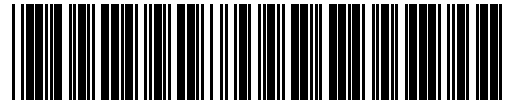


**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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



Form 2010  
Revised 01/2026

**Election or Rejection of Participation****Employee Information**

Name: _____	Social Security Number: _____
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**Participation Status**

I, \_\_\_\_\_, occupying a regular full-time position with  
*Name*

\_\_\_\_\_ as a \_\_\_\_\_  
*Employer Name* *Position Title*

☐ **D Elect** ☐ **D Reject**

membership in the County Employees Retirement System pursuant to the provisions of KRS 78.540(1).

Notice: Persons who elect to participate under this subsection may purchase service credit for any prior months by paying a delayed contribution payment. The service shall not be included in the member's total service for purposes of determining benefits under KRS 61.702 and 78.5536.

**Certification**

I hereby certify that the information provided on this form is correct and accurate. 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.

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

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