

Kentucky Retirement Systems

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

FORM 6000

Member's Soc. Sec.

Grid for Member's Soc. Sec. number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Revised 07/04

NOTIFICATION OF RETIREMENT

Complete all information requested in Sections A-E. Section G must also be completed if applying for disability retirement. If applying for normal/early retirement, you may not submit the Notification of Retirement form more than 6 months prior to termination of employment. You must terminate your employment to be eligible for early/normal retirement benefits.

SECTION A - MEMBER INFORMATION

Member Name: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

(YOUR TERMINATION DATE CANNOT BE THE SAME AS YOUR RETIREMENT DATE.)

(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)

Date of Birth: \_\_\_\_\_
Month Day Year

Attach a Copy of Your Birth Certificate

Sex: [ ] Male [ ] Female

Mailing Address: \_\_\_\_\_
Street / Route / PO Box City County State ZIP Code

Home Phone Number: ( ) - \_\_\_\_\_

Employer Phone Number: ( ) - \_\_\_\_\_

Employer: \_\_\_\_\_

Attach a copy of your most recent paycheck stub or personnel action form for verification of your current salary and leave balances OR have your employer complete Section F of this form.

School board employees ONLY: Indicate the number of contract days you will have completed by your termination date for the current school year: \_\_\_\_\_

SECTION B - TYPE OF RETIREMENT

[ ] NORMAL OR EARLY RETIREMENT

[ ] DISABILITY RETIREMENT

Disability Retirement applicants must complete Section G

SECTION C - RETIREMENT SYSTEMS

Check the retirement systems in which you have an account. If you have accounts in one of the systems administered by Kentucky Retirement Systems and in one of the other state administered retirement systems, you may need to complete the retirement notification for the other system prior to your termination in order to be eligible for reciprocal benefits from all systems.

[ ] Kentucky Employees Retirement System (KERS) (state employees, health departments, universities)

[ ] Kentucky Teachers Retirement System (KTRS) (certified employees of boards of education)

[ ] County Employees Retirement System (CERS) (city, county and local governments, classified employees of boards of education)

[ ] Legislators Retirement Plan (LRP) (State Senators and Representatives)

[ ] State Police Retirement System (SPRS) (full-time officers of Kentucky State Police)

[ ] Judicial Retirement Plan (JRP) (Judges)

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SECTION D - BENEFICIARY DESIGNATION

The beneficiary can be one person, a trust, or your estate. You cannot change your beneficiary designation once the first retirement allowance payment has been issued by the State Treasurer. Indicate your choice of beneficiary by checking only one of the choices below and completing the necessary information:

[ ] PERSON Name of Beneficiary: \_\_\_\_\_

Beneficiary's Soc. Sec. No.: \_\_\_\_\_

[ ] Check if your beneficiary is also your legal spouse.

Date of Birth: \_\_\_\_\_
Month Day Year

Attach a Copy of Your Beneficiary's Birth Certificate

Sex: [ ] Male [ ] Female

Beneficiary Mailing Address: \_\_\_\_\_
Street / Route / PO Box City County State ZIP Code

OR

[ ] TRUST Name of Trust: \_\_\_\_\_

Trust Tax ID, if funded trust: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Trustee Mailing Address: \_\_\_\_\_
Street / Route / PO Box City County State ZIP Code

OR

[ ] MY ESTATE

SECTION E - CERTIFICATION

I certify the information in this Notification of Retirement is correct and that my employer has been informed of my intent to terminate employment on the date indicated in this form if applying for early/normal retirement. I understand Kentucky Retirement Systems will send an estimated retirement allowance. I acknowledge my estimated retirement allowance and benefits are subject to final audit and adjustment after retirement.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_
(witness signature required if not signed by spouse)

RETURN TO: Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, KY, 40601-6124

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**NOTIFICATION OF RETIREMENT**

Attach a copy of your most recent paycheck stub or personnel action form for verification of your current salary and leave balances **OR** have your employer complete Section F of this form and **SUBMIT** with Sections A-E of your Notification of Retirement. If applying for disability, Section G must also be completed and returned.

**SECTION F – EMPLOYER VERIFICATION OF LEAVE BALANCES  
AND CURRENT RATE OF PAY**

Employer Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Termination Date: \_\_\_\_\_

The **front and back** of Section F must be completed by your current employer and returned to Kentucky Retirement Systems if you are not attaching a copy of your most recent paycheck stub in order to have your sick and compensatory leave balances included in your estimated retirement allowance. If you are currently employed by more than one participating employer, attach a copy of your most recent paycheck stub from each employer or have each employer complete a copy of Section F of this form. If you fail to submit a copy of your most recent paycheck stub or have your employer complete Section F of this form, Kentucky Retirement Systems will **exclude** all leave balances from the estimated retirement allowance. **Your estimated retirement allowance and benefits are subject to final audit and adjustment after retirement.**

**Note to Employer:** The information you provide will be used to prepare estimated retirement benefits for the above named member. Provide all requested information so that the member's retirement benefits may be estimated as accurately as possible.

