



## SCHOOL EMPLOYEE – CERTIFICATION OF CONCURRENT EMPLOYMENT

**■ Important** – A **concurrent employee** is a school employee who holds more than one position with different participating school employers, but who does not qualify for KPERS membership under any one employer. If the total required hours of all your positions meet the minimum requirements for school employees, you are eligible for KPERS membership and benefits. These benefits include group life insurance, disability and retirement.

**Employers:** Provide this form to all non-seasonal, non-temporary employees, whose position requires fewer than 630 hours or fewer than 3.5 hours per day for 180 days, on the first day of employment *each year*. If the employee marks “yes,” submit the completed form to KPERS and begin deducting the required KPERS contributions. If the employee marks “no,” keep the form for the employee’s records, but do not send the form to KPERS.

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**■ Part A – Employee Information** – Complete a separate form with each concurrent employer.

- 1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 2. Name (First, MI, Last): \_\_\_\_\_
- 3. Previous Name (if different): \_\_\_\_\_
- 4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5.  Male     Female
- 6. Membership Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_
- 7. Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**■ Part B – Membership Certification** – Each employer must re-certify your employment **each year** to continue KPERS membership.

- 1. School Year: \_\_\_\_\_
- 2. Mark the appropriate statement below to indicate whether you should be a member of KPERS.
  - “Yes, I am eligible for KPERS membership. I certify that I am concurrently employed by the following two or more eligible employers and that my combined positions require at least 630 hours or 3.5 hours per day for 180 days in the current school year:”
 

|                 |                       |
|-----------------|-----------------------|
| Employer: _____ | Hours Required: _____ |
| Employer: _____ | Hours Required: _____ |
| Employer: _____ | Hours Required: _____ |
  - “No, I am not eligible for KPERS membership. I am not currently employed in two or more positions requiring 630 hours or 3.5 hours per day for 180 days in total.”

Employee Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

**■ Part C – Employer Certification**

- 1. Employer: \_\_\_\_\_
- 2. Employer Number: \_\_\_\_\_
- 3. Department Number: \_\_\_\_\_

“I certify that the above individual is employed in a position requiring the number of hours or days worked in the current school year as stated above.

Designated Agent Signature: \_\_\_\_\_ Month/Day/Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

# INSTRUCTIONS FOR CERTIFYING CONCURRENT EMPLOYMENT

## ■ General Information

Under Kansas law, you are eligible for KPERS membership if you are employed as a non-seasonal, non-temporary employee of two or more participating school employers, and the combined positions require at least 630 hours per year (or 3.5 hours per day for at least 180 days).

If you are eligible for membership, complete a separate School Employee – Certification of Concurrent Employment form (KPERS-1C) **each year for each concurrent employer**. Each employer will deduct KPERS contributions from your gross earnings, and you earn service credit for the time you work. If KPERS does not receive a completed form from each employer showing that you are working the required hours, any employer deducting contributions will stop. Your contributions will be refunded, without interest, and no service credit will be accumulated.

As a member, you have the same benefits as a member working in a covered position. For details on your benefits, review the KPERS Membership Guide. Be sure to name a beneficiary by completing a Designation of Beneficiary form (KPERS-7/99). All KPERS forms and publications are available from your designated agent or at [www.kpers.org](http://www.kpers.org).

For benefit purposes, your salary as a concurrent employee will be calculated by totaling the part-time annual salary rates from all your employers.

## ■ Part A – Employee Information – Complete a separate form with each concurrent employer.

1-7. Enter the indicated personal information.

## ■ Part B – Membership Certification – Each employer must re-certify your employment **each year** to continue KPERS membership.

1. Enter the current school year. This is generally the period from September 1 through August 31.

For example: If you are working in the school year from September 1, 2006 through August 31, 2007, indicate 2006-2007 on the form.

2. Mark the appropriate statement to indicate whether you meet the qualifications for concurrent employment and are eligible for KPERS membership. If you marked “Yes,” list each school employer and the hours you are required to work for each employer during the current school year.

## ■ Part C – Employer Certification

1. Enter the employer name.

2. Enter the employer’s (4) four-digit KPERS identification number.

3. Enter the department number to be used when reporting this member’s compensation on the annual report.