



Member Reemployment Certification

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:	Member ID:
--------------	------------

Pursuant to 105 KAR 1:390, any retired member who desires to reemploy as an employee, independent contractor, leased employee, or volunteer with a participating employer of Kentucky Public Pensions Authority within twelve (12) calendar months of the retired member's initial retirement date must disclose that information.

A retired member reemploying twelve (12) calendar months after the retired member's initial retirement date is not required to submit this Form.

1. Participating employer full name: _____

2. Job title: _____

3. Anticipated start date (mm/dd/yyyy): _____

4. Check whether the position is:

Full-time or Part-time

5. Check whether you are Medicare eligible:

Yes No

6. Check the space below identifying the type of position:

Employee Independent Contractor Leased Employee Volunteer

7. If you checked independent contractor, leased employee or volunteer in the previous question, please provide a description of job duties and responsibilities and other relevant information in the space below (attach additional pages if necessary). If you are returning to work as an independent contractor or leased employee, you must include a complete copy of your work contract.

Member Certification (signature and date required)

I acknowledge that, subject to penalty of perjury for providing false information in accordance with KRS 523.010 to 523.110, and subject to having my retirement voided requiring my repayment of all retirement allowances, dependent child payments, and health insurance premiums paid to me by the Kentucky Public Pensions Authority, the information provided herein is true and accurate.

Signature: _____

Date: _____