



## Social Security Certification

### Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

### Social Security Benefits

1. Have you applied or do you plan to apply for disability from the Social Security Administration?

Yes  No

2. If yes, have you been awarded or denied disability benefits from the Social Security Administration?

Awarded  Denied  Pending

If you have been awarded disability benefits from the Social Security Administration, please attach a copy of your Social Security award letter 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 original monthly amount awarded.

3. If denied, do you plan to appeal or have you already appealed the denial for disability benefits from the Social Security Administration?

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: \_\_\_\_\_