



INCENTIVE AND PENSION FUNDS REQUEST

| | |
|------------------------|-------------------------------|
| Fire Department | Fire Department Number |
| | () -- |
| 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: _____ _____ _____ | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Total Incentive Request: <div style="border: 1px solid black; height: 30px; width: 100%;"></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: 30px; width: 100%;"></div> Total Pension Request: <div style="border: 1px solid black; height: 30px; width: 100%;"></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> | |

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|--|-------|------|
| Signature of Authorized Fiscal Officer | Title | Date |
|--|-------|------|