

KP&F RETIREE EARNINGS LIMITATION FORM

- **Important** This form is for KP&F retirees who go back to work for the same employer after retirement. Retirees have a \$25,000 earnings limit if they:
 - 1. Retired on or after July 1, 1988 and
 - 2. Go back to work for the **same** employer they worked for during their last two years of KP&F participation.
- Contact Us toll free: 1-888-275-5737 phone: 785-296-6166 fax: 785-296-6638 email: kpers@kpers.org web site: kpers.org mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Member Statem	ent
I, (print full name)	, (Social Security number), having beer
employed on (date)	by (name of KP&F participating employer)
and being advised of the provision	ns of K.S.A. 74-4957 (5) understand that my retirement benefits will be
suspended for the remainder of th	e current calendar year unless I terminate my employment. If I work through
the remainder of the current caler	idar year, my benefits will resume in January of the following year. The January
benefit is payable on the last work	ing day of January.
Signature:	/
■ Part B – Designated Age	nt Statement
"I understand it is the employer's remployment or earns \$25,000 or r	responsibility to notify the Retirement System immediately when this member leaves more in a calendar year."
Signature:	/
Employer Number:	
Date \$25,000 was reached:	