



Reporting/Balancing Employer Acknowledgment Form

This form must be completed by the employer to acknowledge that they have designated a 3rd party entity to report employee information on their behalf. If you have any questions, please contact our office at (888) 696-8810.

Employer Information

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|-----------|----------------|
| Employer: | Employer Code: |
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Reporting and Balancing Employer Information

Please provide information for the 3rd party entity who will act as a Reporting and/or Balancing Employer for your agency for monthly reporting to Kentucky Public Pensions Authority's Employer Self Service (ESS). A Reporting Employer is an entity who submits the monthly contribution detail report for a participating employer. A Balancing Employer is an entity who submits the monthly summary and payment for a participating employer.

Please check one of the following: Reporting Employer Balancing Employer Reporting and Balancing Employer

Company Name:

Representative Name:

Address:

City:

State:

Zip Code:

Phone:

E-mail Address:

Certification

I acknowledge that the above-named entity is authorized to report on our behalf to Kentucky Public Pensions Authority and will be granted access to employee and employer information for our agency on the KPPA Employer Self Service (ESS) site. Furthermore, I understand that if this information should change that it will be necessary to contact KPPA for the appropriate changes to our account set up and ESS access.

I understand that the unauthorized or improper use of this system may subject me personally and/or our employer to one or more of the following: account cancellation, civil penalties or criminal penalties.

Agency Head Signature: _____

Date: _____