



## Workers' Compensation Certification

### Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Daytime Phone Number:			

### Workers' Compensation Benefits

1. Have you applied or do you plan to apply for benefits from Workers' Compensation?

- Yes       No

2. If yes, have you received a settlement or been denied benefits from Workers' Compensation?

- Award       Settlement       Denied       Pending

If you received a settlement, please attach a copy of your Workers' Compensation settlement to this certification and return it to Kentucky Public Pensions Authority by the date provided in the enclosed correspondence. The copy must show the date of entitlement and the amount of the settlement including lump sum and/or monthly payments.

3. If denied, do you plan to appeal or have you already appealed the denial of your Workers' Compensation claim?

- Yes       No

### Certification

I certify that the information provided above is true and accurate. I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.

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

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