



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . <b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. <b>(Note: This may be different from the number of exemptions you claim on your tax return.)</b> ▶	<b>H</b>	

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</b>
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____	9 Office code (optional) _____	10 Employer identification number (EIN) _____

Revenue Form K-4  
42A804 (11-13)

KENTUCKY DEPARTMENT OF REVENUE  
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Print Full Name \_\_\_\_\_

Print Home Address \_\_\_\_\_

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

EMPLOYEE:

Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.

EMPLOYER:

Keep this certificate with your records.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" .....
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
  - (a) If you claim both of these exemptions, enter "2" .....
  - (b) If you claim one of these exemptions, enter "1" .....
  - (c) If you claim neither of these exemptions, enter "0" .....
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
  - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "4"; if both will be 65 or older, and you claim both of these exemptions, enter "8" .....
  - (b) If you or your spouse are blind, and you claim this exemption, enter "4"; if both are blind, and you claim both of these exemptions, enter "8" .....
4. If you claim exemptions for one or more dependents, enter the number of such exemptions .....
5. National Guard exemption (see instruction 1) .....
6. Exemptions for Excess Itemized Deductions (Form K-4A) .....
7. Add the number of exemptions which you have claimed above and enter the total .....
8. Additional withholding per pay period under agreement with employer. See instruction 1 ..... \$

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_

Signed \_\_\_\_\_



**COMMONWEALTH OF KENTUCKY**  
**ENERGY AND ENVIRONMENT CABINET**  
**ACKNOWLEDGEMENT**

I, \_\_\_\_\_  
(Print Name)

acknowledge that I have received, read and agree to abide by the Energy and Environment Cabinet's:

- State Vehicle Policy, EEC-501-00,
- Personal Vehicle Policy, EEC-502-00 and
- Procedures Manual for the Operation and Use of State Vehicles, EEC-501-01.

\_\_\_\_\_  
Signature Date

Employee Identification Number (e.g. NJL0092): \_\_\_\_\_

Employee Drivers License Number (e.g.W90-123-123): \_\_\_\_\_

First Line Supervisor Signature: \_\_\_\_\_

**A legible copy of the employee's drivers license must be attached to this form.**

Mail completed form to:  
GAPS  
Division of Human Resources Management  
500 Mero St.  
4<sup>th</sup> Floor Capital Plaza Tower  
Frankfort, KY 40601-1957



Date

Name  
Street Address  
City, State, Zip

**RE: Notice of your Enrollment in Comp MC's Kentucky Certified Managed Health Care Plan**

Dear (Commonwealth of Kentucky Employer) Employee:

Effective July 1, 2007, your employer is working in conjunction with (TPA) and comp mc to provide a Certified Kentucky Managed Health Care Plan (MHCP) for employees injured on the job, which requires medical treatment.

comp mc's role is to ensure medical treatment is provided in a manner which is convenient, effective and timely for you. Under the requirements of a Managed Health Care Plan, you must do the following when you have an injury on the job that requires medical treatment:

- In emergencies, go to the nearest available provider. You may receive immediate, 24 hours a day, emergency medical treatment for compensable injuries from any medical provider or hospital.
- For non-emergency care, for treatment of your compensable injury or disease, see your employer for a listing of The First Health Network providers in your area or, you may call 1-866-361-6899 for assistance.
- You must select a gatekeeper physician when it becomes apparent that continuing care is required for an injury or disease compensable under KRS 342. Your gatekeeper may refer you to other providers for specialized or diagnostic studies.
- Complete the state Form 113/Notice of Designated Physician immediately. Have your selected physician sign it and return the form to your claims adjuster within 10 days. Your claims adjuster will immediately send you a wallet size card with the Designated Physician information. Present this card at each appointment.
- *Note: Kentucky's Managed Care Regulation (803 KAR 25:096) requires that you comply with the requirements for provider selection. "The unreasonable failure of the employee to comply with the requirements of this section may suspend all benefits payable under KRS Chapter 342 until compliance by the employee and the receipt of the Form 113 by the medical payment obligor has occurred."*



NOTICE OF ENROLLMENT CONTINUED

- **Kentucky MCHP regulations allow you to elect to receive services from a non-network provider under certain circumstances:**
  - For emergency care;
  - When you are referred outside the MHCP for medical services by a gatekeeper physician;
  - When authorized treatment is unavailable through the MHCP;
  - To obtain a second opinion when a MHCP physician recommends surgery and a network physician is unavailable;
  - When treatment for an injury is initiated prior to the effective date of the managed care agreement as long as that physician complies with MCHP utilization standards;
  - When you continue to treat with the physician who provided initial emergency care as long as that physician complies with MHCP utilization standards.

