

Do Not Use this form if you are a KTRS RETIRED Member!

*Retirees Returning to Work Need to Complete Form F-1RET which is the:
Retiree Membership Application -- KTRS Retiree Returning to a KTRS Covered Position*

This application is one of the most important documents you will complete in your teaching/employment career. Once employed in a position covered by KRS Chapter 161 your membership in Kentucky Teachers' Retirement System (KTRS) entitles you to valuable benefits. These benefits include survivor benefits and a \$2,000 life insurance benefit available to your beneficiary upon your death. It is vital that you follow the directions and complete this application accurately. Please type or print all requested information except for signatures. **Delay in sending this application to KTRS may jeopardize your survivor's eligibility for benefits.**

INSTRUCTIONS

**It is important that you carefully read the instructions
before completion of this form.**

(For questions concerning this form, please call KTRS.)

PART I

MEMBER INFORMATION: Use your full name, not initials. The name provided should be the same as the name used by your employer. **A copy of your social security card issued by the Social Security Administration and bearing your signature (not the stub that accompanies the card) is needed to verify the accuracy of this number.** Your date of birth should be numerically listed (August 10, 1975 should be 08/10/1975). Address should be a permanent address. Any **future change** of name or address must be in **writing** to KTRS.

PART II

SPOUSE AND DEPENDENT INFORMATION (If applicable): Format should follow instructions used for member information. Check to assure accuracy of social security numbers and birthdate information.

PART III

MEMBER EMPLOYMENT INFORMATION: Please answer questions as indicated.

See back of page for additional instructions.

PART IV

BENEFICIARY DESIGNATION: This section is extremely important and should be very carefully considered before completion. This section may be used to designate only a natural person or your estate as beneficiary. If you have any questions, please contact a KTRS counselor at (502)848-8500 **before** completion.

If you name more than one beneficiary, be sure to indicate if they are co-beneficiaries (who share equally) or whether one is the principal beneficiary and the other(s) are contingent beneficiaries (who receive benefits only if the principal is deceased). **Your spouse must be listed as primary beneficiary to receive any survivor benefits. Minor children automatically qualify for survivor benefits, so it is not necessary to list them.**

Whenever choice or events make a change of beneficiary desirable or necessary, **CONTACT KTRS AT ONCE for the required form.** [This form is also available on our web site at www.ktrs.org.] Failure to keep beneficiaries current can lead to unfortunate results and possible loss of valuable benefits.

KRS 161.480 provides that subsequent marriage voids your named beneficiary and your spouse becomes your beneficiary unless you complete a Change of Beneficiary Form [Form F-1(c)]. Divorce will terminate an ex-spouse designation as primary or contingent beneficiary. In this event, you should immediately complete Form F-1(c), which may be obtained by writing KTRS, if either of these actions occur.

The Law requires that if you have a living spouse and you designate someone else as your primary beneficiary, or if you designate your spouse and someone else as a co-beneficiary, the spouse must sign to show that they are aware they are not the listed primary beneficiary or the sole beneficiary.

Certain benefits are provided for a spouse or dependent under KRS 161.520 or 161.525. If you name a non-dependent and a dependent (or spouse) as co-beneficiaries, you may jeopardize the right of the dependent (or spouse) to full benefits. If there are questions concerning this situation, please contact KTRS.

PART V

MEMBER'S AFFIDAVIT: The member signature and witness signature are required before the account is established. After completion of Parts I through V, **return this form to your employer for completion.**

PART VI

EMPLOYER INFORMATION & CERTIFICATION
To be completed by Employer

Complete Section VI and mail the application to KTRS within ten (10) days of the member's first service covered by this application. *(Any questions, please call KTRS.)*

PART I

MEMBER INFORMATION

NAME _____

First

Middle

Last

MARITAL STATUS: SINGLE MARRIED

SOCIAL SECURITY NO. _____ DATE OF BIRTH ____/____/____ SEX F M
(Attach a copy of your Social Security Card) Month Day Year

MAILING ADDRESS _____
Street or Box Number

CITY AND STATE _____ ZIP CODE _____

HOME PHONE NO. (____) _____ WORK PHONE NO. (____) _____

PART II

SPOUSE AND DEPENDENT INFORMATION

NAME OF SPOUSE (If Applicable) _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH ____/____/____
Month Day Year

LIST DEPENDENTS (Other Than Spouse) ATTACH LIST IF NECESSARY

Table with 3 columns: Name, Birthdate, Social Security Number. Three rows for dependents.

PART III

MEMBER EMPLOYMENT INFORMATION

(1) Have you taught in Kentucky Public Schools or were employed in a position covered by KTRS before this year. Yes No

(a) If yes, please provide name of employer and dates of employment:
District/Agency _____ Year _____

(b) If yes, please provide your name(s) previously used, if different from Part I _____

(2) Have you ever withdrawn an account with the Kentucky Teachers' Retirement System? Yes No

(3) Have you ever withdrawn an account with the Kentucky Employees Retirement System, County Employees Retirement System, or State Police Retirement System? Yes No

Table with 8 columns: Dup. Rec, District, Birth Month, Birth Day, Birth Year, Age at Entry, Date of Entry, KERS Service

LEAVE ABOVE AREA BLANK (KTRS OFFICE USE ONLY)

