 establishing the procedures and requirements for applying or reapplying for duty-related disability and death benefits and for administratively appealing a denial of an application or reapplication for duty-related benefits in accordance with KRS 61.621 and 78.545.

(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 amendment 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): The amendment allows the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System to conform with KRS 61.515 to 61.705, 16.510 to 16.652, and 78.520 to 78.852, particularly the duty-related disability and death benefit application and reapplication process as well as the process for administratively appealing the denial of duty-related disability applications and reapplications.

(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 1:310
Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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)(f).

(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 (+/-):

Expenditures (+/-):

Other Explanation:



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



Form 6800
 Revised 04/2021

Application for Duty Related/In Line of Duty Death Benefits

Deceased Member Information			
Member Name:		Member ID:	
Birthdate:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
Date of Death:	Termination Date (if different than date of death):		
Employer Information			
Agency Name:		Telephone:	Fax:
Agency Address:	City:	State:	Zip Code:

Incident Information	
Please provide the requested information below and submit the following documents with this form:	
(1) Member's death certificate (2) Incident investigation report (3) Police report (if applicable) (4) Employee's job description	
Date of Incident:	Time of Incident:
Location of Incident:	
Is there a police report documenting this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a copy with this form.	
Description of Incident:	

Certification	
I certify that I have full knowledge of the penalty in KRS 523.100 related to the falsification of records and the information provided on this form is true and accurate.	
Printed Name of Member's Immediate Supervisor: _____	
Signature of Member's Immediate Supervisor: _____	Date: _____
Approved by:	
Printed Name of Agency Head: _____	
Signature of Agency Head: _____	Date: _____

When all sections have been completed, please return this form to:
 Kentucky Public Pensions Authority
 1260 Louisville Road
 Frankfort, KY 40601



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

Revised 04/2021

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.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section G - 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
- U.S. Passport
- Age record of the Social Security Administration

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.



KENTUCKY PUBLIC PENSIONS AUTHORITY
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Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. **You may choose your federal tax withholding preference by completing Section G of your Form 6000, Notification of Retirement. *If you do not complete Section G, KPPA will automatically withhold federal income tax based on married status with 3 exemptions.*** You may find the worksheets below helpful when completing Section G.

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? Complete lines A through H of the Personal Allowances Worksheet. Use the additional 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 G 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.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself</p> <p>B Enter "1" if you will file as married filing jointly.</p> <p>C Enter "1" if you will file as head of household</p> <p>D Enter "1" if:</p> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. <p>E Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-". <p>F Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-". <p>G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here.</p> <p>H Add lines A through G and enter the total here</p>	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
--	---

• If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments and Additional Income Worksheet**, later.
 • If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$53,000 (\$24,450 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 2 of Form W-4P above.

For accuracy, complete all worksheets that apply.

Form W-4P Instructions *Continued*

Deductions, Adjustments, and Additional Income Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details 1 \$ _____
- 2 Enter:

\$24,400 if you're married filing jointly or qualifying widow(er)	
\$18,350 if you're head of household	
\$12,200 if you're single or married filing separately	

2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items). 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. 5 \$ _____
- 6 Enter an estimate of your 2019 other income not subject to withholding (such as dividends, interest, or capital gains) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses. 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction. 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 4. 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1. 10 _____

Multiple Pensions/More-Than-One-Income Worksheet

Note. Use this worksheet *only* if the instructions under line H, from the **Personal Allowance Worksheet**, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet. 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet. 4 _____
- 5 Enter the number from line 1 of this worksheet. 5 _____
- 6 **Subtract** line 5 from line 4. 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 **Divide** line 8 by the number of payments remaining in 2019. For example, divide by 8 if you're paid every month and you complete this form in April 2019. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment. 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						



KENTUCKY PUBLIC PENSIONS AUTHORITY
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Form 6000
 Revised 04/2021

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

Retirement Date: _____ 1, _____
Month Year

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

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

Section B - Type of Retirement

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.

Disability Retirement applicants must complete Section I.

- NORMAL OR EARLY RETIREMENT DISABILITY RETIREMENT

Section C: Retirement Systems

Check the appropriate box or boxes to indicate the retirement systems from which you intend to retire.

- Kentucky Employees Retirement System - KERS (state employees, health departments, universities)
- County Employees Retirement System - CERS (city, county, local governments, classified employees of boards of education)
- 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 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.

- Teachers' Retirement System - TRS (certified employees of boards of education)
- Legislators' Retirement Plan - LRP (State Senators and Representatives)
- Judicial Retirement Plan - JRP (Judges)

Section D - 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. 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. 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 E - \$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 F - 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:

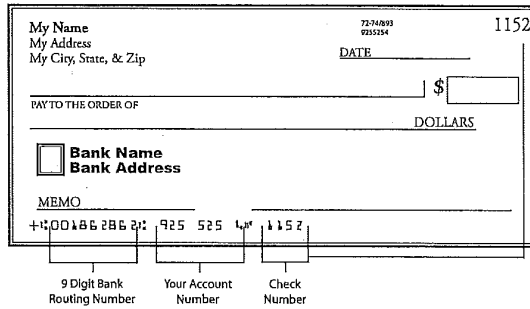
Depositor Routing Number:

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 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.

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 G - 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, KPPA will automatically withhold federal income tax based on married status with 3 exemptions. You may refer to the instructions for Form W-4-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:
Complete the following applicable lines.		
1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) <input type="checkbox"/>		
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) (Enter number of allowances)		
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher "Single" rate		
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) \$		

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 Kentucky Public Pensions Authority or entities affiliated with participating agencies in order for 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies, or that I will have a separation from service with agencies participating in 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 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 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies.

I understand that the terms "agencies participating in 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 Kentucky Public Pensions Authority or entities affiliated with participating agencies, I have a duty to report such employment in writing to 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 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. Form 6000 Page 5

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Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to 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, 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 Compensation, Lump Sum Compensatory Pay, Bonus/Severance Payment, Wages Paid After Term but Earned Prior to Term or Contract Payout - School Board Use Only.

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 as a result of an act in the line of duty?

Yes, this is the direct result of an injury sustained while performing the principal duties of the hazardous position.

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: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY

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



Print Form

Form 8035
 Revised 04/2021

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

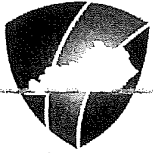
If yes, please provide the status of your disability benefit from the Social Security Administration:

Certification

I hereby certify that the information provided on this form is correct and accurate as of my last day worked.

Signature: _____

Date: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY
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Print Form

Form 8040
 Revised 10/2005

Prescription and Nonprescription Medications

Member Information

Member Name: _____		Member ID: _____	
Address: _____	City: _____	State: _____	Zip Code: _____

Prescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Nonprescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Signature: _____

Date: _____



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Form 8001
 Revised 04/2021

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
<p>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. 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.</p> <p>I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.</p> <p>Signature: _____ Date: _____</p>



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Employer Instructions for Member Filing for Disability

Revised 04/2021

IMPORTANT: Failure to return the required information within 5 business days may cause a delay in the member's monthly benefit and health insurance.

A disability retirement application has been initiated through Kentucky Public Pensions Authority.

For members who apply for disability retirement, KRS 61.665(2)(a) requires 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.



