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

Print Form

Form 2001
Revised 04/2021

Membership Information

Member Information

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

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Date of Birth:	Phone (select type) ☐ Mobile ☐ Home ☐ Work		
Email address:	Marital Status:	Sex: ☐ Male ☐ Female	
Full Name of Employing Agency:			
Date of Employment with Agency:	Other Name Under Which You May Have Been Previously Employed:		

Previous County, City or State Employment

Department or Agency	Position	From Month Day Year	To Month Day Year	Administrative Use Month Day Year

Statement of Active Duty Military Service

Certification

I understand that no benefits may be paid to me or my beneficiary until this completed form is filed at the retirement office.

Signature: _____ Date: _____