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

Print Form

Form 4115
Revised 01/2026

Federal Verification

The purchase of service credit for previous employment by the Federal Government is provided for and subject to provisions of KRS 61.552, 105 KAR 1:330 and other applicable state and federal laws and regulations.

Summary of statutory requirements to purchase federal service:

1. You are currently participating in one of the systems administered by Kentucky Public Pensions Authority.
2. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Public Pensions Authority. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Public Pensions Authority.
3. While employed by the Federal Government, either the employee must not have participated in a retirement plan or has now withdrawn all funds from the retirement plan and is no longer eligible for a benefit based on this service.
4. If you were employed as a seasonal or temporary employee by the Federal Government, the employment must have exceeded the guidelines set by KRS 61.510 or KRS 78.510.

Section 1: Member Information

Member Name:	Member ID:

KPPA will update contact information for your retirement account based on the details provided below.

Address:	City:	State:	Zip Code:
Work Phone:	Home Phone:		
Personal Email:			

I wish to purchase service credit for employment with the federal government. I hereby authorize the federal government to release my personnel records to the Kentucky Public Pensions Authority.

Signature: _____ Date: _____

Section 2. Certification of Dates of Federal Government Employment

Forward the form to the following address for completion of this section:

National Personnel Records Center
Civilian Personnel Records
1411 Boulder Boulevard
Valmeyer, IL 62295

Name of Federal Agency	Dates Employed		Job Title	Employment Status:	Employment Classification:
	From Month/Day/Year	To Month/Day/Year		Regular, Seasonal, Temporary, etc.	Full-time (100+ hours/month) Part time (<100 hours/month)

Signature: _____ Title: _____

Phone: _____ Date: _____

Section 3. Certification of Participation

Forward this form to the following address for completion of this section:

US Office of Personnel Management
Retirement Programs
1900 E. Street, NW
Washington, DC 20415-3000
Phone Number: 888-767-6738

1.The member named on the front of this form participated in a retirement plan for the period of employment certified in Section 2.

☐ Yes ☐ No

2. Is the plan a: ☐ Defined Benefit Plan ☐ Defined Contribution Plan

☐ Other If other, please explain: _____

3. Did the Employee receive a refund of retirement contributions? ☐ Yes ☐ No

If "yes", what was the date of withdrawal: _____

4. Is the employee entitled to benefits for this period of employment? ☐ Yes ☐ No

Signature: _____ Title: _____

Phone: _____ Date: _____

When all sections have been completed, please return this form to Kentucky Public Pensions Authority at 1260 Louisville Road, Frankfort, KY 40601.