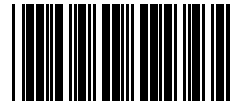


**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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



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 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			To			Administrative Use		
		Month	Day	Year	Month	Day	Year	Month	Day	Year

Statement of Active Duty Military Service

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Signature: _____

Date: _____