**Please note: If treatment outside of the provider network occurs for reasons other than the events listed above, the injured worker may be responsible for payment of the medical bills.**

As an employee covered by the MCHP, you have the right to expect that you will:

1. Receive emergency medical treatment as soon as practical, preferably by a participating physician;
2. Receive initial treatment by a MHCP Gatekeeper physician within a reasonable request for treatment;
3. Receive specialized medical services that the MHCP is not otherwise able to provide;
4. Have the right to file a grievance to resolve a dispute related to medical services. (A copy of this procedure is enclosed. You may also call 1-866-361-6899, if you have any questions regarding this form.)
5. Have a Nurse Case Manager assist you during your recovery while away from work or during ongoing treatment.

***The Kentucky Workers' Compensation Law also states that any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining a benefit or payment, for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment of workers' compensation coverage, or aides and abets for said purpose, could be found guilty of a Class D felony.***

Please sign and date this form in the space below indicating that you have received a copy of the MHCP Employee Rights and Responsibilities. Return the signed and dated form to your supervisor.

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Print your name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employer \_\_\_\_\_ Department \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_



# TOBACCO-FREE POLICY ACKNOWLEDGEMENT

Pursuant to Executive Order 2014-747 and effective November 20, 2014, the use of tobacco, any tobacco product, and any electronic cigarette or vaping device shall be prohibited on any and all properties owned, leased or contracted for use by the Executive Branch of the Commonwealth of Kentucky, including but not limited to all buildings or portions of buildings, land and vehicles owned, leased or contracted for use by agencies of the Executive Branch of the Commonwealth of Kentucky over which the Finance and Administration Cabinet has control.

I acknowledge that I have received notification of the Tobacco-Free policy (EO 2014-747) and that I am aware of the following:

- Employees who use tobacco, any tobacco product, and any electronic cigarette or vaping device on any and all properties owned, leased or contracted for use by the Executive Branch of the Commonwealth of Kentucky, unless a specific property is otherwise exempted, are in violation of this policy and may be subject to disciplinary measures set forth within their agency. This includes, but is not limited to, all buildings or portions of buildings, land and vehicles owned, leased or contracted for use by agencies of the Executive Branch of the Commonwealth of Kentucky over which the Finance and Administration Cabinet has control.
- This policy applies to all persons, including, but not limited to, employees, non-employee workers, vendors, visitors and other guests.
- My acknowledgment does not imply that I agree with this policy.

\_\_\_\_\_  
Employee's Printed Name                      Employee ID or PERNR

\_\_\_\_\_  
Employee's Signature                      Date

Complete this section only if employee refuses to sign:

\_\_\_\_\_  
Witness's Printed Name                      Witness's Signature                      Date

## RACE AND ETHNIC IDENTIFICATION:

Please select one of the following that best describes your race/ethnicity:

- WHITE (Not Hispanic or Latino)** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- HISPANIC OR LATINO** - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture.
- BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN (Not Hispanic or Latino)** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (ex: Cambodia, China, India, Japan, Korea, etc.)
- AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino)** - A person having origins in any original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- TWO OR MORE RACES (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- UNKNOWN**



# Workforce Training/Firefighters Application for Admission/Registration

If you are currently enrolled at a KCTCS college or if you have completed THIS form in another workforce training course, you will need to check this box  (Readmit), and complete: Name, Social Security Number, and Address.

Name \_\_\_\_\_  
First Middle Last Preferred Name

Address \_\_\_\_\_  
City Country State Zip Code

Employer \_\_\_\_\_

List any phone number where we may contact you: \_\_\_\_\_  Cell  Home  Business

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ \*Gender:  Male  Female  
Month Day Year

Citizenship Status US Citizen  Yes  No  
 If not a US citizen are you a permanent resident alien of the US?  Yes  No Resident Alien Number \_\_\_\_\_

\*Primary Race/Ethnicity  American Indian/Alaskan Native  Asian  Black/African-American  
 Hispanic/Latino  Not Specified  Native Hawaiian/Other Pacific Islander  White

\* Optional information requested for reporting purposes and will not be used in an admission decision.

Please list all the names that you have used on previous educational records. \_\_\_\_\_

Admit Status  
 First-Time College Student  Readmit (attended KCTCS previously)  
 High School (taking college courses prior to High School graduation)  First-Time Transfer (Are you eligible to return to your former college?)  Yes  No  
 Visiting Student  
 Non-degree

High School Attended \_\_\_\_\_  
(If you earned a GED enter GED for High School.) High School Name City State/County

High School Graduation Date \_\_\_\_\_ or GED Completion Date \_\_\_\_\_ or Last Date of Attendance \_\_\_\_\_

Other postsecondary institutions attended and dates: (An official transcript from each institution listed is required for admission.)  

