



EMPLOYER'S REPORT OF DISABILITY

■ **Important** – Submitting this form does not determine eligibility for disability benefits.

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■ Part A – Employee Information

1. Employee is covered by:
 KPERS Retirement System for Judges Board of Regents Retirement Elected Official Not in KPERS
2. Social Security Number: _____ - _____ - _____
3. Name (First, MI, Last): _____
4. Mailing Address: _____
City, State, Zip: _____
5. Date of Birth: ____/____/____
6. Telephone Number: (____) _____
7. E-mail Address: _____
8. Membership Date: ____/____/____
9. Last Day Physically at Work: ____/____/____
10. Last Day on Payroll: ____/____/____
11. Total Compensation: \$ _____ earned in the 12-month period of ____/____ (month/year) through ____/____ (month/year). *See instructions on page 2 to determine the 12-month period.*
12. Current Annual Rate of Pay: \$ _____
13. If there is more than \$2,500 difference between the total compensation and the current annual rate of pay, briefly explain.

■ Part B – Other Disability Benefits

1. Has workers' compensation been filed? Yes No
2. Did employee have other employment? Yes No
3. Is employee covered by any other employer-sponsored disability benefits? Yes No
4. If you answered "yes" to #1 or #3, provide name and telephone number of the benefit provider.
Benefit Provider: _____ Telephone Number: (____) _____

■ Part C – Employer Certification

1. Employer: _____
2. Employer Number: _____
- "If applicable, I understand I must provide the named employee with an Optional Group Life Insurance Continuation form when the employee leaves the payroll."
- Designated Agent Signature: _____ Month/Day/Year: ____/____/____

INSTRUCTIONS FOR REPORTING AN EMPLOYEE DISABILITY

- **Important** – Submitting this form does not determine eligibility for disability benefits.

■ Part A – Employee Information

1-7. Enter the indicated personal information about the employee.

8. Enter the date the employee became a Retirement System member.

9. Enter the last day the employee was physically at work.

10. Enter the last day for which the employee was compensated, including sick and annual leave. All lump-sum payments for sick and annual leave, or any other compensation, must be converted to days paid and added to the last day at work to arrive at the last day on payroll.

As long as a member is receiving a full day of pay based on the following, KPERS considers the member on the payroll.

- Regular pay
- Sick leave
- Vacation/annual leave
- Any combination of above

Once the member is no longer receiving a full day of pay and has been off the payroll for ten days or more, the member will be considered no longer on the payroll for KPERS purposes. Enter an end date for this employee and use “leave of absence” as the reason code.

The member may continue to receive workers’ compensation pay or small accumulated payments for sick leave and vacation/annual leave, but do not deduct KPERS contributions from these payments. He or she does not earn participating service credit.

11. Enter the total compensation earned in the 12-month period immediately **before** the month the employee was last actively at work. Always use the first day of the month to begin the 12-month calculation. *Note:* Do not include workers’ compensation pay.

To calculate, count from the month **before** the date the employee was last physically at work (Part A, #9). *For example,* if the employee’s last day physically at work was 6/25/10, report actual earnings for the days worked from 6/1/09 through 5/31/10.

12. Enter the rate of pay at the time the employee left active employment. *For example,* if the employee’s hourly rate was \$10 per hour and the position required 2080 hours of work per year, the current annual rate of pay would be \$20,800. *Note:* Do not include longevity pay.

13. If there is more than \$2,500 difference between the employee’s total compensation (Part A, #11) and the current annual rate of pay (Part A, #12), please explain the reason for the difference.

■ Part B – Other Disability Benefits

1-3. Mark “yes” or “no” as indicated.

4. If the answer to question #1 or #3 was “yes,” enter the name and telephone number of the benefit provider.

■ Part C – Employer Certification

1. Enter the name of the participating employer.

2. Enter the employer’s (4) four-digit identification number.

3. The Retirement System will accept only the designated agent’s signature on file or an authorized representative whose signature is also on file.