**EMPLOYER'S REPORT OF LEAVE BALANCES AS OF \_\_\_\_\_**  
(date)

Lump sum payments for annual / vacation leave and standard sick leave must not be reported to Kentucky Retirement Systems.

COMPENSATORY LEAVE BALANCE: \_\_\_\_\_

**SICK LEAVE BALANCES:**

Does your agency participate in a sick leave program administered by KRS?  No  Yes  
If YES, select the type of sick leave plan:  STANDARD  ALTERNATE

If YES, indicate total hours of accrued sick leave: \_\_\_\_\_ based on \_\_\_\_\_ hours/day

Does your agency pay the member for any portion of the hours listed above?  No  Yes  
If YES, list the % paid to the member of total hours above: \_\_\_\_\_ %

If STANDARD - Contributions **should not be withheld** from Standard Sick Leave lump sum payouts.

If ALTERNATE - Contributions **should be withheld**, based on the % indicated above, from Alternate Sick Leave lump sum payouts.

**ALTERNATE ONLY:** \_\_\_\_\_ Total Sick Leave Hours × \_\_\_\_\_ % Paid = \_\_\_\_\_ Sick Leave Hours Paid  
Sick Leave Hours Paid × \_\_\_\_\_ hourly rate of pay = \_\_\_\_\_ Alternate Sick Leave payout

**SECTION F IS CONTINUED ON THE FOLLOWING PAGE. YOU MUST COMPLETE THE EMPLOYER CERTIFICATION AT THE END OF THE SECTION F.**

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**NOTIFICATION OF RETIREMENT**

**SECTION F – EMPLOYER VERIFICATION OF LEAVE BALANCES  
AND CURRENT RATE OF PAY**

**CURRENT HEALTH INSURANCE TERMINATION DATE:** \_\_\_\_\_

**CURRENT RATE OF PAY INFORMATION AS OF** \_\_\_\_\_ **(date)**

**Specify one of the following:**  
hourly, daily, weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly

Base Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_

Regular Hours Worked: \_\_\_\_\_ per \_\_\_\_\_

Scheduled Overtime Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_

Scheduled Overtime Hours: \_\_\_\_\_ per \_\_\_\_\_

Incentive: \_\_\_\_\_ per \_\_\_\_\_

Special Duty: \_\_\_\_\_ per \_\_\_\_\_

Longevity: \_\_\_\_\_ per \_\_\_\_\_

Clothing Allowance: \_\_\_\_\_ per \_\_\_\_\_

Educational Incentive: \_\_\_\_\_ per \_\_\_\_\_

Other (Please Specify): \_\_\_\_\_ per \_\_\_\_\_

Date of Next Raise: \_\_\_\_\_ Amount: \_\_\_\_\_

**SCHOOL BOARD EMPLOYEES ONLY:**

Actual days worked through expected termination date: \_\_\_\_\_

**CERTIFICATION:** I state that I have full knowledge of the penalty in KRS 523.100 related to falsification of records and that the information provided is true and accurate.

**Signature of Agency Official:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency Phone number:** ( ) - \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN TO:** Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, KY, 40601-6124

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**SECTION G**  
**MEMBER'S STATEMENT OF DISABILITY**

**IF ADDITIONAL SPACE IS REQUIRED TO ANSWER THE QUESTIONS, YOU MAY USE AND ATTACH ADDITIONAL PAPER.**

1. List the diagnoses of the injury, illness, or disease for which you are applying for disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe how the diagnoses listed above on this page prevent you from performing your essential job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the history of the diagnoses listed above on this page, including the onset or start of your symptoms or complaints:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Non-hazardous employee:** Are you claiming that you are totally and permanently disabled from performing any occupation for remuneration or profit as a result of a single traumatic event that occurred while you were performing the duties of your job or a single act of violence committed against you that was related to your job duties? \_\_\_\_\_ YES \_\_\_\_\_ NO

A duty related injury does not include the effects of the natural aging process, a communicable disease unless the risk of contracting the disease is increased by the nature of the employment, or a psychological, psychiatric, or stress related change unless the direct result of a physical injury.

**Hazardous employee:** Are you claiming that you are disabled as a result of an act in the line of duty? \_\_\_\_\_ YES \_\_\_\_\_ NO

This is the direct result of an injury sustained while performing the principal duties of the hazardous position.

If YES, describe specific date, time, and circumstances of the duty related injury or act in line of duty:

\_\_\_\_\_

**IF YES, PLEASE ATTACH A COPY OF THE EMPLOYER INCIDENT REPORT. FAILURE TO ATTACH THE EMPLOYER INCIDENT REPORT WILL RESULT IN DELAYING YOUR DISABILITY APPLICATION.**

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**LAST DAY OF PAID EMPLOYMENT**

You will be sent an estimate of disability retirement benefits, subject to change upon final audit, based upon your last day of paid employment in a regular full-time position assuming your application for disability retirement benefits is approved. If approved for disability benefits, you will receive benefits effective the first day of the month following your last day of paid employment. The last day of paid employment is the last day for which contributions were reported and for which you were eligible to receive retirement credit. Identify the month, day, and year that is your last day of paid employment, or if you are still working or on paid leave, identify the month, day, and year that is your anticipated last day of paid employment.

