



**Kentucky Public Pensions Authority  
Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



**Form 4160**  
Revised 1/2026 09/2010

**Affidavit**

**Member Information**

Member Name:	Member ID:
--------------	------------

**Required Documentation**

In order to purchase service credit, you must have the agency you worked for during the period of time in question provide verification to our office by submitting Form 4225 - Verification of Past Employment or other valid payroll documentation. If you have not yet submitted this information, please contact our office at 1-800-928-4646 for assistance.

If the agency has notified KPPA KRS that records are not available or was not able to provide sufficient documentation to verify your employment, you may attempt to verify the period of employment by submitting a Social Security Quarterly Breakdown (SSA 7050 F4) and two affidavits for the period of time in question. The required affidavits must be from two different individuals who are eligible for retirement service credit for the period of time in question, whether they actually contributed, are eligible to purchase it through a delayed purchase or recontribution of a refund, or received it through alternate participation. If affidavits are submitted, a Social Security Quarterly Earnings Statement, W2's, or other valid payroll records must accompany them.

**The submission of affidavits and payroll records does not guarantee the eligibility to purchase service credit.**

I, \_\_\_\_\_, swear and affirm that I was employed without any breaks in service by \_\_\_\_\_ for the following periods of time:

Dates Employed						Employment Status Specify one of the following: Regular Full-time, Seasonal Full-time, or Temporary (Probation) Full-time	Received a Salary for Not Less Than Specify one of the following: 80 hours ( School Board employees only) or 100 hours (All other employees)
From			To				
Month	Day	Year	Month	Day	Year		

**Member Certification**

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Retirement Systems shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

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

Notary \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Member Information**

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

**Supervisor/Coworker Affidavit #1**

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Public Pensions Authority ~~Retirement Systems~~ shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

I, \_\_\_\_\_ do certify that I worked in a full-time position for the aforementioned employer during the same period specified on this form, and that I worked with the individual as a ☐ supervisor ☐ coworker. Further, I certify that in my judgement, this person has made a true statement of the dates and official hours of work required by the position.

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

SSN: \_\_\_\_\_

Notary \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Supervisor/Coworker Affidavit #2**

I state that I have full knowledge of the penalty in KRS 523.100 of the penal law, whereby a person falsifying records or attempting to defraud the Kentucky Public Pensions Authority ~~Retirement Systems~~ shall be punished by a fine or imprisonment or both, and that the information provided in this document is true and accurate.

I, \_\_\_\_\_ do certify that I worked in a full-time position for the aforementioned employer during the same period specified on this form, and that I worked with the individual as a ☐ supervisor ☐ coworker. Further, I certify that in my judgement, this person has made a true statement of the dates and official hours of work required by the position.

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

SSN: \_\_\_\_\_

Notary \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_