



## INCENTIVE AND PENSION FUNDS REQUEST

Fire Department \_\_\_\_\_

Fire Department Number \_\_\_\_\_

(     )     --

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.***

***\$4,000.00 per year / \$333.33 per month / \$10.96 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