



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.

\$4,429.00 per year / 369.08 per month / \$12.30 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

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 _____