



Verification of Out of State Service

The purchase of public service credit in a position outside of Kentucky in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:260 and other applicable state and federal laws and regulations.

Summary of statutory requirements to purchase out of state 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. The period of employment must be considered full-time, averaging 100 or more hours per month over the period of employment.
4. The period must have been credited under a defined benefit retirement plan administered by the state or local government, other than a plan for teachers.
5. If hazardous service credit is desired, the position must meet the definition of hazardous in KRS 61.592 before it can be credited to the member's account.
6. The individual must have received a refund of the retirement account or must be ineligible for a benefit from the period of service.

Section 1: Member Information

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Work Phone:	Home Phone:		
I wish to purchase service credit for public service outside the state of Kentucky. I hereby authorize the release of all pertinent personnel or retirement information to the Kentucky Public Pensions Authority for this purpose.			
I am seeking <input type="checkbox"/> Regular Service <input type="checkbox"/> Hazardous Service If the hazardous service block is checked, a copy of the job or position description must be included with the employer's certification.			
Signature: _____		Date: _____	

Section 2: Employer's Certification of Public Service Claim

To be completed by the former employer. Complete this section then forward to the Retirement System indicated below. Please attach a job description if the employee checked the hazardous service box above.

From official records, I certify that the above individual was employed in a regular **full-time** position averaging 100 or more hours of work per month for the periods shown and that the individual was required to participate in a state administered defined benefit retirement plan, other than a plan for teachers, by reason of his employment.

Name of Employer	Position	From Month/Day/Year	To Month/Day/Year	Months Worked to Period Shown

Name of Retirement System: _____

Comments: _____

Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Section 3: Retirement System's Certification of Participation

To be completed by the former retirement system after Section 2 has been completed by the employer.

1. The member named on this form participated in _____
Name of Retirement System

For the period of employment certified above? Yes No

2. Is the plan a defined benefit plan? Yes No

3. Is the plan administered by the: State Local Government

4. Has the member withdrawn the account? Yes No Date of Withdrawal: _____

5. Is the member receiving or entitled to receive a benefit from the retirement system based on any of the service certified by the employer in Section 2. Yes No

Name of Retirement System: _____

Comments: _____

Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Acknowledgement

State of: _____

County of: _____

Section 3 was acknowledged before me, a Notary Public, this _____ day of _____ 20_____.

(Notary Seal) Notary Public _____

My Commission Expires: _____

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