



Kentucky Retirement Systems

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

Revised 05/2011

Notification of Retirement Instructions

Ready to retire? Completing this form is your first step. Please call our office at 1-800-928-4646 if you have questions or if you need assistance completing forms. Members are encouraged to visit our website at kyret.ky.gov for additional information.

Form 6000 - Notification of Retirement

You should submit your Form 6000 at least one month prior to your effective retirement date. Please note that you cannot file your Form 6000 more than 6 months prior to termination of employment.

The Form 6000 contains several sections. Please review this form carefully and refer to the instructions for each section. Additional instructions for completing Section G - Tax Withholding are provided on page 3.

Required Documents: Please write your Member ID on each copy you send to us.

- Member's Birth Certificate
- Beneficiary's Birth Certificate - If you name a person as beneficiary of your retirement account, we need a copy of their birth certificate too.

Your Member ID

Your Member ID is a six-digit, unique account number for your KRS account. If you received this form from our office, your Member ID is provided. If you access this form from our website and don't know your Member ID, you can contact our office at 1-800-928-4646. You will need to provide your Social Security Number and your four-digit KRS PIN to obtain your Member ID.

Form 6200 - Insurance Application

If you will be receiving a monthly payment, you may be eligible for health insurance coverage for you, your spouse, and eligible dependents. KRS offers Medicare and non-Medicare plans. You may access [insurance applications and enrollment booklets](#) by visiting our website at kyret.ky.gov. Please call our office to request a printed copy.

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month *prior* to the month you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1, 2011	April 30, 2011	May 1, 2011

If you miss the above deadline, you can still submit an application. Your Form 6200 must be filed with our office within 30 days of the first day of the month in which you retire. For example:

Retirement Date	Application Due By	Insurance Effective Date
May 1, 2011	May 30, 2011	June 1, 2011

If you miss both deadlines, you will not be allowed to enroll in a health insurance plan until the next open enrollment.



Additional instructions are provided on the following page. Keep reading to find out your deadline for returning retirement forms.

Your Next Step: Check your mailbox.

Once we process your Form 6000, we will send you additional forms for completion. The checklists below will help you decide which forms you need to return to our office.

If you elect to receive a monthly benefit, complete and return the following:

- Form 6010, Estimated Retirement Allowance
- Form 6025, Direct Rollover/Direct Payment Election*

**Form 6025 is only required if you select the Partial Lump Sum Option, which is only available for retirement dates of August 1, 2002 through January 1, 2009.*

If you elect to receive an actuarial or lump sum refund complete and return the following:**

- Form 6010, Estimated Retirement Allowance
- Form 6025, Direct Rollover/Direct Payment Election

***We require additional verification from your employer before we can process a refund which may delay your check. Upon receipt of the above forms, we will mail required forms to you and your employer for completion.*



All required forms and documentation must be filed with our office by the last day of the month prior to your effective retirement date. Please remember that the insurance application is not required in order to process your first retirement benefit. However, you are responsible for filing your insurance application prior to the deadlines noted on page 1 if you wish to enroll in health insurance coverage.

Retirement Date	Due Date
January 1	December 31
February 1	January 31
March 1	February 28
April 1	March 31
May 1	April 30
June 1	May 31
July 1	June 30
August 1	July 31
September 1	August 31
October 1	September 30
November 1	October 31
December 1	November 30

If you have any questions, please contact our office at (502) 696-8800 or (800) 928-4646. Our office is open from 8:00 am to 4:30 pm Monday through Friday.



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Section G: Form W4-P Instructions

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference by completing Section G of your Form 6000, Notification of Retirement. *If you do not complete this section, KRS will automatically withhold federal income tax based on married status with 3 exemptions.* You may find the worksheets below helpful when completing Section G.

Additional information is available on the Internal Revenue Service website at www.irs.gov.

Purpose. Form W-4P is for U.S. citizens or resident aliens who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions, or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld. Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on the following page to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see Purpose above), you can skip the worksheets and go directly to the Form W-4P, Section G of the Form 6000.

