



### Certification of Social Security Disability and Workers' Compensation Benefits for Qualifying Total & Permanent Disability Recipients

KRS 61.607 and 78.5530 require recipients of Total and Permanent In Line of Duty or Duty Related disability benefits to annually verify information concerning Social Security disability and Workers' Compensation benefits.

Please complete this form as soon as possible and return it to the Kentucky Public Pensions Authority (KPPA) along with any additional documentation that is required. KPPA may hold your monthly retirement allowance if you do not return the form and any needed documentation within 30 days.

#### Member Information Please provide your Member ID or Social Security Number in the Member ID box below

Member Name:	Member ID:
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KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:
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Is this a new address?  Yes  No

Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:
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#### Social Security Disability Benefits

- Since your effective disability retirement date, have you begun receiving disability benefits from the Social Security Administration?  Yes  No  
*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. The copy must show the date of entitlement and the original monthly amount awarded.*
- If you were awarded Social Security disability benefits, are you still receiving a monthly Social Security disability benefit as of the date of this form?  Yes  No  
*If you are no longer receiving Social Security disability benefits, please attach documentation to this certification showing when and why these benefits ceased.*

#### Workers' Compensation Benefits

- Since your effective disability retirement date, have you been awarded a Workers' Compensation settlement?  Yes  No  
*If you have received a settlement from Workers' Compensation, please attach a copy of the settlement to this certification. The copy must show the effective date of the settlement, the amount of the settlement including lump sum and/or monthly payments, and the signature of the administrative law judge.*
- If you were awarded payments other than a lump sum from a Workers' Compensation settlement, are you still receiving ongoing payments from this settlement?  Yes  No  
*If you were awarded a Workers' Compensation settlement other than a lump sum and are no longer receiving payments from your settlement, please attach documentation to this certification showing when and why these payments ceased.*

#### 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: \_\_\_\_\_