



**Beneficiary Election to Continue Disability Application Process  
on Behalf of Deceased Member**

**Member Information**

Member Name:	Member ID:
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**Payment Options: Please tell us whether you elect to proceed with the disability application process.**

**I elect to proceed with the disability application process.**

I understand that if \_\_\_\_\_ was eligible to begin receiving non-disability retirement benefits, that I may begin receiving regular death payments until the disability process is complete. If the disability application is approved, my benefits will be increased at that time.

If \_\_\_\_\_ was not eligible to begin receiving non-disability retirement benefits, then I must await the disability determination before benefits are processed. If disability is ultimately denied, the beneficiary of the account will be the beneficiary the member named on the Form 2035, Beneficiary Designation.

**I elect to cancel the disability application, so that death benefits can be processed under a non-disability death calculation.**

*Please note this action may void the member's Form 6000, Notification of Retirement, beneficiary designation if the member was not receiving early retirement benefits. If so, the beneficiary of the account will be the beneficiary the member named on Form 2035, Beneficiary Designation.*

**Certification**

I certify that I have checked the box above which best suits my needs. I realize that I cannot change to another payment option on or after the first day of the month in which I will receive my first payment.

I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_