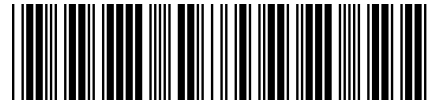




KENTUCKY PUBLIC PENSIONS AUTHORITY

1260 Louisville Road • Frankfort, KY 40601
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



Form 7730
Revised 04/2021

Application for Voluntary Cessation From CERS or KERS

Agency Information

Full Legal Name of Agency:			Phone Number:	
Address:		City:		State:
				Zip Code:

KPPA Employer Code

Name of person to contact regarding this application:

Address:		City:		State:
				Zip Code:
Phone Number:		Fax:		E-mail:

Name of Agency Head:

Address:		City:		State:
				Zip Code:
Phone Number:		Fax:		E-mail:

Name of Reporting Official:

Address:		City:		State:
				Zip Code:
Phone Number:		Fax:		E-mail:

Name of Attorney representing agency:

Address:		City:		State:
				Zip Code:
Phone Number:		Fax:		E-mail:

Board Chair:

Attach List of Current Board Members

Date of Resolution: (Attach Resolution)

Attach Notarized copy of the official minutes of the meeting the resolution was adopted, if applicable

Name of proposed Alternative Retirement Program:

Type of Plan:

Attach documentation of alternative retirement plan

If the agency is a corporation organized under KRS Chapter 273:

Secretary of State Organization Number:

Name of Registered Agent:

Address:		City:		State:
				Zip Code:

Attach copies of Articles of Incorporation, By-Laws, Certificate of Existence/Authorization, if applicable

Attach the following information for all current and former full time employees:

- | Full names;
 - | Last known addresses;
 - | Dates of Birth;
 - | Social Security Numbers of Kentucky Public Pensions Authority Member IDs;
 - | Beginning dates of employment, if applicable;
 - | Ending dates of employment, if applicable; and
 - | Sick leave balances;
 - | Provide a list of active lawsuits, legal actions, arbitrations, mediations and other litigation, except for cases in which the employer is seeking to collect a debt owed to it by one of its members, pending to which the employer is a party including:
 - | Name of the case;
 - | Number of the case;
 - | The name and address of the Court, arbitrator, mediator, or administrative agency in which the case is pending.
- Attach a copy of the Complaint or a description of the allegations made in the Complaint as well as the type and amount of relief being sought.*

Attach:

- | The employer's most recent five (5) audited financial statements and independent auditor's reports;
- | The employer's most recent five (5) Consolidated Annual Financial Reports, if applicable;
- | Documentation of the employer's plan to pay the full actuarial cost including funding source.

I, _____, _____ acknowledge

NAME OF AGENCY HEAD

TITLE OF AGENCY HEAD

and agree that _____ is subject to and will comply with all the provisions KRS 61.522 and KAR 1:145.

NAME OF AGENCY

Signature line for Agency Head

I, _____, Chair of the Board of Trustees, acknowledge and agree that

NAME OF BOARD CHAIR

_____ is subject to and will comply with all the provisions KRS 61.522 and 105 KAR 1:145.

NAME OF AGENCY

Signature line for Board Chair