

Instructions for Completing Form 6756 Annual Employer Certification of Non-Contributing Service Providers

Pursuant to Kentucky Revised Statutes (KRS) 61.5991, this form shall be completed by each of the following employers participating in the Kentucky Employees Retirement System (KERS) nonhazardous plan for each fiscal year beginning with the 2021-2022 fiscal year:

- Local and district health departments governed by KRS Chapter 212,
- State supported universities and community colleges,
- Mental health/mental retardation boards,
- Domestic violence shelters,
- Rape crisis centers,
- Child advocacy centers, and
- Any other nonhazardous employer that is eligible to voluntarily cease participation in the KERS as provided by KRS 61.522.

(Collectively referred to as “employers.”)

All employers must submit this form each fiscal year. If the employer will not utilize non-contributing service providers during a specific fiscal year, the appropriate section of the form must be completed. If the employer submits this form and all documentation, and subsequently uses or hires one or more of the below-listed persons during a given fiscal year, then the employer should submit an updated form and documentation as soon as it is aware of the following:

- That it intends to use one or more independent contractors, leased employees (through a third party, staffing agency, or other non-participating entity), or persons working via any other employment arrangement who, if employed directly by the employer, would qualify as a regular full-time employee in accordance with KRS 61.510(21), or
- That it has directly employed one or more persons who meet the definition of a regular full-time employee in accordance with KRS 61.510(21), yet who have not/are not being reported in accordance with KRS 61.675.

A “regular full-time employee in accordance with KRS 61.510(21)” is defined as a person employed in a position that averages one hundred (100) or more hours per month determined by using the number of months actually worked within a calendar or fiscal year, except persons employed in one of the following positions:

- Seasonal positions, which although temporary in duration, are positions which coincide in duration with a particular season or seasons of the year and which may recur regularly from year to year, the period of time shall not exceed nine (9) months;
- Emergency positions, which are positions which do not exceed thirty (30) working days and are nonrenewable;
- Temporary positions, which are positions of employment with a participating department for a period of time not to exceed nine (9) months and are nonrenewable;
- Part-time positions, which are positions which may be permanent in duration, but which require less than a calendar or fiscal year average of one hundred (100) hours of work per month, determined by using the number of months actually worked within a calendar or fiscal year, in the performance of duty; and
- Interim positions which are positions established for a one-time or recurring need not to exceed nine (9) months.



NOTICE OF EMPLOYER REQUIREMENTS

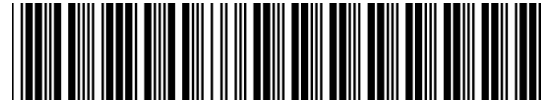
If an employer is not sure whether it is required to submit this form to the KPPA, or has questions about whether one or more persons providing services to the employer is exempted from the definition of regular full-time, the employer should contact its Employer Reporting, Compliance, & Education (ERCE) representative for assistance at 1-888-696-8810. If in doubt, the KPPA recommends including such persons on this form because an employer’s failure to correctly submit such information may result in negative consequences to the employer and the person certifying this form. **Employers do not have discretion as to whether or not to submit this information to the KPPA as it is required by law. Before signing, employers should review the certification to understand the consequences for failing to submit complete, accurate information on this form and in accompanying documentation.** Within sixty (60) days following the close of each fiscal year occurring on or after July 1, 2021, the KPPA is required to provide extensive data on the response it has received from all affected KERS nonhazardous employers to the state budget director’s office and the Legislative Research Commission, including any employer’s noncompliance or failure to respond.

Required Documentation: In order for this form to be fully completed, both the form and additional documentation must be submitted for each individual listed on the form. Upon review, KPPA may request additional follow-up documentation.

1. If the employer has received one or more communication(s) from the KPPA or, prior to April 1, 2021, the Kentucky Retirement Systems concerning its independent contractors or leased employees, the employer must submit the relevant communication(s) with this form.
2. For each independent contractor, the following additional documentation must be submitted to the KPPA along with this completed form:
 - A copy of each contract between the employer and independent contractor,
 - Any other documentation explaining the services provided by each person serving as an independent contractor, and
 - Any other documentation explaining the compensation and benefits received by each person serving as an independent contractor in exchange for services provided to the employer.
3. For each third party, staffing company, and other non-participating entity through which persons who would otherwise meet the requirements of a regular full-time employee provide services for the KERS nonhazardous employer, the following additional documentation must be submitted to the KPPA along with this completed form:
 - A copy of each contract between the employer and third party, staffing company, or other non-participating entity,
 - Any other documentation explaining the services provided by each person working for a participating employer through a third party, staffing company, or other non-participating entity, and
 - Any other documentation explaining the compensation and benefits received by each person working through a third party, staffing company, or other non-participating entity in exchange for services provided by the person to the employer.
4. For each person providing services to the employer who the participating employer does not recognize as an employee, independent contractor, or leased employee (through a third party, staffing company, or other non-participating entity) and who would otherwise meet the requirements of a regular full-time employee, the following additional documentation must be submitted to the KPPA along with this completed form:
 - A copy of all documentation explaining the services provided to the participating employer,
 - A copy of all documentation explaining the relationship between the employer and persons who the participating employer does not recognize as an employee, independent contractor, or leased employee, and
 - A copy of all relevant documentation explaining the compensation and benefits received by each such person not recognized by the employer as an employee, independent contractor, or leased employee in exchange for services provided by the person to the employer.
5. For each person employed directly by the employer who meets the definition of a regular full-time employee in accordance with KRS 61.510(21) and who is not being reported in accordance with KRS 61.675, the employer must submit a Form 4225, Verification of Employment, for each person along with this completed form.

