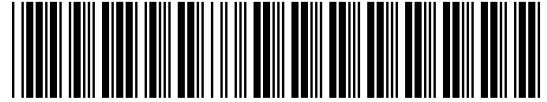




**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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



Print Form

**Form 8480**

11/2023

**Certification of Statement of Disability - Act In the Line of Duty**

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:	

**Certification: Please check the appropriate box below. A copy of the employer incident report must be submitted with this form.**

- I am alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties. I am submitting a copy of the incident report with this form.
- I am not alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties.
- I am alleging that I am disabled as a direct result of an injury sustained from an act in the line of duty while performing the principal duties of a hazardous position, or a single act of violence against me that was related to my job duties. I cannot provide an incident report documenting this event.

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 of 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 benefit, I may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

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

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