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Print Form

Form 8030
 Revised 04/2021

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)	Never	Seldom/ Rare	Occasional (up to 1/3 of work day)	Frequent (1/3 to 2/3 of work day)	Repetitive (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 attach a statement describing 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? _____

Additional Remarks: _____

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: _____

IMPORTANT: FAILURE TO RETURN THE REQUIRED INFORMATION WITHIN 5 BUSINESS DAYS MAY CAUSE A DELAY IN THE MEMBER'S MONTHLY BENEFIT AND HEALTH INSURANCE.

For members who apply for disability retirement through Kentucky Public Pensions Authority, KRS 61.665(2)(a) requires 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. sec. 12111(9) and 29 C.F.R. Part 1630 through the American with Disabilities Act (ADA).

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 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: _____



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



Print Form

Form 8846
 Revised 05/2008

Travel Voucher for Independent Examination

Member Information			
Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

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 Kentucky Official Highway Map, mileage software or the most recent edition of the Rand McNally Road Atlas, whichever is less. Receipts for cost of tolls and parking must be included and returned with this voucher. Written request and receipts for reimbursement must be submitted and received by our office within 15 days of the date of the examination or evaluation.

I _____ certify that the information set out above is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty of perjury under KRS 523.010 to KRS 522.110.

Signature: _____ Date: _____



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Form 6448
 06/2021

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 issued by the Social Security Administration.

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 that the person designated above is my dependent child defined by law as "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22)" or, this child has "been determined to be eligible for federal Social Security disability benefits" or "claimed as a qualifying child for tax purposes due to the child's total and permanent disability." KRS 16.505(17).

I UNDERSTAND AND AGREE that I will immediately provide written notification to the Kentucky Public Pensions Authority as soon as the person designated above no longer qualifies as a dependent child as defined by KRS 16.505(17). I understand that benefits shall immediately cease when the person designated above no longer qualifies as a dependent child as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any benefits paid to the person designated above if said person is not a dependent child as defined by KRS 16.505(17) or if I fail to notify Kentucky Public Pensions Authority when said person marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent.

Signature: _____

Date: _____

Notary Certificate

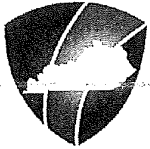
State of: _____

County of: _____

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

My Commission Expires: _____

Notary Public: _____



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



Print Form

Form 6110
 Revised 04/2021

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:

Minor Recipient Information

Minor Name:	Minor's Social Security Number:
-------------	---------------------------------

Comes the Affiant, after being duly sworn, 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 further state that no divorce decree, termination of parental rights, adoption, or any other legal process of any type, whether voluntary or involuntary, affects or inhibits my legal authority to receive funds on behalf of the Minor Recipient. I further acknowledge that if an order or other process affects my authority to receive the funds on behalf of the Minor Recipient, it will be my duty to notify the Kentucky Public Pensions Authority promptly and provide a full and complete copy of any documents affecting my authority to receive funds on behalf of the Minor Recipient.

Signature: _____
 Printed Name: _____
 Date: _____

State of: _____
 County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2____, by _____

 Notary Public
 My Commission Expires: _____



KENTUCKY PUBLIC PENSIONS AUTHORITY
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Form 6130
 Revised 04/2021

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 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.

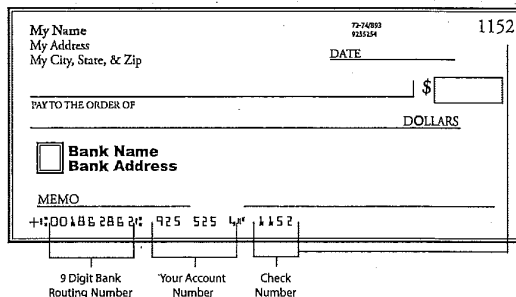
I certify that the entire payment that Kentucky Public Pensions Authority sends electronically to the financial institution I have designated, is not subject to being transferred to a foreign bank. I agree to notify Kentucky Public Pensions Authority in writing immediately if the payment becomes subject 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 VOIDÉD 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.



KENTUCKY PUBLIC PENSIONS AUTHORITY

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



Print Form

Form 6135
 Revised 05/2015

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:
Phone Number:	Is this a new address?	<input type="radio"/> Yes	<input type="radio"/> No

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 _____ Title: _____
 Financial Institution Officer:

Certification

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. 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: _____



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Form 6458
 4/2021

Designation of Dependent Child for In Line of Duty/Duty-Related

Deceased Member's Information: Please provide the Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:

Parent/Guardian Information: Please provide your Member ID or Social Security number in the Member ID box below.

Parent/Guardian 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 issued by the Social Security Administration.

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 that I am the parent, guardian, or dependent child over the age of 18 of the deceased member, and hereby certify that the person designated above is the deceased member's dependent child defined by law as "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22)" or, this child has "been determined to be eligible for federal Social Security disability benefits" or "claimed as a qualifying child for tax purposes due to the child's total and permanent disability." KRS 16.505(17).

I UNDERSTAND AND AGREE that I will immediately provide written notification to the Kentucky Public Pensions Authority as soon as the person designated above no longer qualifies as a dependent child as defined by KRS 16.505(17). I understand that benefits shall immediately cease when the person designated above no longer qualifies as a dependent child as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any benefits paid to the person designated above if said person is not a dependent child as defined by KRS 16.505(17) or if I fail to notify Kentucky Public Pensions Authority when said person marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

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 Road • Frankfort, KY 40601
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Form 6008
 Revised 09/2010

**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 I begin receiving payments.

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.

Beneficiary Signature: _____

Date: _____

Witnessed by: _____

Date: _____



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



Form 8002
 04/2021

Certification of Application for Disability Retirement and Supporting Medical Information

Member Information	
Member Name: _____	Member ID: _____
<p>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. This means the attached information consists of all the existing medical information regarding the condition(s) for which the member was 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 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 pursuant to KRS 61.665(2)(a) that I am responsible for filing supporting objective medical information to report the deceased member's physical and mental condition. I am also aware that by signing this certification I am certifying to Kentucky Public Pensions Authority that the enclosed medical records represent all of the 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 deceased member.</p> <p>I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.</p>	
Beneficiary's Signature: _____	Date: _____
Print Name: _____	SSN: _____

FILED WITH LRC
TIME: 11:17 AM
JUL 29 2021
Emily B Caudill
REGULATIONS COMPILER

1 FINANCE AND ADMINISTRATION CABINET

2 Kentucky Retirement Systems

3 (Amendment to Administrative Regulation)

4 105 KAR 1:330. Purchase of service credit.

5 RELATES TO: KRS 16.545, 16.645[(20), (26), (29), (31)], 61.505, 61.543, 61.552,
6 61.5525, 61.555,] 61.592, 78.5520, 61.685, 78.545[(6), (31), (35), (43)], 78.610, 26
7 U.S.C. 415

8 STATUTORY AUTHORITY: KRS 61.505(1)(f)[KRS 61.645(9)(g)]

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 61.505(1)(f)[KRS 61.645(9)(g)]

10 authorizes the Kentucky Public Pensions Authority[requires the Board of Trustees of
11 Kentucky Retirement Systems] to promulgate [all]administrative regulations on behalf of
12 the Kentucky Retirement Systems and the County Employees Retirement System that
13 are consistent with[necessary or proper to carry out the provisions of] KRS 16.505[40] to
14 16.652, 61.510[45] to 61.705, and 78.510[20] to 78.852. KRS 16.545, 16.645[(20), (26),
15 (29), (31)], 61.543, 61.552, [61.5525, 61.555,] 61.592, 78.5520, 61.685, 78.545[(6), (31),
16 (35), (43)], and 78.610 provide for purchasing service credit. 26 U.S.C. 415 establishes
17 federal requirements regarding purchases of service credit. This administrative regulation
18 establishes the documentation required from the employee or person as proof of eligibility
19 for purchasing service credit, the filing deadlines on which the cost calculation will be
20 made, and the procedures for purchase of service credit.

