KENTUCKY RETIREMENT SYSTEMS
1260 Louisville Road · Frankfort, Kentucky 40601
kyret.ky.gov · Phone: 502-696-8800 · Fax: 502-696-8822

Print Form

Form 8202
03/2010

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 Retirement Systems 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: _____