



**Application for Out of State Reimbursement for Medical Insurance**

**Applicant Information:** Please provide your Member ID or Social Security Number in the Applicant ID box below.

Applicant Name:		Applicant ID:	
Address:		City:	State:
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		Daytime Phone:	
Are you eligible for Medicare Part A or Part B? <input type="radio"/> Yes <input type="radio"/> No			

If yes, please contact our office immediately at 1-800-928-4646, prompt 1, to discuss your options. You may not need to complete this form.

**Medical Insurance Policy Information:** If you have more than one medical insurance policy, complete a separate form for each policy.

Company Name:		Policy Number:	
Company Address:			
City:	State:	Zip Code:	Company Phone:

The out of state reimbursement plan for hospital and medical insurance ("the reimbursement plan") is available to certain retired members and beneficiaries of the Kentucky Employees Retirement System (KERS), County Employees Retirement System (CERS), or State Police Retirement System (SPRS). In accordance with the provisions of Kentucky Revised Statutes 61.702(6)(a)1, 78.5536(6)(a)1, and 105 KAR 1:411, eligible members and beneficiaries may be reimbursed for a portion of hospital and medical insurance premiums paid. To be eligible for this reimbursement plan, the member or beneficiary must meet the following criteria:

- The member or beneficiary must not reside in Kentucky.
- The member or beneficiary must not be eligible for Medicare, and
- The member or beneficiary must not be eligible for the same level of health insurance coverage as non-Medicare eligible members and beneficiaries who live in Kentucky.

If you are a nonhazardous retiree, you will only be reimbursed the cost of single coverage up to the allowable maximum. Hazardous duty retirees may be eligible to receive premium contributions towards their spouse and eligible dependents. If you are a hazardous duty retiree and enrolled a spouse or health insurance dependents, the following documentation is required:

- Child age 17 and under: If your dependent child is under the age of 17, a legible copy of the birth certificate or a valid court order showing the name of the hazardous duty retiree as a parent will be required if not on file with KPPA.
- Child age 18-22: If your dependent child is between the ages of 18 and 22, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions, and a legible copy of the birth certificate or a valid court order showing the name of the hazardous duty retiree as a parent will be required if not on file with KPPA.
- Spouse: A Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance Contributions. A legible copy of the marriage certificate or a legible photocopy of the top half of the front page of the retiree's most recent federal tax return (Form 1040) will be required if not on file with KPPA.

**ATTACH COPIES OF PROOF OF INSURANCE POLICY AND PAYMENT.  
 SEE BACK OF FORM FOR EXAMPLES OF ACCEPTABLE DOCUMENTATION.  
 You may upload this form through Retiree Self Service at myretirement.ky.gov. Or you may return the form to:  
 Kentucky Public Pensions Authority, 1260 Louisville Road, Frankfort, KY 40601**

I certify that all 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 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, including reimbursements, the employer I represent and I (personally) may be liable for restitution of the reimbursements the member/beneficiary/recipient listed on this form was not eligible to receive, civil payments, legal fees, and costs.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kentucky Public Pensions Authority Medical Insurance Reimbursement Plan

An eligible recipient must submit to KPPA an Application for Out of State Reimbursement for Medical Insurance (this form) along with additional documents as proof of payment for hospital and medical insurance premiums.

- If the plan holder is receiving insurance coverage through an employer, refer to Option 1 and ensure that a Form 6241 completed by you and the employer or other documentation as indicated below is filed with the KPPA.
  - If the plan holder is not receiving insurance coverage through an employer, refer to Option 2 and ensure that a Form 6242 completed by you and the insurance company or other documentation as indicated below is filed with the KPPA.
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## Option 1

- Form 6241, Employer Certification or Health Insurance for Out of State Reimbursement Plan, may be submitted, OR
- A signed statement from the employer listing individual(s) covered, dates of hospital and medical insurance coverage, amount of premiums deducted from wages, and the cost of the single coverage.

## Option 2

- Form 6242, Insurance Agent/Company Certification of Health Insurance for Out of State Reimbursement Plan, may be submitted, OR
- The following documents may be submitted:
  - A signed statement or invoice from the insurance company listing the individual(s) covered, dates, and cost of single hospital and medical insurance coverage; and
  - Proof of payment such as a receipt or bank statement clearly indicating payment for the statement or invoice provided.

If KPPA finds that submitted documentation is not sufficient, the KPPA may request additional documentation to prove payment for hospital and medical insurance premiums.

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Eligible recipients who submit this completed form and proof of payment for hospital and medical insurance will be reimbursed based on the date all required documentation is on file with KPPA. When submitted by:

- April 20, reimbursed in May;
- July 20, reimbursed in August;
- October 20, reimbursed in November; or
- January 20, reimbursed in February.

KPPA will not reimburse eligible recipients for any premiums paid in a calendar year if the Application for Out of State Reimbursement for Medical Insurance and proof of payment for hospital and medical insurance premiums is received in the KPPA office after March 20 of the following year. If you have any questions, please call 1-800-928-4646.

Additional copies of the application can be obtained from the KPPA or downloaded from the KPPA website at [kyret.ky.gov](http://kyret.ky.gov).