



# Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



**Form 4115**  
Revised 08/2013

## Federal Verification

**The purchase of service credit for previous employment by the Federal Government is provided for and subject to provisions of KRS 61.552, 105 KAR 1:330 and other applicable state and federal laws and regulations.**

Summary of statutory requirements to purchase federal service:

1. You are currently participating in one of the systems administered by Kentucky Retirement Systems.
2. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Retirement Systems. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Retirement Systems.
3. While employed by the Federal Government, either the employee must not have participated in a retirement plan or has now withdrawn all funds from the retirement plan and is no longer eligible for a benefit based on this service.
4. If you were employed as a seasonal or temporary employee by the Federal Government, the employment must have exceeded the guidelines set by KRS 61.510 or KRS 78.510.

### Section 1: Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Work Phone:		Home Phone:	
I wish to purchase service credit for employment with the federal government. I hereby authorize the federal government to release my personnel records to the Kentucky Retirement Systems.			
Signature: _____		Date: _____	

### Section 2. Certification of Dates of Federal Government Employment

Forward the form to the following address for completion of this section:

**National Personnel Records Center  
Civilian Personnel Records  
1411 Boulder Boulevard  
Valmeyer, IL 62295**

Name of Federal Agency	Dates Employed		Job Title	Employment Status: Regular, Seasonal, Temporary, etc.	Employment Classification: Full-time (100+ hours/month) Part time (<100 hours/month)
	From Month/Day/Year	To Month/Day/Year			

Signature: _____	Title: _____
Phone: _____	Date: _____

**Section 3. Certification of Participation**

Forward this form to the following address for completion of this section:

**US Office of Personnel Management  
Retirement Programs  
1900 E. Street, NW  
Washington, DC 20415-3000  
Phone Number: 888-767-6738**

1. The member named on the front of this form participated in a retirement plan for the period of employment certified in Section 2.

Yes  No

2. Is the plan a:  Defined Benefit Plan  Defined Contribution Plan

Other If other, please explain: \_\_\_\_\_

3. Did the Employee receive a refund of retirement contributions?  Yes  No

If "yes", what was the date of withdrawal: \_\_\_\_\_

4. Is the employee entitled to benefits for this period of employment?  Yes  No

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

When all sections have been completed, please return this form to Kentucky Retirement Systems at  
1260 Louisville Road, Frankfort, KY 40601.