



INCENTIVE AND PENSION FUNDS REQUEST

Fire Department	Fire Department Number
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Street Address	City
	Zip
	Phone Number

Funds Requested for month of: _____

Incentive Request	
<i>Your request should equal the amount the firefighters will be paid for the specific month requested.</i>	
<i>\$4,300.00 per year / \$358.33 per month / \$11.94 per day</i>	
Number of eligible firefighters: (If different from last incentive request, mark one of the following below AND you must attach a letter stating the firefighter, firefighter number, effective dates, and reason for change . Failure to do so may cause funds to be denied.) <input type="checkbox"/> newly eligible <input type="checkbox"/> new hire <input type="checkbox"/> terminated <input type="checkbox"/> retired <input type="checkbox"/> deceased	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Previous month received _____ Previous month paid out _____ Balance _____ Indicate reason for differences: _____ _____ _____	Total Incentive Request: <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>

Pension Request	
Number of eligible firefighters: <input type="checkbox"/> HAZCERS _____ % (\$ _____ / FF / month; \$ _____ / day) <input type="checkbox"/> CERS _____ % (\$ _____ / FF / month; \$ _____ / day) <input type="checkbox"/> OTHER _____ % (\$ _____ / FF / month; \$ _____ / day)	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
	Total Pension Request: <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>
<i>Rates are determined by the Board of Trustees of Kentucky Retirement Systems based on requirements of KRS 61.565, subject to budget approval by the General Assembly.</i>	

Signature of Authorized Fiscal Officer	Title	Date
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