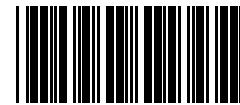




KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
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Form 2001
Revised 01/2026

Membership Information

Member Information

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

Member Name:	Member ID:		
Address:	City:	State:	zip Code:
Date of Birth:	Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		
Email address:	Marital Status:	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name of Employing Agency:			
Date of Employment with Agency:	Other Name Under Which You May Have Been Previously Employed:		

Previous County, City or State Employment

Department or Agency	Position	From Month Day Year	To Month Day Year	Administrative Use Month Day Year

Statement of Active Duty Military Service

Signature:

Date: