

**Kentucky Retirement Systems**

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Form 2110
Revised 03/2018

Retirement System Determination - County Attorney Employees

Required by 105 KAR 1:250

Employee Information

Employee Name:		Member ID:
Employment Date:	Position Title:	
Employer Name:		

Retirement System Membership Determination☐ **KENTUCKY EMPLOYEES RETIREMENT SYSTEM (KERS)**

1. The employee's job functions are related to the prosecutorial duties of the county attorney's office; or
2. The employee's job functions are related to child support enforcement and KERS is the system consistent with the funding and operational methods of the office.

☐ **COUNTY EMPLOYEES RETIREMENT SYSTEM (CERS)**

1. The employee's job functions are related to the legal representation of the fiscal court and other county officials; or
2. The employee's job functions are related to child support enforcement and CERS is the system consistent with the funding and operational methods of the office

Employee Acknowledgement

I hereby acknowledge that the above describes the majority of my duties and that I shall participate in the retirement system indicated.

Signature: _____

Date: _____

Certification

I do certify that I am fully acquainted with the above named person and the duties required of this person in performing official tasks as indicated above. I further certify that in my best opinion and belief the duties performed by this employee, if not currently participating in a retirement system, most appropriately qualifies him for membership in the above indicated system.

Signature: _____

Title: _____

Date: _____

Any person who makes a false statement, report or representation herein is subject to punishment pursuant to the provisions of KRS 523.010 to 523.110.