1 Section 1. Definitions.

2 (1) Definitions contained in KRS 16.505, 61.510, and 78.510 shall apply to this
3 regulation, unless otherwise defined herein.

4 (2) Prior to April 1, 2021, "the Agency" means the Kentucky Retirement Systems,
5 which administers the State Police Retirement System, the Kentucky Employees
6 Retirement System, and the County Employees Retirement System. Effective April 1,
7 2021, "the Agency" means the Kentucky Public Pension Authority, which is authorized
8 carry out the day-to-day administrative needs of the Kentucky Retirement Systems
9 (comprised of the State Police Retirement System and the Kentucky Employees
10 Retirement System) and the County Employees Retirement System.

11 (3) "File" means the following methods for delivering or submitting a form to the
12 retirement office: mail, fax, secure email, in-person delivery, and upload via Self Service
13 on the Web site maintained by the Agency (if available). A form shall not be deemed filed
14 until it has been received at the retirement office.

15 (4) "Provide," when used in reference to a form or other document, means the
16 following methods for the Agency to make a form or document available to a member,
17 retired member, or person: mail, fax, secure email, and upload via Self Service on the
18 Web site maintained by the Agency (if available).

19 (5) "The Systems" means the State Police Retirement System, the Kentucky
20 Employees Retirement System, and the County Employees Retirement System.

21 (6) "Valid," when used in reference to a form, means that all required sections on
22 a form are completed and all required signatures on a form are executed.

23 Section 2. Cost calculation date for determining the cost of the service purchase.

1 (1) The cost calculation date for determining the cost of the service to be purchased
2 shall be the later of:

3 (a) The last day of the month in which the request for the cost of the service is
4 filed~~[received]~~ at the retirement office;

5 (b) The last day of the month the employee or person designates as the intended
6 purchase date;

7 (c) The last day of the month in which documentation of the service is filed at the
8 retirement office;

9 (d) The last day of the month in which the employee~~[member]~~ attains sufficient
10 service credit to be eligible to make the purchase; or

11 (e) The last day of the month in which the employee~~[member]~~ terminates
12 employment if the employee~~[member]~~ files a completed Form 4172, Notice of Intent to
13 Transfer Lump Sum Payment(s) to Qualified Employer Sponsored Plan, at the retirement
14 office indicating that the employee~~[member]~~ intends to defer the employee's~~[member's]~~
15 lump sum payment for accrued compensatory and annual leave to be paid to the
16 employee~~[member]~~ at termination to the Kentucky Public Employees Deferred
17 Compensation Authority or other qualified employer sponsored plan. The
18 employee~~[member]~~ shall then rollover the funds from the Kentucky Public Employees
19 Deferred Compensation Authority or other qualified employer sponsored plan to the
20 Agency~~[Kentucky Retirement Systems]~~ as payment, in whole or in part, for the
21 employee's~~[member's]~~ service purchase.

22 (2)(a) The purchase deadline date shall be the later of the cost calculation date or
23 thirty (30) days from the date the purchase cost is provided~~[mailed]~~ to the employee,

1 unless day thirty (30) is a Saturday, Sunday, a public holiday listed in KRS 2.110, a day
2 on which the public office is actually and legally closed, [weekend] or any other federal or
3 state holiday that disrupts mail service, then the purchase deadline date shall be the next
4 business day.

5 (b) Upon discovery of a delay in providing the purchase cost to the employee or
6 person, the Agency may extend the purchase deadline date in paragraph (a).

7 (3) An employee or person may not make a new request for cost calculation for
8 purchase of service previously requested until the purchase deadline date has passed.

9 (4) Payment [Except as provided in KRS 61.552(16), payment] for purchase of
10 service credit shall be filed at the retirement office while the employee is participating in
11 an eligible retirement system and prior to the employee's termination date, except in the
12 following circumstances:-

13 (a) The purchase of service credit is made under KRS 61.552(2);

14 (b) If the employee files a Form 4170, "Direct Transfer/Rollover Authorization
15 Form," at the retirement office while the employee is participating in an eligible retirement
16 system and prior to the employee's termination date, so long as the financial institution
17 completes the transfer or rollover within sixty (60) days of the payment due date, the
18 payment for purchase of service credit by transfer or rollover may occur when the
19 employee is no longer participating in an eligible retirement system and after the
20 employee's termination date; or

21 (c) If the Agency discovers an error or omission in the service purchase cost, then
22 the Agency may provide corrected costs to the employee, person, member, or retired
23 member and, in order to have the service purchase credited to his or her account, the

1 employee, person, member, or retired member shall pay any additional amount due for
2 the corrected costs.

3 (5) If the employee[member] elects to purchase only a portion of the service for
4 which he or she has requested a cost calculation, the employee[member] shall be
5 required to obtain a new cost calculation for the remaining service unless the remaining
6 service is service under KRS 61.552(2)[(1)] or (3)[(23)].

7 Section 32. General requirements to purchase service.

8 (1) The employee or person shall file at the retirement office[provide] all
9 documentation necessary for the Agency[retirement system] to determine that the service
10 meets the eligibility requirements for purchase of service.[The documentation may be in
11 the form of:

12 (a) ~~A statement or letter signed by the reporting official, personnel director or~~
13 ~~agency head, or if the service is with the university, federal government or military a~~
14 ~~statement or letter signed by an authorized employee of the university, federal~~
15 ~~government or military, except that no employee shall certify his own service. The~~
16 ~~retirement system may require that the statement be made under oath; or~~

17 (b) ~~Copies of personnel and wage records supplied by the agency.]~~

18 (2) The Agency may require that any statement, letter, form, or other document
19 required in this regulation be notarized, made under oath as defined in KRS 523.010, or
20 both.

21 (3) No employee or person shall certify his or her own service on any of the
22 statements, letters, forms, or other documents required by this regulation.

1 (4)(a) The Agency shall determine how much service is eligible for purchase by
2 statute and shall notify the employee or person in writing of the cost of the service that
3 qualifies for purchase.

4 (b) If the Agency determines that the service is not eligible for purchase, the
5 Agency shall notify the employee or person in writing of the reasons.

6 Section 4. Purchase of omitted service.

7 (1)(a) To purchase omitted service pursuant to KRS 61.552(2) and 78.545, the
8 employee or person shall file at the retirement office a valid Form 4225, "Verification of
9 Past Employment."

10 (b) If the employee or person is seeking to purchase omitted service based on
11 employment with the Executive Branch, copies of personnel and wage records provided
12 by the employer shall be filed at the retirement office instead of the Form 4225,
13 "Verification of Past Employment."

14 (2) If the Agency~~[retirement system]~~ determines that the employer~~[agency]~~ records
15 submitted on the Form 4225, "Verification of Past Employment," or the personnel and
16 wage records from the Executive Branch employer are not sufficient, the
17 Agency~~[retirement system]~~ may require the employee or person to supplement the
18 employer~~[agency]~~ records with copies of check stubs, W-2 forms, personnel action forms,
19 or payroll records in the employee's or person's possession.

