

Member's
 Soc. Sec. No.:

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Revised 10/05

Verification of Employment With a State University

The purchase of university service in full or in 12 month increments shall be subject to the provisions of KRS 61.552, 105 KAR 1:330, and other applicable state and federal laws and regulations.

SUMMARY OF STATUTORY REQUIREMENTS TO PURCHASE STATE UNIVERSITY SERVICE:

1. You did not participate in a defined benefit retirement program at the state university.
2. You are currently participating in one of the systems administered by Kentucky Retirement Systems.
3. If you are less than age 65, you must have at least 60 months of service credit in the systems administered by the Kentucky Retirement Systems. If you are age 65 or more, you must have at least 48 months of service credit in the systems administered by Kentucky Retirement Systems.
4. The position at the state university must have been a non-instructional position and qualified as a "regular full-time position" as defined by law.

SECTION 1. TO BE COMPLETED BY THE EMPLOYEE

Member Name: _____ Home Phone: () - _____

Address: _____ Work Phone: () - _____

City: _____ State: _____ Zip Code: _____

I wish to purchase service credit for employment with a state university. I hereby authorize the state university to release my personnel records to the Kentucky Retirement Systems.

Member Signature: _____ Date: _____

SECTION 2. TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE STATE UNIVERSITY

Name of University	Dates Employed		Job Title	Employment Status: Regular, Seasonal, Temporary, Etc.	Employment Classification: Full-time (100 hours/month), Part-time, Etc.
	From	To			

Signature of agency official: _____ Title: _____

Phone number: _____ Date: _____

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Member Name: _____

SECTION 3. TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE RETIREMENT PLAN ONLY

1. Did the employee participate in a retirement plan? Yes No
2. In which type of plan did the employee participate? Defined Benefit Defined Contribution
3. Please provide dates of participation: FROM: _____ TO: _____

Signature of agency official: _____ Title: _____

Phone number: _____ Date: _____

WHEN ALL 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