



KP&F-561 Rev. 10/11

## KP&F EMPLOYER'S REPORT OF DEATH

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638  
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### ■ Part A – Member Information

- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Name (First, MI, Last): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
- Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Last Day Physically at Work: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Membership Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Last Day on Payroll: \_\_\_\_/\_\_\_\_/\_\_\_\_
- If there is a break between the last day at work and the last day on payroll, please explain. \_\_\_\_\_  
\_\_\_\_\_

### ■ Part B – Death From Any Cause

- Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Cause of Death: \_\_\_\_\_
- Was the death service-connected as defined in K.S.A. 74-4952(10)?  Yes  No  
*If you marked "Yes," a copy of the official accident report must be included with this form.*
- Name and age of member's surviving spouse: \_\_\_\_\_
- Name and age of any dependent, minor children: \_\_\_\_\_

### ■ Part C – Contribution Information

- Current Annual Rate of Pay: \$ \_\_\_\_\_ *Enter the rate of pay at the time the employee left active employment. Multiply the employee's hourly rate of pay by the number of hours the position required per year.*

2. Dept. # (locals only)	3. Cont. type R=regular D=double T=triple	4. Year certified	5. Member's contributions (since last annual report)	6. Begin date (MM DD YY)	7. End date (MM DD YY)
---	---	-----	\$-----.	___/___/___	___/___/___
---	---	-----	\$-----.	___/___/___	___/___/___
---	---	-----	\$-----.	___/___/___	___/___/___

- List any contribution amounts included in #4 that were withheld from lump-sum payments of the following (enter "0" if no contributions were withheld).

Sick Leave: \$ \_\_\_\_\_ Annual Leave: \$ \_\_\_\_\_  
Comp Time: \$ \_\_\_\_\_ Other, please explain: \_\_\_\_\_

### ■ Part D – Employer Certification

- Employer: \_\_\_\_\_
  - KPERS Employer Number: \_\_\_\_\_
- Designated Agent Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Department of Administration Authorized Signature (State agencies only): \_\_\_\_\_