



## Employer Certification Regarding Reemployment

### Member Information

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

It is a violation of federal and state law for a member to receive retirement benefits or a refund if there has not been a bona fide separation from service with the participating employer (and affiliated entities). Bona fide separation from service means a cessation of the employment relationship between the member and the member's employer without a prearranged agreement that, upon retirement, the member will return to work for any Kentucky Public Pensions Authority's participating employer in any capacity. A prearranged agreement means any agreement, whether written or verbal, prior to the member's effective retirement date between the member and a participating employer for the member to return to work with the participating employer upon retirement.

My name is: \_\_\_\_\_ . I am the agency head, appointing authority, or authorized designee for the participating employer. I acknowledge that if my agency reemploys a Kentucky Public Pensions Authority's retired member within twelve (12) months of the member's initial retirement date, my agency is required by law to submit the required form and any additional requested information to confirm the retired member's employment status. If my agency fails to certify the reemployment status of the retired member or provide any additional information requested by Kentucky Public Pensions Authority, the retired member's retirement benefits shall be voided and the retired member required to repay all retirement allowances, dependent child payments, and health plan premiums paid by Kentucky Public Pensions Authority. I have made a personal inquiry and confirm that this participating employer: (check one)

- DID NOT** have a prearranged agreement with the above-named retired member to return to work in any capacity following the member's initial retirement date.
- DID** have a prearranged agreement with the above-named retired member to return to work in some capacity following the member's initial retirement date.

By submitting this form, I further understand that if my agency employs a retired member prior to the member's required months of break in service pursuant to KRS 61.637(17)(a)-(d), benefits shall be voided and the retired member shall be required to repay all retirement allowances, etc.

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

By signing this Form 6751, I acknowledge with full understanding that any person who provides a false statement, report, or representation is subject to penalty of perjury in accordance with KRS 523.010, et seq.

Signature: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date: \_\_\_\_\_