

**Kentucky Retirement Systems**

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
 Phone: (502) 696-8800 • Fax: (502) 696-8822 • kyret.ky.gov



**Form 2001**  
 Revised 07/2015

**Membership Information**

**Member Information**  
 Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Date of Birth:	Home Phone:	Work Phone:	
Email address:	Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name of Employing Agency:			
Date of Employment with Agency:		Other Name Under Which You May Have Been Previously Employed:	

**Previous County, City or State Employment**

Department or Agency	Position	From			To			Administrative Use		
		Month	Day	Year	Month	Day	Year	Month	Day	Year

**Statement of Active Duty Military Service**

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**Certification**

I understand that no benefits may be paid to me or my beneficiary until this completed form is filed at the retirement office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_