

Kentucky Retirement Systems

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FORM 8001

Member's
Soc. Sec.

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Revised 5-08

**Certification of Application for Disability Retirement
and Supporting Medical Information**

I, _____, hereby certify that the attached medical information, job description, reasonable accommodations request, and prescription and nonprescription drug list are true, correct, accurate, and complete. This means the attached information consists of **all** the existing medical information regarding the condition(s) for which I am seeking enhanced disability retirement benefits. The medical information includes all existing medical records regardless of the membership date with Kentucky Retirement Systems. I further hereby certify that my application for disability retirement, medical information, and job description are ready to be submitted to the medical examiners for review and determination. I am aware that pursuant to KRS 61.665(2)(a) that I am responsible for filing supporting objective medical information to report my physical and mental condition. I am also aware that by signing this certification I am certifying to Kentucky Retirement Systems that the enclosed medical records represent **all** the evaluations, examinations, and treatment I have had for the condition(s) for which I am applying for disability retirement benefits, including all reports of diagnostic medical testing performed on me.

I further acknowledge that any person who makes a false statement, report, or representation on this form is subject to criminal penalty pursuant to KRS 523.010 to 523.110.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SSN: _____