



Social Security Disability Certification

Recipients of disability retirement are required to provide a status update of their Social Security Disability claim when requested by the Kentucky Public Pensions Authority (KPPA), as frequently as every three (3) months, until a final decision occurs and is on file at KPPA.

Complete this form as soon as possible and return it to KPPA along with any additional documentation. If you do not timely return the form and any needed documentation, your monthly disability retirement allowance may be stopped until you submit the required information. If you have not received your first disability retirement allowance payment and you do not return the form and any needed documentation within six (6) months of the day you were approved, your disability retirement approval may be voided.

Member Information

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

Social Security Disability Benefits

1. Have you applied or do you plan to apply for disability from the Social Security Administration?

Yes No

2. If yes, have you been awarded or denied disability benefits from the Social Security Administration?

Awarded Denied Pending

If you have been awarded disability benefits from the Social Security Administration, please attach a copy of your Social Security award letter to this certification and return it to the Kentucky Public Pensions Authority to avoid delay in your disability retirement benefits payment. The copy must show the date of entitlement and the original monthly amount awarded.

3. If denied, do you plan to appeal or have you already appealed the denial for disability benefits from the Social Security Administration?

Yes No

Certification

I hereby certify that the information completed on this form is true and accurate. 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 (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____

Date: _____