



KP&F-561 Rev. 10/09

KP&F EMPLOYER'S REPORT OF DEATH

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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

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

7. 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): _____