KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov

Print Form

Form 6280
09/2023

Application for Dollar Contribution Reimbursement for Medical Insurance

Applicant Information: Please provide your Member ID or Social Security Number in the Applicant ID box below.			
Applicant Name:		Applicant ID:	
Address:	City:	State:	Zip Code:
Is this a new address? ◯ Yes ◯ No	Daytime Phone:		

Medical Insurance Policy Information: If you have more than one medical insurance policy, complete a separate form for each policy.			
Company Name:		Policy Number:	
Company Address:			
City:	State:	Zip Code:	Company Phone:

The dollar contribution reimbursement plan for hospital and medical insurance ("the reimbursement plan") is available to certain retired members and beneficiaries of the Kentucky Employees Retirement System (KERS), County Employees Retirement System (CERS), or State Police Retirement System (SPRS). In accordance with Kentucky Revised Statute 61.702(6)(a)2, 78.5536(6)(a)2, and 105 KAR 1:411, eligible members and beneficiaries may be reimbursed for a portion of hospital and medical insurance premiums paid if they chose to purchase a hospital and medical insurance plan not provide by the Kentucky Public Pensions Authority (KPPA). To be eligible for this reimbursement plan, the member or beneficiary must meet the following requirements:

- Member began participating in KERS, CERS, or SPRS on or after July 1, 2003;
- Member has earned enough service credit to be eligible for dollar contribution reimbursement in accordance with KRS 61.702(4)(d) and 78.5536(4)(d);
- Member or eligible beneficiary is not enrolled in a health insurance plan through the KPPA; and
- If a beneficiary:
  - The beneficiary must be a spouse of a deceased member; and
  - The member did not die as a result of an act in line of duty as defined in KRS 16.505(19) and 78.510(48), or as a result of a duty-related injury as defined in KRS 61.621.

I certify that the above information is correct and that I am eligible to participate in the reimbursement plan. I understand that I will not be reimbursed for hospital and medical insurance premiums for any period during which I was not eligible for participation in the reimbursement plan. I further understand that if I do receive reimbursement for premiums which were not eligible, the KPPA may recover those payments from my future retirement allowances. I also understand that the KPPA may contact the insurance company or employer directly to verify the coverage and amount of premiums. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty or perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefits, including reimbursements, I may be liable not only to repay the reimbursements I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Applicant Signature: _____ Date: _____

ATTACH COPIES OF PROOF OF INSURANCE POLICY AND PAYMENT.
SEE BACK OF FORM FOR EXAMPLES OF ACCEPTABLE DOCUMENTATION.
You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:
Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601

Kentucky Public Pensions Authority Medical Insurance Reimbursement Plan

An eligible recipient must submit to KPPA an Application for Dollar Contribution Reimbursement for Medical Insurance (this form) along with additional documents as proof of payment for hospital and medical insurance premiums.

- If the plan holder is receiving insurance coverage through an employer, refer to Option 1 and ensure that a Form 6281 completed by you and the employer or other documentation as indicated below is filed with the KPPA.
- If the plan holder is not receiving insurance coverage through an employer, refer to Option 2 and ensure that a Form 6282 completed by you and the insurance company or other documentation as indicated below is filed with the KPPA.

Option 1

- Form 6281, Employer Certification or Health Insurance for Dollar Contribution Reimbursement Plan, may be submitted, OR
- A signed statement from the employer listing individual(s) covered, dates of hospital and medical insurance coverage, amount of premiums deducted from wages, and the cost of the single coverage.

If the KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

Option 2

- Form 6282, Insurance Agent/Company Certification of Health Insurance for Dollar Contribution Reimbursement Plan, may be submitted, OR
- The following documents may be submitted:
    - A signed statement or invoice from the insurance company listing the individual(s) covered, dates, and cost of single hospital and medical insurance coverage; and
    - Proof of payment such as a receipt or bank statement clearly indicating payment for the statement or invoice provided.

If KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

Eligible recipients who submit this completed form and proof of payment for hospital and medical insurance will be reimbursed based on the date all required documentation is on file with KPPA. When submitted by:

- April 20, reimbursed in May;
- July 20, reimbursed in August;
- October 20, reimbursed in November; or
- January 20, reimbursed in February.

KPPA will not reimburse eligible recipients for any premiums paid in a calendar year if the Application for Dollar Contribution for Medical Insurance and proof of payment for hospital and medical insurance premiums is received in the KPPA office after March 20 of the following year. If you have any questions, please call 800-928-4646.

Additional copies of the application can be obtained from the KPPA or downloaded from the KPPA website at kyret.ky.gov.