Personal Allowances Worksheet

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	_____
	<ul style="list-style-type: none"> • You are single and have only one pension; or • You are married, have only one pension, and your spouse has no income subject to withholding; or 		
B	Enter "1" if:	B	_____
	<ul style="list-style-type: none"> • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. 		
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return.	E	_____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
	<ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	F	_____
G	Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	G	_____
	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on the next page. • If you have more than one source of income subject to withholding or a spouse with income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on the next page to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P. 		

For accuracy, complete all worksheets that apply.

Deductions and Adjustments Worksheet

Note. Use this worksheet **only** if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$			
2	Enter: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 2px;">\$11,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td style="padding: 2px;">\$ 8,500 if head of household</td> </tr> <tr> <td style="padding: 2px;">\$ 5,800 if single or married filing separately</td> </tr> </table>	\$11,600 if married filing jointly or qualifying widow(er)	\$ 8,500 if head of household	\$ 5,800 if single or married filing separately	2	\$
\$11,600 if married filing jointly or qualifying widow(er)						
\$ 8,500 if head of household						
\$ 5,800 if single or married filing separately						
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$			
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$			
5	Add lines 3 and 4 and enter the total. (Include any credit amounts from the Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet in Pub. 919.)	5	\$			
6	Enter an estimate of your 2011 income not subject to withholding (such as dividends or interest)	6	\$			
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$			
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8				
9	Enter the number from the Personal Allowances Worksheet , line G.	9				
10	Add lines 8 and 9 and enter the total here. If you use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2.	10				

Multiple Pensions/More-Than-One-Income Worksheet

Note. Complete only if the instructions under line G direct you here. This applies if you (and your spouse if married filing a joint return) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

1	Enter the number from line G (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying pension or job and enter it here. However , if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than “3.”	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4P, line 2. Do not use the rest of this worksheet.	3	
Note. If line 1 is less than line 2, enter “-0-” on Form W-4P, line 2. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying pension or job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.	8	\$
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 12 if you are paid every month and you complete this form in December 2010. Enter the result here and on Form W-4P, line 3. This is the additional amount to be withheld from each payment	9	\$

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are —	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000	1	8,001 - 15,000	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000	3	25,001 - 30,000	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000	4	30,001 - 40,000	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						



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Form 6000

Revised 05/2011

Notification of Retirement

Please read the instructions for each section and complete all information requested in Sections A-G. Section H must be completed by your current employer. Section I must also be completed if applying for disability retirement.

Section A: Member Information

You must attach a copy of your birth certificate to this form.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Would you like to receive information via email? <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-mail:		Phone:	
Date of Birth:	Maiden Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

You must provide a termination date and retirement date below.

Termination Date: _____ _____ Month _____ Day _____ Year <small>(YOUR TERMINATION DATE MUST BE PRIOR TO YOUR RETIREMENT DATE.)</small>	Retirement Date: _____ 1, _____ _____ Month _____ Year <small>(YOUR RETIREMENT DATE MUST BE THE FIRST DAY OF THE MONTH.)</small>
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Section B - Type of Retirement

If applying for normal or early retirement, you may not submit this form more than 6 months prior to termination of employment. You must terminate your employment to be eligible for early or normal retirement benefits.

Disability Retirement applicants must complete Section I.

NORMAL OR EARLY RETIREMENT

DISABILITY RETIREMENT

Section C: Retirement Systems

Check the appropriate box or boxes to indicate the retirement systems in which you have an account.

- Kentucky Employees Retirement System - KERS** (state employees, health departments, universities)
- County Employees Retirement System - CERS** (city, county, local governments, classified employees of boards of education)
- State Police Retirement System - SPRS** (full-time officers of Kentucky State Police)

Other State Administered Retirement Systems

If you have an account in one of the systems administered by Kentucky Retirement Systems (KERS, CERS, or SPRS) and in one of the other state administered retirement systems (listed below), you may need to complete the retirement application for the other system prior to your termination in order to be eligible for reciprocal benefits from all systems.

