

DISABILITY EARNING AFFIDAVIT

MEMBER'S Last Name	First Name	Social Security Number/KTRS ID#
Address/City/State/ZIP		

CERTIFICATION BY APPLICANT

Chapter 161 Section 661 of the Kentucky Revised Statutes requires that disability recipients report their employment earnings yearly to KTRS. Please complete this affidavit and return it to KTRS. Failure to complete this form could result in an interruption of benefits. **Members retired on disability are prohibited from any type of employment related to teaching or education related work. In addition, KTRS Disability Retirees may not be employed in a position which qualifies for membership in a retirement system financed wholly or in part with public funds.**

I, _____, hereby certify that the following are true and accurate statements regarding my _____ employment after my **APPROVAL FOR DISABILITY RETIREMENT**.

CERTIFICATION OF EMPLOYMENT EARNINGS AFTER DISABILITY RETIREMENT

Please check the appropriate box below.

<input type="checkbox"/>	<p>I have been employed during the 20_____ calendar year.</p> <p><i>(Note: You MUST enclose a copy of your FEDERAL TAX RETURN and ALL W-2's including those of your spouse if you file jointly. My earnings during this calendar year were \$_____.)</i></p>
<input type="checkbox"/>	<p>I have NOT been employed during the 20_____ calendar year.</p> <p><i>(Note: <u>Do not</u> send a copy of your FEDERAL TAX RETURN or W-2's.)</i></p>

I also understand that if my combined income from disability retirement and other employment exceeds \$41,982, I will be required to repay all monies earned over that amount.

Signature of Member	Date



Member's signature must be witnessed by two adults NOT related to the Retiree by birth or marriage.	
Signature of WITNESS #1	Date
Address	
Signature of WITNESS #2	Date
Address	