KENTUCKY PUBLIC PENSIONS AUTHORITY
1260 Louisville Road • Frankfort, KY 40601
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Form 6754
Revised 12/2023

Member Reemployment Certification

Member Information Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:	Member ID:

Pursuant to 105 KAR 1:390, any retired member who desires to reemploy as an employee, independent contractor, leased employee, or volunteer with a participating employer of Kentucky Public Pensions Authority within twelve (12) calendar months of the retired member's initial retirement date must disclose that information.

A retired member reemploying twelve (12) calendar months or more after the retired member's initial retirement date is not required to submit this Form.

1. Participating employer's full name: _____

2. Job title: _____

3. Anticipated start date (mm/dd/yyyy): _____

4. Check whether the position is:

☐ Full-time or ☐ Part-time

5. Check whether you are Medicare eligible:

☐ Yes ☐ No

6. Check the space below identifying the type of position:

☐ Employee ☐ Independent Contractor ☐ Leased Employee ☐ Volunteer

If you are an independent contractor or leased employee, you can include a copy of your work contract.

Member Certification (signature and date required)

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, that I (personally) may be liable for restitution of the benefits for which I was not eligible to receive, civil payments, legal fees, and costs.

Signature: _____ Date: _____