- Kentucky Teachers' Retirement System - KTRS** (certified employees of boards of education)
- Legislators' Retirement Plan - LRP** (State Senators and Representatives)
- Judicial Retirement Plan - JRP** (Judges)

Section D - Retirement Account Beneficiary Designation

Your account beneficiary can only be one person, a trust or your estate. Indicate your beneficiary by checking one of the beneficiary types below and providing the necessary information. This designation will become invalid if you file a new Form 6000 prior to your effective retirement date or if this form is voided.

Member Name:	Member ID:
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<input type="checkbox"/> Person Attach a copy of this person's birth certificate to this form with your Member ID written on it.			
Name:		Social Security Number:	
Date of Birth:		<input type="radio"/> Male	<input type="radio"/> Female
Relationship:		<input type="checkbox"/> Check this box if this person is also your legal spouse.	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> My Estate No additional information required.

<input type="checkbox"/> Living Trust The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.			
Name of Trust:			
Trust Tax ID:		Date of Trust:	
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

<input type="checkbox"/> Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.
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Section E - \$5000 Death Benefit from Kentucky Retirement Systems**To be eligible for this benefit, you must be a retired member receiving a monthly benefit on the date of your death from Kentucky Retirement Systems based on a minimum of 48 months of service.**

If eligible for this benefit, you may name one death benefit beneficiary. This designation is not valid if you designate more than one beneficiary. Your estate will become your default beneficiary if this designation is deemed to be invalid. This designation may be changed at any time prior to your death by filing a properly completed Form 6030, Death Benefit Designation.

Member Name:	Member ID:
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 Person You may only name one person as your death benefit beneficiary.

Name:		Social Security Number:	
Date of Birth:	Relationship:	<input type="radio"/> Male	<input type="radio"/> Female
Address:	City:	State:	Zip Code:

 My Estate No additional information required.

 Living Trust The following information is required to designate a living trust. You must write the name of the trust as it appears in the trust document and submit a copy of the trust with this form. A charitable organization or a religious charity cannot be named as beneficiary unless it is a trust.

Name of Trust:			
Trust Tax ID:		Date of Trust:	
Trustee or Successor Trustee Contact Information: Our office will contact the trustee listed below following your death.			
Trustee:		Successor Trustee (if applicable):	
Address:	City:	State:	Zip Code:

 Testamentary Trust A testamentary trust is established by the member's will and takes effect following the member's death. No additional information required.

 Funeral Home Please enclose a copy of the Funeral Home License with your Member ID written on it.

Funeral Home Legal Name:		Funeral Home License Number:	
Funeral Home Phone Number:		Contact Name:	
Address:	City:	State:	Zip Code:

Section F - Authorization for Deposit of Retirement Payment

Complete this section to authorize deposit of your retirement benefit directly into your account at a financial institution.

Financial Institution Information: The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH). Your direct deposit institution may be changed at any time by filing a properly completed Form 6130, Authorization for Deposit of Retirement Payment.

Financial Institution Name: _____

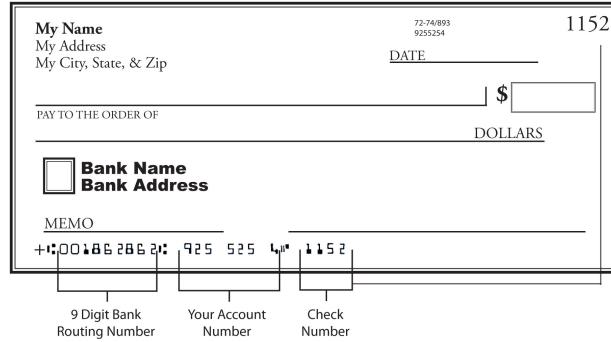
Depositor Routing Number: _____

Depositor Account Number: _____

Account Type: Checking Savings

For your convenience:

The sample check shows where to locate the required bank information to complete your Direct Deposit.



Required Documents: Please indicate the documentation you are submitting with this form.