Reporting Determination

Following receipt by the KPPA of the completed form and accompanying documentation provided by the employer, the KPPA will determine whether any person for whom information is submitted by the KERS nonhazardous employer on this form should be reported to the KPPA as a regular full-time employee. In the event that the KPPA determines that any person should be reported to the KPPA as a regular full-time employee in KERS, the employer shall be required to report the person as an employee and pay employer contributions as appropriate on or after July 1, 2021 (but not prior to that date).



Annual Employer Certification of Non-Contributing Service Providers

Employer Information

Employer:	Employer Code:
-----------	----------------

This form is being completed for the 20__ - 20__ Fiscal Year.

Has the employer submitted a form already for this fiscal year? Yes No

Has the employer received one or more communication(s) from the Kentucky Public Pensions Authority (KPPA) or, prior to April 1, 2021, the Kentucky Retirement Systems concerning its independent contractors or leased employees? Yes No

If yes, check to indicate that the relevant communication(s) are submitted with this form.

Non-Contributing Service Providers (check only if the following statement is true)

The employer has/will not utilize any independent contractors, third party companies, staffing companies, other non-participating entities, or other persons who will provide services to the employer through any other arrangement and has no direct employees who meet the definition of a regular full-time employee pursuant to KRS 61.510(21) and who are not being reported to the KPPA in accordance with KRS 61.675: Check only if this statement is true.

Independent Contractors

The employer has utilized or will utilize independent contractors to provide services for the employer: Yes No

If yes, how many persons have or will be utilized as independent contractors: _____

Check to indicate that the relevant contract(s) and other documentation are submitted with this form.
(see *Instructions for other required documentation*)

If one or more independent contractors are used during this fiscal year and the employer is not submitting information regarding the independent contract(s) on this form because the relevant original contract, excluding any renewal period, was entered into prior to January 1, 2021, identify each original contract by listing (a) the parties to the contract, (b) the date the contract was entered, (c) the date range the contract is in effect, and (d) where a copy of the contract can be found (use additional pages if necessary):

If the employer is not submitting information on one or more independent contractors used during this fiscal year because one or more of these independent contractors provide professional services that have not historically been provided by employees of the employer, provide the following:

How many independent contractors used during this fiscal year is the employer not providing information for because the independent contractor(s) are providing professional services that have not historically been provided by employees of the employer? _____

Provide a brief explanation of how the professional services provided by the independent contractor(s) differ from professional services historically provided by employees of the employer (use additional pages if necessary):

Third Party, Staffing Company, or Other Non-Participating Entity

The employer has utilized or will utilize a third party, staffing company, or other non-participating entity to provide services for the employer: Yes No

If yes, complete the following:

Name all third party, staffing companies, or other non-participating entities and number of persons provided by each company: (Use additional pages as necessary to provide the names of all companies and the number of employees from each company provided to employer.)

Name of company: _____ Number of persons provided to employer: _____

Name of company: _____ Number of persons provided to employer: _____

Name of company: _____ Number of persons provided to employer: _____

Check to indicate that the relevant contract(s) and other documentation are submitted with this form. (see *Instructions for other required documentation*)

If one or more third party, staffing company, or other non-participating entity are used during this fiscal year and information on such an entity is not being submitted on this form because the relevant original contract, excluding any renewal period, was entered into prior to January 1, 2021, identify each original contract by listing (a) the parties to the contract, (b) the date the contract was entered, (c) the date range the contract is in effect, and (d) where a copy of the contract can be found (use additional pages if necessary):

If the employer is not submitting information on one or more persons performing services through a third party, staffing company, or other non-participating entity during this fiscal year because one or more of these persons provide professional services that have not historically been provided by employees of the employer, provide the following:

