



Employer Certification Regarding Reemployment

Member Information

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Start date:	

My name is: _____ . I am the agency head, appointing authority, or authorized designee for the participating employer. I have made a personal inquiry and confirm that this participating employer: (check one)

- DID NOT** have any type of prearranged agreement, whether written or verbal, with the above-named retired member to return to work in any capacity following the member's initial retirement date.
- DID** have a prearranged agreement, whether written or verbal, with the above-named retired member to return to work in some capacity following the member's initial retirement date.

Employer Acknowledgement and Certification (signature, job title, and date required)

I acknowledge that:

- If my agency reemploys a Kentucky Public Pensions Authority's retired member within twelve (12) months of the member's initial retirement date, my agency is required by law to submit the required form and any additional requested information to confirm the retired member's employment status.
- If my agency fails to certify the reemployment status of the retired member or provide any additional information requested by the Kentucky Public Pensions Authority, the retired member's retirement benefits shall be voided and the retired member required to repay all retirement allowances, dependent child payments, and health plan premiums paid by the Kentucky Public Pensions Authority.
- If my agency employs a retired member prior to the member's required months of break in service pursuant to KRS 61.637(17) and 78.5540, benefits shall be voided, and the retired member shall be required to repay all retirement allowances, dependent child payments, and health plan premiums paid by the Kentucky Public Pensions Authority.

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: _____ Job Title: _____ Date: _____