20 (3) If the employee or person does not have additional documentation of the
21 service, the employee or person may file at the retirement office~~[submit]~~ a report of
22 detailed earnings from the Social Security Administration for the period of service, along
23 with two (2) Form 4160s, "Affidavit and Certification for Documentation of

1 Service [affidavits] completed by persons [individuals] who earned, or were eligible for,
2 service for the same period in a state administered retirement system with the same
3 employer. Each affiant shall detail the employee's or person's employment status and
4 length of service.

5 Section 5. Purchase of school board service.

6 [~~4~~] The retirement office shall determine if all or part of the service is eligible for
7 purchase and shall notify the employee in writing of its determination.

8 ~~Section 3. (1) For service with a public agency, other than a school board,~~
9 ~~participating in one (1) of the systems administered by the Kentucky Retirement Systems~~
10 ~~or with a nonparticipating agency whose service is authorized by statute, the employee~~
11 ~~shall submit the following documentation and may be required by the system to provide~~
12 ~~additional information, if necessary for determination:~~

13 ~~(a) The beginning and ending dates of the service and any breaks which may have~~
14 ~~occurred during the service, listed by fiscal year;~~

15 ~~(b) The number of calendar months worked;~~

16 ~~(c) The position title and status, including full time, part time, probationary, emergency,~~
17 ~~seasonal, temporary, or interim; and~~

18 ~~(d) If the employee participated in a retirement plan, and if so, if the plan was a defined~~
19 ~~contribution or defined benefit plan, and if the employee has taken a refund of~~
20 ~~contributions to the plan.~~

21 ~~(2)~~ For service with a school board, the employee shall file at the retirement office
22 a valid Form 4225, "Verification of Past Employment." [~~provide the following~~

1 documentation and may be required by the system to provide additional information, if
2 necessary for determination:

3 (a) ~~The beginning and ending dates of the service and any breaks which may have~~
4 ~~occurred during the service, listed by fiscal year;~~

5 (b) ~~The number of calendar months worked;~~

6 (c) ~~The number of days in the employee's employment contract and the actual~~
7 ~~number of days worked;~~

8 (d) ~~The hours worked per day;~~

9 (e) ~~The position title and status, including full time, part time, probationary,~~
10 ~~emergency, seasonal, or temporary [or interim]; and~~

11 (f) ~~If the employee participated in a retirement plan, and if so, if the plan was a~~
12 ~~defined contribution or defined benefit plan, and if the employee has taken a refund of~~
13 ~~contributions to the plan.]~~

14 Section 6. Vested service purchases.

15 (1)(a) In order to purchase service credit for~~[(3) For]~~ active duty service in the
16 Armed Forces of the United States pursuant to KRS 61.552(5)(d) and 78.545, the
17 employee shall file at the retirement office~~[provide]~~ a copy of the federal form DD-214 or
18 other official military documents clearly indicating:

19 1.~~[(a)]~~ The date of entry into active duty service;

20 2.~~[(b)]~~ The date of discharge from active duty service; and

21 3.~~[(c)]~~ The type of discharge.

22 (b) In order to purchase service credit for~~[(4) For]~~ service in the National Guard or
23 the military reserve forces pursuant to KRS 61.552(5)(e) and 78.545, including periods of

1 active duty training, or for service in the National Guard, the employee shall file at the
2 retirement office~~[provide]~~ copies of official military documents clearly indicating the date
3 of entry and current participation or date of discharge.

4 ~~(c) The documents required in paragraphs (a) or (b) of this subsection shall be~~
5 verified by a statement or letter signed by an authorized employee of the military.

6 (d) The Agency shall verify with the employer the beginning and ending dates of
7 the period of leave associated with active duty service in the Armed Forces of the United
8 States, service in the National Guard, or service in the military reserve forces.~~[(5) For~~
9 ~~service with the federal government, the employee shall provide the following~~
10 ~~documentation:~~

11 ~~(a) The name of the federal agency where the employee worked;~~

12 ~~(b) The beginning and ending dates of the service and any breaks which may have~~
13 ~~occurred during the service;~~

14 ~~(c) The job title;~~

15 ~~(d) If the individual worked an average of 100 or more hours per month and if the~~
16 ~~position was temporary, seasonal or regular full time; and~~

17 ~~(e) If the employee participated in a retirement plan and if the employee has taken~~
18 ~~a refund of contributions to the plan.]~~

19 (2)(a) To purchase service for~~[(6) For]~~ a period when the employee~~[member]~~ was
20 on~~[leave, including]~~ educational, maternity, or~~[and]~~ sick leave without pay pursuant to
21 KRS 61.552(5)(i) and 78.545, the employee~~[member]~~ shall file at the retirement office a
22 statement or letter from the reporting official, personnel director, or agency head

1 certifying[submit documentation of] the beginning and ending dates of the period of leave
2 and the type of leave designated by the employer.

3 (b) The Agency shall verify with the employer the beginning and ending dates of
4 the period of educational, maternity, or sick leave without pay.

5 (3) To purchase state university service pursuant to KRS 61.552(5)(b) and 78.545,
6 the employee shall file at the retirement office a valid Form 4120, "Verification of
7 Employment with a State University."

8 (4) To purchase federal service pursuant to KRS 61.552(5)(f) and 78.545, the
9 employee shall file at the retirement office a valid Form 4115, "Federal Verification."

10 (5)(a) To purchase past seasonal, emergency, interim, probationary, temporary, or
11 part-time employment that averages the required hours of work per month pursuant to
12 KRS 61.552(5)(g) and 78.545, the employee shall file at the retirement office a valid Form
13 4225, "Verification of Past Employment."

14 (b) If the employee is seeking to purchase service based on past seasonal,
15 emergency, interim, probationary, temporary, or part-time employment with the Executive
16 Branch, copies of personnel and wage records provided by the employer shall be filed at
17 the retirement office instead of the Form 4225, "Verification of Past Employment."

18 (6) To purchase service with a non-participating agency whose service is
19 authorized pursuant to KRS 61.552(5)(j) and 78.545, the employee shall file at the
20 retirement office the following documentation and may be required to file additional
21 information, if necessary for determination:

22 (a) The beginning and ending dates of the service and any breaks that may have
23 occurred during the service, listed by fiscal year;

1 **(b) The number of calendar months worked;**

2 **(c) The position title and status, including full time, part time, probationary,**
3 **emergency, seasonal, temporary, or interim; and**

4 **(d) If the employee participated in a retirement plan, and if so, if the plan was a**
5 **defined contribution or defined benefit plan, and if the employee has taken a refund of**
6 **contributions to the plan.**

7 **(7) To purchase urban-county government service pursuant to KRS 61.552(5)(k)**
8 **and 78.545, the employee shall file at the retirement office a valid Form 4131, "Verification**
9 **of Urban-County Government Service."**

10 **(8)(a) To purchase service credit for out-of-state public service pursuant to KRS**
11 **61.552(5)(c) and 78.545, the employee shall file at the retirement office a valid Form 4140,**
12 **"Verification of Out-of-State Service."**

13 **(b) To purchase out-of-state service credit for a hazardous duty position, the**
14 **employee shall also file at the retirement office a copy of the description of the duties of**
15 **the out-of-state position from his or her former out-of-state employer.** ~~[(7) For service with~~
16 ~~one (1) of the state universities in Kentucky, the employee shall provide the following~~
17 ~~documentation:~~

18 ~~(a) The name of the university where the employee worked;~~

19 ~~(b) The beginning and ending dates of the service and any breaks which may have~~
20 ~~occurred during the service;~~

21 ~~(c) The job title;~~

22 ~~(d) If the individual worked an average of 100 or more hours per month and if the~~
23 ~~position was temporary, seasonal or regular full time; and~~

1 (e) If the employee participated in a benefit plan during the period of employment.

