



# Kentucky Retirement Systems

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**Form 4131**  
Revised 10/2005

## Verification of Urban-County Government Service

The purchase of urban-county government service in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:330, and other applicable state and federal laws and regulations. Kentucky law provides for the purchase of public service credit with an urban-county government subject to the following restrictions:

1. You must be an employee participating in a hazardous position 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 Kentucky Retirement Systems. If you are age 65 or older, you must have at least 48 months of service credit in the systems administered by Kentucky Retirement Systems.
3. The period of employment must be considered full-time and qualify for hazardous duty coverage under KRS 61.592.
4. To determine if the period of employment verified meets the criteria for a hazardous position, you must submit a job description with this form.
5. You must have received a refund of the retirement account or must be ineligible for a benefit from the period of service.

### Section 1: Member Information

You must submit a job description with this form.

Member Name:		Member ID:	
Home Phone:		Work Phone:	
Address:	City:	State:	Zip Code:
I wish to purchase service credit for public service with an urban-county government. I hereby authorize the release of all pertinent personnel or retirement information to the Kentucky Retirement Systems for this purpose.			
Signature: _____		Date: _____	

### Section 2: Certification of Public Service and Pension Claim

From official records, I certify that the above individual was employed in a regular **full-time** position averaging 100 or more hours of work per month for the periods shown and that the individual participated in a defined benefit retirement plan.

Name of Employer	Position	From month/day/year	To month/day/year	Months Worked in Period Shown

1. Did the member participate in \_\_\_\_\_ for the period of employment certified above?  
Name of Retirement System  
 Yes     No
2. Is the plan a defined benefit plan?     Yes     No
3. Has the member withdrawn the account?  Yes     No    Date of Withdrawal: \_\_\_\_\_
4. Is the member receiving or entitled to receive a benefit from the retirement plan based on any of the service certified by the employer in Section 2?     Yes     No

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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