For deposits to a Checking Account: I have attached to this form a VOIDED personalized check verification from my financial institution

For deposits to a Savings Account: I have attached to this form verification from my financial institution

Section G - Tax Withholding

Your monthly retirement benefit is subject to federal taxes. You may choose your federal tax withholding preference below. If you do not complete this section, KRS will automatically withhold federal income tax based on married status with 3 exemptions. You may refer to the instructions for Form W4-P provided with your retirement application. You may change your tax withholding at any time by filing a properly completed Form 6017, W-4P, Tax Withholding.

Form W-4P Department of the Treasury Internal Revenue Service	<h3>Withholding Certificate for Pension or Annuity Payments</h3>	OMB No. 1545-0074 FOR TAX YEAR IN WHICH MEMBER RETIRES
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Type or print your full name. _____	Member ID: _____
Home address (number and street or rural route) _____	Claim or identification number (if any) of your pension or annuity contract _____
City or town, state, and ZIP code _____	

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.)
- 2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) _____ (Enter number of allowances)
Marital status: Single Married Married, but withhold at higher "Single" rate
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note.** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) _____ \$ _____

Notification of Retirement 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 on 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 post retirement audit and adjustment after retirement.**

Signature of Member: _____

Date: _____

Signature of Witness: _____

Date: _____

Section H - Employer Certification of Leave Balances and Final Salary

Section H must be completed by your current employer and returned to Kentucky Retirement Systems in order to include future salary, service and sick and compensatory leave balances in your estimated retirement allowance. If you are currently employed by more than one participating employer, each employer should complete a copy of Section H of this form. If you do not have the employer complete Section H 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 post retirement audit and adjustment after retirement.**

Note to Employer: KRS will provide calculations to the member based upon the information you certify below. You should list any salary yet to be reported through the member's anticipated termination date. State funded expenses for elected officials should not be certified on this form. If the member has an active Installment Purchase of Service Agreement (IPS), you do not need to certify the IPS payments that are scheduled through the member's termination date.

Employer Name:	Employer Code:
Member Name:	Member ID:
Termination Date:	
Employer's Report of Leave Balances as of:	Compensatory Leave Balance:
Does your agency participate in a sick leave program administered by KRS? <input type="radio"/> Yes <input type="radio"/> No	
If yes above, select the type of sick leave plan: <input type="radio"/> Standard <input type="radio"/> Alternate	
Does the above member work an average of 21 days per month? <input type="radio"/> Yes <input type="radio"/> No	
If no above, please provide an Alternate Average Working Days Per Month: _____	

Standard Sick Leave Program: If participating in the standard sick leave program, please provide the following information.
Note: Contributions should not be withheld from standard sick leave lump sum payouts.

Accumulated Sick Leave (in hours):	Sick Leave Accrual Rate:
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Alternate Sick Leave Program: If participating in the alternate sick leave program, please provide the following information.
Note: Contributions should be withheld from alternate sick leave lump sum payouts.

Accumulated Sick Leave (in days):	Sick Leave Accrual Rate:
Estimated Compensation to be Paid for Sick Leave:	

School Board Certification (*school board employees only*): Indicate the number of actual days the member will have worked through the expected termination date. If the days occur in different school years, please list each school year separately below.

Actual Days Worked through Expected Termination Date	
School Year	Number of Actual Days

⚠ Section H is continued on the following page. You must complete the Employer Certification at the end of Section H.

Section I - Member's Statement of Disability

If additional space is required to answer the questions, you may use and attach additional paper.

Member Name:	Member ID:
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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, including the onset or start of your symptoms or complaints:

4a. If you are a 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


Please note: 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.

4b. If you are a hazardous employee, are you claiming that you are disabled as a result of an act in the line of duty?

Yes, this is the direct result of an injury sustained while performing the principal duties of the hazardous position.

No

If you answered yes to 4a or 4b, describe specific date, time, and circumstances of the duty related injury or act in line of duty below. Please attach a copy of the employer incident report to this form. Failure to attach the employer incident report will delay your disability application.

 **Section I is continued on the following page. You must complete the Certification at the end of Section I.**