2 ~~(8) An employee wishing to purchase service credit for out-of-state public service~~
3 ~~under KRS 61.552(17) and (18) shall request a copy of the "Form 4140, Certification of~~
4 ~~Out of State Service".~~

5 (a) The employee shall mail] the "Form 4140, Certification of Out of State Service",
6 to his former employer and retirement plan for completion, and if the employee wishes to
7 purchase hazardous service in KERS, CERS, or SPRS, he shall also obtain a copy of the
8 description of his duties in the out of state position from his former employer.]

9 (c) Out-of-state service[Service] credit shall be eligible for purchase as hazardous
10 duty if the position is the same as or substantially similar to positions for which hazardous
11 duty credit has been approved under KRS 61.592 or 78.5522.[;]

12 [(b) The employee shall be responsible for obtaining the information requested
13 regarding the period of out of state service, and the completed "Form 4140, Certification
14 of Out of State Service", and job description shall be submitted to the retirement office;]

15 (c) The Agency shall determine how much service is eligible for purchase under
16 the statute and shall notify the employee of the full actuarial cost of the service which
17 qualifies for purchase; and

18 (d) If the retirement system determines that the service is not eligible for purchase,
19 the retirement system shall notify the employee of the reasons.]

20 Section 7[4]. Service purchase calculations based on actuarial cost.

21 For a purchase based on the actuarial cost, in accordance with KRS 61.552(10)(a)
22 and 78.545[61.5525], the higher of the current rate of pay, final rate of pay, or final
23 compensation times the actuarial age factor shall be determined as follows, except that

1 for an employee of a local school board paid under an employment contract, the current
2 rate of pay shall be equal to the final compensation as of the cost calculation date:

3 (1) Except for a classified employee of a local school board, current rate of pay
4 shall be determined as follows:

5 (a) For an hourly employee paid on a seven and one-half (7 1/2) hour day, the
6 hourly rate times 1,950;

7 (b) For an hourly employee paid on an eight (8) hour day, the hourly rate times
8 2,080;

9 (c) For an employee paid by the day, the daily rate times 260;

10 (d) For an employee paid by the week, the weekly rate times fifty-two (52);

11 (e) For an employee paid by the month, the monthly rate times twelve (12);

12 (f) For a part-time employee who averages 100 or more hours per month, the
13 hourly rate times hours per day times 260. If the number of hours worked per day is not
14 fixed by the employer, seven and one-half (7 1/2) hours shall be used;

15 (g) For an employee who receives a fixed amount in addition to an hourly, daily,
16 weekly, monthly, or annual rate, the current rate shall include all fixed amounts, averaged
17 into the same period;

18 (h) For an employee simultaneously employed in more than one (1) of the
19 Systems~~[retirement system administered by the Kentucky Retirement Systems]~~, the
20 higher of the combined current rate of pay, combined final rate of pay, or combined final
21 compensation shall be used as of the cost calculation date.

22 (2) Final compensation shall be determined as of the cost calculation date, except
23 that the final compensation of nonhazardous members of the County Employees

1 Retirement System or Kentucky Employees Retirement System with an effective
2 retirement date within the window provided in KRS 61.510(14)(b) and 78.510(14)(b) shall
3 be based on the three (3) fiscal years with the highest average monthly earnings if the
4 sum of the employee's service when added to his age would equal at least seventy-five
5 (75), assuming the employee's service includes:

6 (a) All service remaining on an active installment purchase agreement;

7 (b) All service which the employee is eligible to purchase under KRS 61.552(2),
8 61.552(3), and 78.545[(1) and (23)(a) and (b)]; and

9 (c) All service the employee would accrue if employment continued through
10 December 31, 2008.

11 (3) The employee's age rounded to the nearest year as of the cost calculation date
12 shall be used.

13 (4) The benefit factor used to determine the actuarial cost, in accordance with KRS
14 61.552(10)(a) and 78.545[61.5525], shall be the benefit factor to which the employee is
15 entitled on the first day of the month following the cost calculation date, except that the
16 benefit factor for nonhazardous employees of the County Employees Retirement System
17 and the Kentucky Employees Retirement System with an effective retirement date within
18 the window provided in KRS 61.510(14)(b) and 78.510(14)(b) shall be the highest benefit
19 factor to which the employee would be entitled, assuming total]:

20 (a) ~~An effective retirement date no later than January 1, 2009; and~~

21 (b) ~~Total~~] service as determined in subsection (2) of this section.

22 Section 85. Correction upon discovery of error or omission in service purchase costs.

1 (1) After the employee, member, or retired member has purchased service, the
2 Agency~~[retirement system]~~ may recalculate the cost of the service if, upon audit, the
3 Agency~~[retirement system]~~ determines that any of the information utilized to calculate the
4 cost of the service was incorrect.

5 (2) If the recalculation results in an increase in the cost of \$100 or more, the
6 employee or person, member, or retired member shall have thirty (30) days to pay the
7 additional amount.

8 (3) If the employee, member, retired member, or the employer, fails to pay the
9 additional amount, the employee's, member's, or retired member's service shall be
10 reduced to the next lower increment or number of months for which the employee,
11 member, or retired member is eligible based on the original payment, and the difference
12 shall be refunded to the employee, member, or retired member.

13 Section 96. Special considerations for purchase of refunded or past service.

14 (1) The verified wages associated with service purchased under the provisions of
15 KRS 61.552 and 78.545 that~~[(1) to (5)(a) and (24), which]~~ would have qualified as
16 creditable compensation~~[,]~~ shall be added to the employee's account and shall be used
17 in determining the employee's final compensation.

18 (2) An employee purchasing service under the preceding subsection~~[paragraph]~~
19 by increments or by installment purchase agreement shall have the service credited in
20 chronological order beginning with the earliest service.

21 Section 107. Incorporation by Reference.

22 (1) The following material is incorporated by reference:

23 ~~[(a) Form 4140, "Verification of Out of State Service", July 2000];~~

1 (a)[(b)] Form 4172, "Notice of Intent to Transfer Lump Sum Payment(s) to Qualified
2 Employer Sponsored Plan,"[.] April 2021[~~May 2008~~];[~~and~~]

3 (b)[(e)] Form 4170, "Direct Transfer/Rollover Authorization Form"[.] April
4 2021;~~[2002.]~~

5 (c) Form 4225, "Verification of Past Employment," April 2021;

6 (d) Form 4160, "Affidavit and Certification for Documentation of Service,"
7 September 2010;

8 (e) Form 4120, "Verification of Employment with a State University," April 2021;

9 (f) Form 4115, "Federal Verification," April 2021;

10 (g) Form 4131, "Verification of Urban-County Government Service," April 2021;

11 and

12 (h) Form 4140, "Verification of Out-of-State Service," April 2021.

