



# Employer Certification of Health Insurance for Health Insurance Reimbursement Plan

## Medical Insurance Policy Information *continued*

When are premiums paid?  In Advance  In Arrears

KPPA will not reimburse eligible members until the covered period has expired.

In accordance with KRS 61.702 (7), the Kentucky Public Pensions Authority will reimburse eligible recipients on a quarterly basis. If the recipient is a nonhazardous retiree, the recipient will only be reimbursed the cost of single coverage up to the allowable maximum.

Please complete the following payment history for the applicable quarter.

	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Retiree Coverage	Amount Paid by Employee	Date Paid
<b>1st Quarter</b>								
January								
February								
March								
<b>2nd Quarter</b>	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Retiree Coverage	Amount Paid by Employee	Date Paid
April								
May								
June								
<b>3rd Quarter</b>	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Retiree Coverage	Amount Paid by Employee	Date Paid
July								
August								
September								
<b>4th Quarter</b>	Year	Level of Coverage	Premium Owed	Cost of Single Coverage	Amount Paid by Employer*	Employer Contribution for Retiree Coverage	Amount Paid by Employee	Date Paid
October								
November								
December								

\*105 KAR 1:410 states that the reimbursement rate shall be reduced by the amount contributed by an employer toward the recipient's insurance premiums.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I certify that all the information completed on this form is true and accurate. I understand that there is penalty under Kentucky Law (KRS 523.100) for falsification of records.

Position Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601-6124  
Please call 1-800-928-4646 with questions.**