LAST DAY OF PAID EMPLOYMENT: \_\_\_\_\_  
Month Day Year

**CERTIFICATION AND AUTHORIZATION**

I certify the information on this statement of disability, Section G, is true and correct. I acknowledge that any person who makes a false statement, report, or representation is subject to penalty pursuant to KRS 523.010 to 523.110.

I authorize the Board of Trustees, its agents, servants, and employees to have full and complete access to any and all medical records of mine, whether or not related to this injury, illness, or disease, and authorize the Board of Trustees, and its agents, servants, and employees to discuss such records as it may be necessary at any meeting of the Board in connection with my application for disability retirement benefits.

I authorize my employer agency to release, furnish, disclose, or discuss with the Kentucky Retirement Systems all records or other information regarding my employment, including but not limited to, a description of my job duties performed as of last day of my employment, a description of the accommodations, assistance, or help that was offered or attempted or reasonably available to allow me to perform my essential job duties, a report of work injuries or accidents, my personnel file, or other employee records.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

(witness signature required if not signed by spouse)

**KENTUCKY RETIREMENT SYSTEMS  
PERIMETER PARK WEST  
1260 LOUISVILLE RD  
FRANKFORT KY 40601-6124**

## INSTRUCTIONS FOR COMPLETING THE NOTIFICATION OF RETIREMENT

You must fully and accurately complete Sections A-E of the Notification of Retirement. If applying for disability retirement, you must also complete Section G. Attach a copy of your most recent paycheck stub or personnel action form for verification of your leave balances and current salary or have your employer complete Section F of the Notification of Retirement and submit with Sections A-E, if applying for disability, include Section G, to the Kentucky Retirement Systems. If you have any questions, contact a retirement counselor at 1-800-928-4646, if living outside Frankfort; otherwise, call 696-8800. For more information, you may request a hard copy of the Summary Plan Description or access an electronic copy and find general information by visiting the Kentucky Retirement Systems website at: [www.kyret.com](http://www.kyret.com).

**Social Security Number:** You must print your Social Security Number in the boxes at the top of the pages where indicated. You must print your beneficiary's Social Security Number if you have designated a person as beneficiary.

**Termination Date:** Print the month, day, and year you expect to terminate or resign from your current employment. You may not submit the Notification of Retirement more than 6 months prior to termination. **You must terminate employment to be eligible for early/normal retirement benefits.**

**Retirement Date:** Print the month, day, and year you expect to retire. **Your retirement date can only be effective the first day of the calendar month.** Your earliest retirement date is the first day of the month following your termination date. Your termination date and retirement date cannot be the same day.

**Date of Birth:** You must attach a copy of your **birth certificate**. You must attach a copy of your **beneficiary's birth certificate** if you have designated a person as beneficiary. Print your Social Security Number at the top of both your birth certificate and your beneficiary's birth certificate. Retirement benefits cannot be paid until your birth certificate and your beneficiary's birth certificate are on file at the Kentucky Retirement Systems.

**Type of Retirement:** Check the appropriate box to indicate your election of NORMAL/EARLY RETIREMENT or DISABILITY RETIREMENT. If you have checked DISABILITY RETIREMENT, an additional packet will be mailed to you requiring you to complete forms and to submit the medical records associated with your disability retirement. Information will also be mailed regarding your eligibility to begin early retirement benefits pending your disability approval. You may contact a retirement counselor if you have any questions concerning your eligibility for Normal, Early, or Disability Retirement.

**Retirement Systems:** Check the appropriate box or boxes to indicate the state administered retirement systems in which you have an account. Prior to termination, you should contact the other systems in which you have an account to determine your eligibility and procedures for retirement in the other systems. You may need to complete the retirement notification for the other systems prior to termination to be eligible for reciprocal benefits from all systems.

**Beneficiary Designation:** Check the appropriate box to designate **one person, a trust, or your estate** as beneficiary of your retirement allowance in the event of your death. You cannot name multiple or contingent beneficiaries. You should give careful consideration to naming your beneficiary because **you cannot change your beneficiary designation once the first retirement allowance payment has been issued by the State Treasurer.** You may contact a retirement counselor if you have any questions concerning the designation of beneficiary of your retirement allowance.

**Certification:** You must certify by your signature and date that the information you have submitted on the Notification of Retirement is true and correct. Kentucky Retirement Systems may need to verify information with your employer and you will want to inform your employer of the date you intend to terminate, if applying for early/normal retirement. **Your signature must be dated and witnessed by your spouse or other witness before Kentucky Retirement Systems will accept your Notification of Retirement.** Kentucky Retirement Systems will prepare and send you an estimated retirement allowance. **However, your estimated retirement allowance and benefits are subject to final audit and adjustment after retirement.**

**Attention Disability Applicants:** Section G must be completed as well as Sections A-E. If Sections A-E and G are not properly completed, the application for disability will be invalid.