College	City	State	Dates Attended

Residency Status  Kentucky  Non-Kentucky Have you lived in Kentucky for the last 12 months?  Yes  No  
 How long have you been living in your non-Kentucky county? \_\_\_\_\_

**Firefighter Students Only**  
 County Name \_\_\_\_\_ County Number \_\_\_\_\_  
 Fire Department # \_\_\_\_\_ Firefighter# \_\_\_\_\_  
 Fire Department Name \_\_\_\_\_ KCTCS Home College \_\_\_\_\_

**College Use Only:** Home College Code \_\_\_\_\_ Empl ID \_\_\_\_\_  
 Academic Plan  Workforce Non-Degree 9002000000  Fire SciTech 4302037019  Other  
 Course Number \_\_\_\_\_ Course Title/Topic \_\_\_\_\_  
 Peoplesoft Class Number \_\_\_\_\_ Fee \_\_\_\_\_ Start/End Dates \_\_\_\_\_  
 Starting Term  Summer  Fall  Spring \_\_\_\_\_ Year

Date \_\_\_\_\_ Signature \_\_\_\_\_

\* Optional information requested for reporting purposes and will not be used in an admission decision.

KCTCS is an equal opportunity employer and education institution.



Revised July 2009



# DIRECT DEPOSIT ENROLLMENT & UPDATE FORM



**NOTICE:** Enrollment in direct deposit using a personal account or updates to existing direct deposit information can be completed through the Employee Self-Service (ESS) feature within the Kentucky Human Resource Information System (KHRIS). If you do not have internet access, are not comfortable completing that process, or would like to enroll in direct deposit with a Payroll Card, please complete this form and turn it in to your HR Administrator for processing.

## SECTION 1: PERSONAL INFORMATION

Employee/Payee Name: _____	Today's Date: _____
PERNR or Employee ID: _____	*Requested Pay Day to begin the action requested below: _____
Daytime Phone #: _____	
Agency Name: _____	

\* The ability to begin on the above day will be determined by my HR Administrator based on the date of this request and the current KHRIS Operations Calendar.

## SECTION 2: ENROLLMENT/UPDATE OPTIONS

**ENROLL:** *Select one:*

- With a personal bank account. (Continue to Section 3.)
- With a Payroll Card. (Skip to Section 4.)
- With a personal bank account AND a Payroll Card. (Continue to Section 3.)

**UPDATE/ or CHANGE:** I am currently enrolled in direct deposit and would like to do the following (*Select a change option below.*):

- Change (update/add) my personal bank account information. (Continue to Section 3.)
- Change my enrollment option (*Select an enrollment change below.*):
  - FROM a personal bank account TO a Payroll Card (Skip to Section 4. NOTE: Enrollment will not be changed until Payroll Card is ready. ),
  - FROM Payroll Card TO a personal bank account (Continue to Section 3.), or
  - Use BOTH a personal bank account AND Payroll Card. (*Select the appropriate scenario below.*)
    - I am already enrolled with a personal bank account. I am requesting the *addition* of a Payroll Card. (In Section 3, enter Payroll Card as the bank name under Main Bank or Other Bank, to indicate your choice for set-up. NOTE: Enrollment will not be updated until Payroll Card is ready. ),
    - I am already enrolled with a Payroll Card. I am requesting the addition of a personal bank account. (Continue to Section 3.)
  - Delete an additional (Other) account currently used for direct deposit. I understand I cannot delete my main account. (Continue to Section 3.)

**REVERT:**  I am currently enrolled in direct deposit and would like to revert back to receiving a paper paycheck for payroll. [This option is only available for individuals hired prior to January 1, 2015. Those hired on or after that date must maintain direct deposit for payroll purposes.]

**OTHER:** \_\_\_\_\_ (Please explain.)

## SECTION 3: PERSONAL ACCOUNT INFORMATION

<b>MAIN BANK ACCOUNT INFORMATION (Required)</b> <input type="checkbox"/> New Account Set-up / <input type="checkbox"/> Update or Change Account	<b>'OTHER' BANK ACCOUNT INFORMATION (Optional)</b> <input type="checkbox"/> New Account Set-up / <input type="checkbox"/> Update or Change Account / <input type="checkbox"/> Delete <i>(See note regarding multiple accounts.)</i>
BANK NAME: _____	BANK NAME: _____
ROUTING NUMBER: _____	ROUTING NUMBER: _____
ACCOUNT NUMBER: _____	ACCOUNT NUMBER: _____
ACCOUNT TYPE: <input type="checkbox"/> Checking / <input type="checkbox"/> Savings	ACCOUNT TYPE: <input type="checkbox"/> Checking / <input type="checkbox"/> Savings
	AMOUNT: \$ _____

**Multiple Accounts:**  "By checking this box, I understand that when I choose to use more than one account for direct deposit, the amount selected above for my 'other' bank will be deposited first and the remainder of my pay will go to my main account. If the amount selected above exceeds the total net amount of my pay, I understand I will have no money deposited to my main account. It is my responsibility to ensure I have adequate funds available for deposit to each of my elected accounts." More information is available on using multiple accounts at <https://personnel.ky.gov> under Benefits/Pay/Direct Deposit information.

