

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

1260 Louisville Road • Frankfort, KY 40601
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9/2026[12/2023]

City Recertification of Retired Law Enforcement[Police] Officer**IMPORTANT NOTICE: The appointing employer will be invoiced unless this form is fully completed.****Member Information**

Member Name:	Member ID:
Reemploying <u>Employer</u> [City]:	Employer Code:
Was the member previously approved for reemployment pursuant to KRS 70.291 - 70.293 or 164.950 – 164.980? ☒ Yes ☐ No	
Term of Appointment (cannot exceed one year):	Begin Date: End Date:

Employer Certification

Pursuant to Penalty of Perjury, I certify that the following statements are true:

My name is _____ and I am the Chief of Police for the city of _____
_____ and I have reappointed the member identified above for the term identified above.

I hereby certify that the information completed on this form is true 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 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, the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____

Title: _____