13 (2) This material may be inspected, copied, or obtained, subject to applicable
14 copyright law, at the Kentucky Public Pensions Authority[~~Kentucky Retirement Systems,~~
15 ~~Perimeter Park West~~], 1260 Louisville Road, Frankfort, Kentucky 40601, Monday through
16 Friday, 8 a.m. to 4:30 p.m. (28 Ky.R. 1005; Am. 1354; eff. 12-19-2001; 29 Ky.R. 780;
17 1256; eff. 11-12-02.; 31 Ky.R. 395; eff. 11-5-04; 33 Ky.R. 1878; 2932; eff. 4-6-07; 35 Ky.R.
18 124; eff. 10-3-08; Crt eff. 1-29-2020.)

APPROVED:



DAVID L. EAGER,
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC PENSIONS AUTHORITY

7/29/2021
DATE

PUBLIC HEARING: A public hearing on this administrative regulation shall be held on Thursday, October 21, 2021 at 9:00 a.m. Eastern Standard Time at the Kentucky Public Pensions Authority, 1270 Louisville Road, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by 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. This hearing is open to the public. Any person who wishes to be heard will be given the opportunity to comment on the proposed administrative regulation. 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 through October 31, 2021. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Michael Board, Executive Director Office of Legal Services, Kentucky Retirement Systems, Perimeter Park West, 1260 Louisville Road, Frankfort, KY 40601, email Legal.Non-Advocacy@kyret.ky.gov, telephone (502) 696-8800 ext. 8647, facsimile (502) 696-8801.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Regulation number: 105 KAR 1:330
Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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 and requirements for purchases of service credit with the Kentucky Public Pensions Authority in accordance with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to establish the procedures and requirements for purchases of service credit with the Kentucky Public Pensions Authority in accordance with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation conforms to the authorizing statutes by establishing the procedures and requirements for purchases of service credit with the Kentucky Public Pensions Authority in accordance with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(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 purchases of service credit with the Kentucky Public Pensions Authority in accordance with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(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: The amendment updates the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021). The amendment also clarifies the existing regulation and incorporates by reference multiple newer forms in use by the Kentucky Public Pensions Authority for service purchases.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to update the regulation to reflect the changes enacted by the General Assembly in House Bill 484 (2020) and House Bill 9 (2021), clarify the existing regulation, and incorporate by reference multiple newer forms in use by the Kentucky Public Pensions Authority for service purchases.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment conforms to the authorizing statute because it is necessary to carry out the provisions of KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(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 establishing

the procedures and requirements for purchases of service credit with the Kentucky Public Pensions Authority in accordance with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(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 amendment 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): The amendment allows the Kentucky Public Pensions Authority, the Kentucky Retirement Systems, and the County Employees Retirement System to conform with KRS 16.545, 16.645, 61.505, 61.543, 61.552, 61.592, 78.5520, 61.685, 78.545, 78.610, and 26 U.S.C. 415.

(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 1:330
Contact person: Michael Board
Phone number: 502-696-8800 ext. 8647
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)(f).

(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? 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 (+/-):

Expenditures (+/-):

Other Explanation:



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



Print Form

Form 4172
 Revised 04/2021

Notice of Intent to Transfer Lump-Sum Payment(s) to Qualified Employer Sponsored Plan

Member Information

Member Name:		Member ID:		Member SSN: (Last 4 Digits)	
Address:			City:		State:
					Zip Code:
Phone:		Employer Name:			Employer Phone:

Financial Institution Information

Financial Institution to Receive Payment(s):	
Financial Institution Contact Name:	Phone:

Please be advised that failure to complete this process may result in a recalculation of the cost of your service purchase, cancellation of your service purchase, delaying your effective retirement date, or termination of your retirement benefits.

Certification

I, _____, hereby give notice to Kentucky Public Pensions Authority that I shall transfer the lump-sum payment for accrued compensatory and/or annual leave to be paid to me by my employer at my termination to my account with the Kentucky Public Employee Deferred Compensation Authority or other qualified employer sponsored plan. Thereafter, I shall rollover to Kentucky Public Pensions Authority an amount from my Deferred Compensation or other qualified employer sponsored plan to pay all or part of the remaining balance of my service purchase.

I hereby certify that I have consulted with my employer and have determined that I will receive a total net payment of _____ at my termination representing my accrued compensatory and/or annual leave.

I understand that I must submit this form as well as a completed Form 4170, Direct Transfer/Rollover Authorization to Kentucky Public Pensions Authority, by the due date for payment in my service purchase contract or before my termination date, whichever is earliest. I further understand that I must contact Kentucky Public Pensions Authority and submit a new Form 4172 if the information provided on this form changes.

Member Signature: _____	Date: _____
Payroll Officer's Signature: _____	Date: _____



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



Print Form

Form 4170
 Revised 04/2021

Direct Transfer/Rollover Authorization

Important Notice

This form must be returned to Kentucky Public Pensions Authority by the due date listed on the cost estimate. Kentucky Public Pensions Authority, a qualified public defined benefit plan under IRC Section 401(a), has agreed to permit the transfer/rollover of employee assets in order to enable you to purchase credit for all or part of other allowable retirement service in accordance with the provisions of KRS 61.515 to KRS 61.705. Please understand that the acceptance by Kentucky Public Pensions Authority of this transfer/rollover for this purpose in no manner constitutes any acknowledgment or representation by Kentucky Public Pensions Authority with respect to the current tax status of the amount received to purchase allowable service on your behalf.

Member Information

Member Name:		Member ID:	Member SSN: (Last 4 Digits)	
Address:		City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work			Email:	

I understand that I am responsible for any and all tax liability.
 I authorize my financial institution to transfer/rollover \$ _____ from my account toward the purchase of service credit. I have received a cost estimate from Kentucky Public Pensions Authority.

DUE DATE FOR SUBMISSION OF THIS FORM (payment due date from cost estimate): _____

Member Signature: _____ Date: _____

Financial Institution Information

To be completed by the financial institution making a direct trustee to trustee transfer or rollover of funds.

Complete and return this form to the retirement office by the due date shown above. When sending the transfer/rollover, please make checks payable to: Kentucky State Treasurer, FBO (member name).

Plan Type	Qualified Trust as described in IRC Section 401(a)	IRC Section 401(k)	IRC Section 403 (b) account or annuity	IRC Section 457 deferred compensation plan	"Conduit" or "Rollover" IRA	Taxable amounts in a traditional IRA
Taxed Portion	\$	\$	\$	\$	\$	Not Applicable
Untaxed Portion	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
Date of Rollover/ Transfer						

Financial Institution: _____

Title: _____ Phone: _____

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

I hereby certify that the amount is an eligible transfer/rollover, and that the transfer/rollover is being made from a qualified trust as described in Internal Revenue Code Section 401(a); a Code Section 401(k) account; a Code Section 403(b) account or annuity; a Code Section 457 deferred compensation plan; a "conduit" or "rollover" IRA; or the taxable amounts in a traditional IRA.

Authorized Signature: _____ Date: _____



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



Form 4225
 Revised 04/2021

Verification of Past Employment

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:	
Please indicate below the dates of your employment for which you are missing service credit. Upon review, it may be determined you are eligible to purchase retirement service from your past employment. Please have the employing agency of the time of service credit in question complete the form in its entirety and return to KPPA. Please Note: Only forms completed by an Authorized Agency contact of the employing agency will be considered.			
Name of Employer Verifying Employment:			
Dates of Past Employment:			

Employer Instructions: Please accurately complete all items on the remainder of this form.

The above member has contacted KPPA regarding employment with your agency. An agency contact from the KPPA approved list will need to complete the proceeding fields in their entirety.

