

# Employer's Report of Disability

Please type or print clearly in black ink. Instructions on page 2.

■ **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. If the employee is in his or her year of service, enter his or her future membership date.

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 the employee is receiving full pay for that position consisting of regular pay, accumulated sick leave pay, accumulated annual leave pay, workers' compensation or a combination of these, the employee is considered on the payroll. Once the employee is no longer earning full pay for that position, he or she will be considered off the payroll for KPERS purposes. The employee may continue to receive workers' compensation pay or small accumulated payments for sick/annual leave of disability which will not be reported to the Retirement System.

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 6/25/07, report actual earnings for the days worked from 6/1/06 through 5/31/07.

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.