



## 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.***

***\$4,562.00 per year / \$380.17 per month / \$12.67 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

0

Total Incentive Request:

Indicate reason for differences:

### 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