If a member purchases service based on this information and it is found at a later date that the information was incorrect, the retirement office will correct any errors and reduce the member's service and benefits if necessary.

Your prompt reply is requested as the member's cost may increase each month.

Please note the following:

- All applicable fields should be completed. If you are unable to provide information for all of the requested fields, please provide an explanation. Failure to verify all requested information may require a representative of KPPA to follow up or could even cause the form to be considered "invalid."
- Each line item should be verified based upon fiscal year, NOT calendar year (i.e. July 1, 1995 to June 30, 1996).
- Please provide the exact start and end dates of the period(s) of service in question (i.e. If an employer is verifying three months of seasonal, full-time service which began in May and ended in July, May to June would be verified on one line and July to July would be verified on a separate line).
- If the member was employed for more years than were provided, please copy page 2 and attach the additional sheets.
- Classified employees of school boards must average eighty (80) or more hours of work per month over a calendar or fiscal year. All other service eligible to purchase must average one hundred (100) or more hours of work per month over a calendar or fiscal year.
- If the member was on an approved leave of absence, please specify the leaves dates as well as the type of leave (i.e. maternity, military leave, sick leave without pay, etc.).

Retirement Coverage

Please answer the following questions about the member's past employment, then verify this service on the next page.

1. Did the member participate in an agency sponsored pension plan? Yes No
2. If the answer to question 1 is yes, was it a: Defined Benefit Plan Defined Contribution Plan
3. Did member take a refund from the plan upon termination? Yes No

When all sections have been completed, please return this form to:
 Kentucky Public Pensions Authority
 1260 Louisville Road
 Frankfort, KY 40601-6124

Past Employment Service

Member Name:		Member ID:		Employer:	
Fiscal Year (Mo/Day/Yr) Show breaks in service Begin Date End Date	No. of Months Worked	School Board Use Only		Hours Worked Per Day	Actual Wages Earned for Year
		Contract Days	No. of Actual Days Worked		
Position Title: (E.g. Bus Driver, Secretary, etc.)					
Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)					
Fiscal Year (Mo/Day/Yr) Show breaks in service Begin Date End Date	No. of Months Worked	School Board Use Only		Hours Worked Per Day	Actual Wages Earned for Year
		Contract Days	No. of Actual Days Worked		
Position Title: (E.g. Bus Driver, Secretary, etc.)					
Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)					
Fiscal Year (Mo/Day/Yr) Show breaks in service Begin Date End Date	No. of Months Worked	School Board Use Only		Hours Worked Per Day	Actual Wages Earned for Year
		Contract Days	No. of Actual Days Worked		
Position Title: (E.g. Bus Driver, Secretary, etc.)					
Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)					
Fiscal Year (Mo/Day/Yr) Show breaks in service Begin Date End Date	No. of Months Worked	School Board Use Only		Hours Worked Per Day	Actual Wages Earned for Year
		Contract Days	No. of Actual Days Worked		
Position Title: (E.g. Bus Driver, Secretary, etc.)					
Position Status: (E.g. Regular full-time, part-time, seasonal full-time, Temporary full-time, etc.)					

Certification

I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and the information provided is true and accurate.

Signature: _____

Date: _____

Title: _____

Daytime Phone: _____



Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 4160
 Revised 09/2010

Affidavit

Member Information

Member Name:	Member ID:
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Required Documentation

In order to purchase service credit, you must have the agency you worked for during the period of time in question provide verification to our office by submitting Form 4225 - Verification of Past Employment or other valid payroll documentation. If you have not yet submitted this information, please contact our office at 1-800-928-4646 for assistance.

If the agency has notified KRS that records are not available or was not able to provide sufficient documentation to verify your employment, you may attempt to verify the period of employment by submitting a Social Security Quarterly Breakdown (SSA 7050 F4) and two affidavits for the period of time in question. The required affidavits must be from two different individuals who are eligible for retirement service credit for the period of time in question, whether they actually contributed, are eligible to purchase it through a delayed purchase or re-contribution of a refund, or received it through alternate participation. If affidavits are submitted, a Social Security Quarterly Earnings Statement, W2's, or other valid payroll records must accompany them.

The submission of affidavits and payroll records does not guarantee the eligibility to purchase service credit.

Employment History

I, _____, swear and affirm that I was employed without any breaks in service by _____ for the following periods of time:

Dates Employed						Employment Status Specify one of the following: Regular Full-time, Seasonal Full-time, or Temporary (Probation) Full-time	Received a Salary for Not Less Than Specify one of the following: 80 hours (School Board employees only) or 100 hours (All other employees)
From			To				
Month	Day	Year	Month	Day	Year		

Member Certification

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Retirement Systems shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

Signature: _____

Notary

State of: _____ County of: _____

This instrument was acknowledged before me this _____ day of _____;

Notary Public _____ My Commission Expires: _____

Member Information

Member Name: _____

Member ID: _____

Supervisor/Coworker Affidavit #1

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Retirement Systems shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

I, _____ do certify that I worked in a full-time position for the aforementioned employer during the same period specified on this form, and that I worked with the individual as a supervisor coworker. Further, I certify that in my judgement, this person has made a true statement of the dates and official hours of work required by the position.

Signature: _____

SSN: _____

Notary _____

State of: _____ County of: _____

This instrument was acknowledged before me this _____ day of _____, _____

Notary Public _____

My Commission Expires: _____

Supervisor/Coworker Affidavit #2

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Retirement Systems shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

I, _____ do certify that I worked in a full-time position for the aforementioned employer during the same period specified on this form, and that I worked with the individual as a supervisor coworker. Further, I certify that in my judgement, this person has made a true statement of the dates and official hours of work required by the position.

Signature: _____

SSN: _____

Notary _____

State of: _____ County of: _____

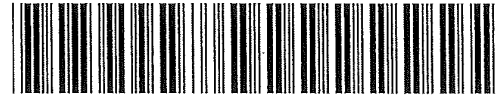
This instrument was acknowledged before me this _____ day of _____, _____

Notary Public _____

My Commission Expires: _____



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



Print Form

Form 4120
 Revised 04/2021

Verification of Employment With a State University

The purchase of university service in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:330, and other applicable state and federal laws and regulations.

Summary of statutory requirements to purchase state university service:

1. You did not participate in a defined benefit retirement program at the state university.
2. You are currently participating in one of the systems administered by Kentucky Public Pensions Authority.
3. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Public Pensions Authority. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Public Pensions Authority.
4. The position at the state university must have been a non-instructional position and qualified as a "regular full-time position" as defined by law.

Section 1: Member Information

Member Name:		Member ID:	
Work Phone:		Home Phone:	
Address:	City:	State:	Zip Code:
I wish to purchase service credit for employment with a state university. I hereby authorize the state university to release my personnel records to the Kentucky Public Pensions Authority.			
Signature: _____		Date: _____	

Section 2: To be completed by an authorized representative of the state university.

Name of University	Dates Employed		Job Title	Employment Status: Regular, Seasonal, Temporary, etc.	Employment Classification: Full-time (100 hours/month) Part time, etc.
	From	To			

Signature of Agency Official: _____ Phone Number: _____
 Title: _____ Date: _____

Section 3: To be completed by an authorized representative of the retirement plan.