If using BOTH a personal bank account and a Payroll Card, you may choose which account to use as the main account versus the other account. Simply enter the bank account information under the desired account type and enter 'Payroll Card' under the other. Example: For the Payroll Card to be the main account, enter 'Payroll Card' as that bank name.

## SECTION 4: ENROLLMENT ACKNOWLEDGEMENT & AUTHORIZATION

By signing below I authorize and request the above-indicated action to be taken with regard to my pay/direct deposit account(s). This authorization revokes all prior notifications as to my net pay. (If this form is establishing accounts, I understand that the bank, credit union or savings and loan company reserves the right to cancel this agreement by notice to me.) In addition, I certify that I have confirmed the above account information by referencing a personal check or account statement or thru an agent of my bank, credit union or savings and loan company.

Employee/Payee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY HR ADMINISTRATOR:**

Employee/Payee Name: \_\_\_\_\_ PERNR: \_\_\_\_\_

**PAYROLL CARD:**

Date of Set-up with BOA: \_\_\_\_\_ / By: \_\_\_\_\_

[Account Information: Routing Number: \_\_\_\_\_ - Account Number: \_\_\_\_\_]

Direct Deposit Changed in KHRIS on: \_\_\_\_\_ / By: \_\_\_\_\_

**BANK ACCOUNT:**

Direct Deposit in KHRIS Changed on: \_\_\_\_\_ / By: \_\_\_\_\_

**REVERT TO PAPER PAYCHECK:**

Confirmed that employee's hire date ( \_\_\_\_\_ ) was prior to 1/1/15.

Method of Payment in KHRIS Changed on: \_\_\_\_\_ / By: \_\_\_\_\_

Effective Date of account action (based on request date and KHRIS Operations Calendar): \_\_\_\_\_

Notification of completion and action effective date has been relayed to employee/payee.



**Kentucky Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



**Form 6751**  
Revised 01/2010

Print Form

**Member and Employer Certification Regarding Reemployment**

**IMPORTANT NOTICE:** This form will not be accepted unless it is fully completed by both the employer and employee.

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

Member Name:	Member ID:
Reemploying Agency:	

**Member Certification**

Subject to the penalty of perjury, I certify that:

- I am receiving or have applied to receive a retirement benefit from one of the retirement plans administered by the Kentucky Retirement Systems.
- Check one of the following:
  - I DID NOT have a prearranged agreement prior to retirement to return to work in any capacity after retirement with an employer participating in the Kentucky Retirement Systems.
  - I DID have a prearranged agreement prior to retirement to return to work in some capacity after retirement with an employer participating in the Kentucky Retirement Systems.
- If I did have a prearranged agreement prior to retirement to return to work after retirement with an employer participating in the Kentucky Retirement Systems, I have fully disclosed in writing to Kentucky Retirement Systems the details of that agreement. I understand that any prearranged agreement could result in the voiding of my retirement benefit and I could incur significant tax penalties.
- Are you Medicare eligible?
  - Yes
  - No
- I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems my employment in any capacity with an employer participating in the Kentucky Retirement Systems.
- I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems if I have accepted employment under a personal services contract (including as an independent contractor) with an employer participating in the Kentucky Retirement Systems.
- I understand that I have a duty now and in the future to disclose in writing to Kentucky Retirement Systems if I have accepted employment with a private leasing company, temporary staffing agency, or any other company and that employment means that I will perform work for an employer participating in the Kentucky Retirement Systems.

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer Certification**  
To be completed by an employer participating in the Kentucky Retirement Systems.

Subject to the penalty of perjury, I certify that:

- My name is \_\_\_\_\_. I am the agency head, appointing authority, or authorized designee of the employer participating in Kentucky Retirement Systems, which will be the employer of the above-named member.
- Check one of the following:
  - I have made personal inquiry and confirmed that my agency DID NOT have a prearranged agreement prior to retirement with the above-named member to return to work in any capacity following the member's retirement.
  - I have made personal inquiry and confirmed that my agency DID have a prearranged agreement prior to retirement with the above-named member to return to work in some capacity following the member's retirement.

I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to the penalty of perjury in accordance with KRS 523.010, et seq.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_