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Member's
 Soc. Sec. No.:

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Revised 10/05

VERIFICATION OF URBAN-COUNTY GOVERNMENT SERVICE

The purchase of urban-county government 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.

SECTION 1. TO BE COMPLETED BY MEMBER

Employee's Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____
 (Home) _____ (Work) _____

Kentucky law provides for the purchase of public service credit with an urban-county government subject to the following restrictions: **(1)** You must be an employee participating in a hazardous position in one of the systems administered by the Kentucky Retirement Systems (KRS). **(2)** If you are less than age 65, you must have at least 60 months of service credit in the systems administered by KRS. If you are age 65 or older, you must have at least 48 months of service credit in the systems administered by KRS. **(3)** The period of employment must be considered **full-time** and qualify for hazardous duty coverage under KRS 61.592. **(4)** To determine if the period of employment verified meets the criteria for a hazardous position, you must submit a job description with this form. **(5)** You must have received a refund of the retirement account or must be ineligible for a benefit from the period of service.

I wish to purchase service credit for public service with an urban-county government. I hereby authorize the release of all pertinent personnel or retirement information to the Kentucky Retirement Systems for this purpose.

Signed: _____ Date: _____

SECTION 2. CERTIFICATION OF PUBLIC SERVICE & PENSION CLAIM

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 participated in a defined benefit retirement plan.

Name of Employer	Position	From			To			Months Worked In Period Shown
		Mont h	Day	Year	Mont h	Day	Year	

1. The member participated in _____
 (Name of Retirement Plan)

for the period of employment certified above? Yes No

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

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 Has the member withdrawn the account?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

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

Signature: _____ Title: _____ Date: _____

Please Attach Hazardous Job Description