1. Did the employee participate in a retirement plan? Yes No

2. In which type of plan did the employee participate? Defined Benefit Defined Contribution

3. Please provide dates of participation: From: _____ To: _____

Signature of Agency Official: _____ Phone Number: _____
 Title: _____ Date: _____

When all sections have been completed, please return this form to Kentucky Public Pensions Authority at 1260 Louisville Road, Frankfort, KY 40601.



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



Print Form

Form 4115
 Revised 04/2021

Federal Verification

The purchase of service credit for previous employment by the Federal Government is provided for and subject to provisions of KRS 61.552, 105 KAR 1:330 and other applicable state and federal laws and regulations.

Summary of statutory requirements to purchase federal service:

1. You are currently participating in one of the systems administered by Kentucky Public Pensions Authority.
2. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Public Pensions Authority. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Public Pensions Authority.
3. While employed by the Federal Government, either the employee must not have participated in a retirement plan or has now withdrawn all funds from the retirement plan and is no longer eligible for a benefit based on this service.
4. If you were employed as a seasonal or temporary employee by the Federal Government, the employment must have exceeded the guidelines set by KRS 61.510 or KRS 78.510.

Section 1: Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Work Phone:	Home Phone:		
Personal Email:			
I wish to purchase service credit for employment with the federal government. I hereby authorize the federal government to release my personnel records to the Kentucky Public Pensions Authority.			
Signature: _____		Date: _____	

Section 2. Certification of Dates of Federal Government Employment

Forward the form to the following address for completion of this section:
National Personnel Records Center
Civilian Personnel Records
1411 Boulder Boulevard
Valmeyer, IL 62295

Name of Federal Agency	Dates Employed		Job Title	Employment Status: Regular, Seasonal, Temporary, etc.	Employment Classification: Full-time (100+ hours/month) Part time (<100 hours/month)
	From Month/Day/Year	To Month/Day/Year			

Signature: _____	Title: _____
Phone: _____	Date: _____

Section 3. Certification of Participation

Forward this form to the following address for completion of this section:

**US Office of Personnel Management
Retirement Programs
1900 E. Street, NW
Washington, DC 20415-3000
Phone Number: 888-767-6738**

1. The member named on the front of this form participated in a retirement plan for the period of employment certified in Section 2.

Yes No

2. Is the plan a: Defined Benefit Plan Defined Contribution Plan

Other If other, please explain: _____

3. Did the Employee receive a refund of retirement contributions? Yes No

If "yes", what was the date of withdrawal: _____

4. Is the employee entitled to benefits for this period of employment? Yes No

Signature: _____

Title: _____

Phone: _____

Date: _____

When all sections have been completed, please return this form to Kentucky Public Pensions Authority at
1260 Louisville Road, Frankfort, KY 40601.



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Print Form

Form 4131
 Revised 04/2021

Verification of Urban-County Government Service

The purchase of urban-county government service in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:330, and other applicable state and federal laws and regulations. Kentucky law provides for the purchase of public service credit with an urban-county government subject to the following restrictions:

1. You must be an employee participating in a hazardous position in one of the systems administered by Kentucky Public Pensions Authority.
2. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by Kentucky Public Pensions Authority. If you are age 65 or older, you must have at least 48 months of service credit in the systems administered by Kentucky Public Pensions Authority.
3. The period of employment must be considered full-time and qualify for hazardous duty coverage under KRS 61.592.
4. To determine if the period of employment verified meets the criteria for a hazardous position, you must submit a job description with this form.
5. You must have received a refund of the retirement account or must be ineligible for a benefit from the period of service.

Section 1: Member Information

You must submit a job description with this form.

Member Name:		Member ID:	
Home Phone:		Work Phone:	
Address:	City:	State:	Zip Code:
I wish to purchase service credit for public service with an urban-county government. I hereby authorize the release of all pertinent personnel or retirement information to the Kentucky Public Pensions Authority for this purpose.			
Signature: _____		Date: _____	

Section 2: Certification of Public Service and Pension Claim

From official records, I certify that the above individual was employed in a regular **full-time** position averaging 100 or more hours of work per month for the periods shown and that the individual participated in a defined benefit retirement plan.

Name of Employer	Position	From month/day/year	To month/day/year	Months Worked in Period Shown

1. Did the member participate in _____ for the period of employment certified above?
 _____ Name of Retirement System
 Yes No

2. Is the plan a defined benefit plan? Yes No

3. Has the member withdrawn the account? Yes No Date of Withdrawal: _____

4. Is the member receiving or entitled to receive a benefit from the retirement plan based on any of the service certified by the employer in Section 2? Yes No

Signature: _____ Title: _____ Date: _____

When all sections have been completed, please return this form to Kentucky Public Pensions Authority at 1260 Louisville Road, Frankfort, KY 40601.



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Print Form

Form 4140
 Revised 04/2021

Verification of Out of State Service

The purchase of public service credit in a position outside of Kentucky in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:260 and other applicable state and federal laws and regulations.

Summary of statutory requirements to purchase out of state service:

1. You are currently participating in one of the systems administered by Kentucky Public Pensions Authority.
2. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Public Pensions Authority. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Public Pensions Authority.
3. The period of employment must be considered full-time, averaging 100 or more hours per month over the period of employment.
4. The period must have been credited under a defined benefit retirement plan administered by the state or local government, other than a plan for teachers.
5. If hazardous service credit is desired, the position must meet the definition of hazardous in KRS 61.592 before it can be credited to the member's account.
6. The individual must have received a refund of the retirement account or must be ineligible for a benefit from the period of service.

Section 1: Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Work Phone:		Home Phone:	
I wish to purchase service credit for public service outside the state of Kentucky. I hereby authorize the release of all pertinent personnel or retirement information to the Kentucky Public Pensions Authority for this purpose.			
I am seeking <input type="checkbox"/> Regular Service <input type="checkbox"/> Hazardous Service <small>If the hazardous service block is checked, a copy of the job or position description must be included with the employer's certification.</small>			
Signature: _____		Date: _____	

Section 2: Employer's Certification of Public Service Claim

To be completed by the former employer. Complete this section then forward to the Retirement System indicated below. Please attach a job description if the employee checked the hazardous service box above.

From official records, I certify that the above individual was employed in a regular **full-time** position averaging 100 or more hours of work per month for the periods shown and that the individual was required to participate in a state administered defined benefit retirement plan, other than a plan for teachers, by reason of his employment.

Name of Employer	Position	From Month/Day/Year	To Month/Day/Year	Months Worked to Period Shown

Name of Retirement System: _____

Comments: _____

Title: _____ Phone: _____

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

Signature: _____ Date: _____

Section 3: Retirement System's Certification of Participation
To be completed by the former retirement system after Section 2 has been completed by the employer.

1. The member named on this form participated in _____
 Name of Retirement System

For the period of employment certified above? Yes No

2. Is the plan a defined benefit plan? Yes No

3. Is the plan administered by the: State Local Government

4. Has the member withdrawn the account? Yes No Date of Withdrawal: _____

5. Is the member receiving or entitled to receive a benefit from the retirement system based on any of the service certified by the employer in Section 2. Yes No

Name of Retirement System: _____

Comments: _____

Title: _____ Phone: _____

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

Signature: _____ Date: _____

Acknowledgement

State of: _____

County of: _____

Section 3 was acknowledged before me, a Notary Public, this _____ day of _____ 20____.

(Notary Seal) Notary Public _____

My Commission Expires: _____

When all sections have been completed, please return this form to Kentucky Public Pensions Authority at
 1260 Louisville Road, Frankfort, KY 40601