



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

Your request should equal the amount the firefighters will be paid for the specific month requested.

\$4,300.00 per year / \$358.33 per month / \$11.94 per day

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.)

____ newly eligible ____ new hire
____ terminated ____ retired ____ deceased

Previous month received _____

Previous month paid out _____

Balance _____

Indicate reason for differences: _____

Total Incentive Request: _____

Pension Request

Number of eligible firefighters: _____

____ HAZCERS ____ % (\$ _____ / FF / month; \$ _____ / day) _____
____ CERS ____ % (\$ _____ / FF / month; \$ _____ / day) _____
____ OTHER ____ % (\$ _____ / FF / month; \$ _____ / day) _____

Total Pension Request: _____

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.

Signature of Authorized Fiscal Officer _____

Title _____

Date _____