



Employer Certification of Volunteer

Member Information

Reemploying Employer:	Employer Code:
Member Name:	Member ID:
Volunteer start date:	

My name is: _____ . I am the agency head, appointing authority, or authorized designee of the employer participating in the Kentucky Public Pensions Authority, where the above referenced member will be volunteering as (please describe the job title and principal volunteer duties below and attach additional pages if needed):

Participating Employer Inquiry

As the agency head, appointing authority or authorized designee of the participating employer, I have conducted an inquiry and confirm the following:

- The member **was** **was not** previously employed by the participating employer.
- The member **did** **did not** previously receive creditable compensation from the participating employer.
- The member **did** **did not** previously earn retirement service credit from the participating employer.
- The member **is** **is not** volunteering for the participating employer freely and without pressure or coercion.
- The member **will** **will not** receive compensation for volunteering for the participating employer.
- The member **will** **will not** receive reimbursement from the participating employer for actual expenses incurred while volunteering.
- The member **will** **will not** receive a nominal fee in the amount of \$ _____ for volunteer services performed for the participating employer.

Participating Employer Certification

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: _____