



Hazardous Duty Certification H.P.-2

Member Information

Member Name:	Member ID:	Age:
Title of Position:		
Effective Date of Coverage:		

Hazardous Employment and Physical Examination Certification

WHEREAS , the Governing Body of the Department or Agency indicated below is aware of the laws and provisions established under KRS 61.592 providing hazardous position coverage under the Kentucky Public Pensions Authority;

WHEREAS , the Authority members of the Kentucky Public Pensions Authority approved hazardous retirement coverage for the positions certified to it by this agency;

NOW THEREFORE , the Department or Agency Head certifies that the above employee is now working regularly full-time in a hazardous position as defined in KRS 61.592 and further states that the employee received a physical examination on _____ as a requirement for employment in this position. **KPPA requests a copy of the physical examination record accompany this form.**

The Agency is cognizant of the fact that if there is any change in the work assignment or classification of the above individual, a new Form H.P.-2 shall be submitted. Additionally, if the change would result in duties that no longer could be classified as hazardous, the individual is to be transferred from hazardous retirement coverage to non-hazardous coverage.

Employer: _____ Date: _____

Agency Head or Authorized Agent: _____ Date: _____