Kentucky Retirement Systems
1260 Louisville Rd
Frankfort KY 40601-6124
Phone: (502) 696-8800
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www.kyret.com

FORM 8040
Revised 10/05

Member's Soc. Sec. No.: ☐☐☐-☐☐-☐☐☐☐

Member's Name: _____

PRESCRIPTION AND NONPRESCRIPTION MEDICATIONS

Print the name of all prescription and nonprescription medications you are currently taking, include the dosage and number of times per day you take the medication, and indicate the reason for taking the medication and identify the prescribing physician.

Prescription Medications

Medicine Name	Dosage	Times/Day	Reason for Medicine	Prescribing Physician

Nonprescription Medications

Signature: _____ Date: _____

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