How many such persons used during this fiscal year is the employer not providing information for because the person(s) are providing professional services that have not historically been provided by employees of the employer? _____

Provide a brief explanation of how the professional services performed by the person(s) providing services through a third party, staffing company, or other non-participating entity differ from professional services historically provided by employees of the employer (use additional pages if necessary):

Person(s) Employer Does Not Recognize as an Employee, Independent Contractor, or Leased Employee

The employer has utilized or will utilize one or more persons who the employer does not recognize as an employee, independent contractor, or leased employee (through a third party, staffing company, or non-participating entity), but who provide services for the employer: Yes No

If yes, complete the following:

Provide the number of persons who the employer does not recognize as an employee, independent contractor, or leased employee (through a third party, staffing company, or non-participating entity), but who provides services for the employer: _____

Name each company or business name (if available) through which these persons provide services for the participating employer and the number of persons provided by each company or business to the employer. (Use additional pages as necessary to provide the names of all companies and the number of employees from each company provided to employer.)

Name of company: _____ Number of persons provided to employer: _____

Name of company: _____ Number of persons provided to employer: _____

Name of company: _____ Number of persons provided to employer: _____

Check to indicate that the relevant contract(s) and other documentation are submitted with this form. (see *Instructions for other required documentation*)

If one or more persons who the employer does not recognize as an employee, independent contractor, or leased employee are used during this fiscal year and are not included on this form because the relevant original contract, excluding any renewal period, was entered into prior to January 1, 2021, identify each original contract by listing (a) the parties to the contract, (b) the date the contract was entered, (c) the date range the contract is in effect, and (d) where a copy of the contract can be found (use additional pages if necessary):

If the employer is not submitting information on one or more persons the employer does not recognize as an employee, independent contractor, or leased employee who is providing services to the employer during this fiscal year because one or more of these persons provide professional services that have not historically been provided by employees of the employer, provide the following:

How many such persons used during this fiscal year is the employer not providing information for because the person(s) are providing professional services that have not historically been provided by employees of the employer? _____

Provide a brief explanation of how the professional services performed by the person(s) the employer does not recognize as an employee, independent contractor, or leased employee differ from professional services historically provided by employees of the employer (use additional pages if necessary):

Not Reported to the KPPA in accordance with KRS 61.675

The employer did not report to the KPPA in accordance with KRS 61.675 persons employed directly by the employer who meet the definition of a regular full-time employee in accordance with KRS 61.510(21): Yes No

If yes, check to indicate that a Form 4225, Verification of Employment, was submitted for each such person with this form.

Employer Certification

As the agency head, appointing authority, or authorized designee of a local or district health department governed by KRS Chapter 212, state supported university or community college, mental health/mental retardation board, domestic violence shelter, rape crisis center, child advocacy center, or another nonhazardous employer that is eligible to voluntarily cease participation in the Kentucky Employees Retirement System (KERS) as provided by KRS 61.522, by signing this form I acknowledge the following:

- The employer participates in the KERS nonhazardous plan.
- On behalf of KERS, the Kentucky Public Pensions Authority (KPPA) may require additional information in order to process this form.
- If the employer subsequently uses or hires one or more independent contractors, leased employees (through a third party, staffing company, or other non-participating entity), or via any other arrangement during the fiscal year covered by this form, then the employer shall submit an updated form and documentation.
- The Kentucky Retirement Systems, responsible for the governance of KERS, and the KPPA have the exclusive authority to determine whether a person who has not been reported in KERS should be reported to in KERS as a regular full-time employee. Any relevant KERS nonhazardous employer shall be required to report the employee on or after July 1, 2021, and pay employer contributions after July 1, 2021.
- The KPPA has full power by statute to conduct an audit to ensure compliance and accuracy of the data required by this form. Upon finding in an audit that a KERS nonhazardous employer failed to file contributions for one or more employees in a regular full-time position required to participate in KERS pursuant to KRS 61.675 and/or KRS 61.5991, interest may be added to the contributions owed by the KERS nonhazardous employer.
- If the KPPA determines the participating employer for which I am signing on behalf of has knowingly falsified data or fails to submit information required the employer may face negative consequences, including, but not limited to ineligibility for any future appropriations or subsidies from the state to assist in paying employer contributions to the KPPA and/or back paying any appropriation or subsidies received from the state to assist in paying employer contributions.
- Effective June 28, 2021, the employer I am representing and I may be liable for civil payments, legal fees, and costs if found to possess or otherwise have custody or control of money or records "used or to be used by the [KPPA] or the systems it administers and fails to deliver or delivers less than all of the money [or] records" to the KPPA.
- 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.

Printed Name: _____

Job Title: _____

Signature: _____

Date: _____