

Member's
 Soc. Sec. No.:

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Revised 10/05

KENTUCKY RETIREMENT SYSTEMS FEDERAL VERIFICATION FORM

Provided for and subject to provisions of KRS 61.552 (30) and 105 KAR 1:330

To be eligible to purchase service credit for previous employment by the Federal Government:

1. The employee must be a vested, participating member in Kentucky Employees Retirement System, County Employees Retirement System, or State Police Retirement System.
2. While employed by the Federal Government, either the employee must not have participated in a retirement plan or have now withdrawn all funds from the retirement plan and no longer be eligible for a benefit based on this service.
3. 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.

Member Name: _____ Home Phone: () - _____

Address: _____ Work Phone: () - _____

City: _____ State: _____ Zip Code: _____

I wish to purchase service credit for employment with the federal government. I hereby authorize the federal government to release by personnel records to the Kentucky Retirement Systems.

Member's Signature: _____ Date: _____

Section 1. 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
 111 Winnebago Street
 St. Louis, MO 63118-4199**

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

Signature of agency official: _____ Title: _____

Phone number: _____ Date: _____

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Member's Name: _____

Section 2. Certification of Participation

Forward both sections of 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 1. Yes No
2. Is the plan a: Defined Benefit Plan? Defined Contribution Plan
 Other? If "other", explain: _____
3. Did the Employee receive a refund of retirement contributions? Yes No
 If "yes", date of withdrawal: _____
4. Is the employee entitled to benefits for this period of employment? Yes No

Signature of agency official: _____ Title: _____

Phone number: _____ Date: _____

WHEN BOTH SECTIONS ARE COMPLETED, PLEASE RETURN THIS FORM TO:
Kentucky Retirement Systems
Perimeter Park West
1260 Louisville Road
Frankfort KY 40601

IF THERE ARE ANY QUESTIONS, PLEASE CALL
 502-696-8800