



KPERS-1  
Revised 03-1999

**Kansas Public Employees Retirement System**  
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[www.kpers.org](http://www.kpers.org)

### Report of Member Status

(Please use black ink; see reverse for more information)

#### Part A – Member Information

1. Are you completing this form to:  Enroll as a new member  Transfer Membership  
(please check one answer)  Return to payroll  Report Dual Employment

2. Social Security Number: \_\_\_\_\_ 3. Name (Please Print): \_\_\_\_\_ Previous Name \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ (\_\_\_\_\_)

4. Address (number, street, route, P.O. Box, APO/FPO, etc.) : \_\_\_\_\_  
\_\_\_\_\_

5. Employer ID #: \_\_\_\_\_ 6. System Type: \_\_\_\_\_ 7. Department #: \_\_\_\_\_

8. Name of Participating Employer (Agency Name): \_\_\_\_\_  
\_\_\_\_\_

9. Date of Member's Employment or Return to Payroll in a KPERS-Covered Position:  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

10. State of Kansas Correctional Employees Only (check one):  Group A  Group B  Group C

11. Check One of the Following, Corresponding to the  KPERS  KP&F  
Appropriate Membership Category:  Judges  Elected Official or Legislator

#### Part B – New Members Only

12. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 13. Sex:  M  F 14. Elected Official:  Yes  No

15. Employee's Membership Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 16. Year of Service Salary: \$ \_\_\_\_\_  
(non-school employees only):

17. Service Claim (List Service with Current Employer Only): \_\_\_\_\_ Dates of Service by Month, Day and Year:  
Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Present Position \_\_\_\_\_  
Former Position \_\_\_\_\_  
Former Position \_\_\_\_\_

#### Part C – Member Statement

To name a beneficiary, complete a KPERS7/99 form for primary or contingent beneficiaries.

18. Member's Statement – I understand that once I become a participating KPERS member, the Retirement System recognizes only beneficiary designations that have been received in the Retirement System office.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Part D – Designated Agent's Statement and Signature

19. Designated Agent's Statement – I hereby certify that the above information is correct.

Designated Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Report of Member Status Instructions

### Part A

1. Check the space beside the appropriate answer.
2. Enter the member's social security number.
3. Enter the member's first name, middle initial and last name.  
Enter any name under previous membership, if different from current name.
4. Enter the member's home address.
5. For a local political subdivision, enter the last four (4) digits of the employer's identification number. For state agencies, enter the state agency number.
6. Enter the system type (1=KPERs, 3=KP&F, 4=Judges).
7. Enter the department number to be used when reporting this member's compensation on the annual report.
8. Enter the name of the KPERs participating employer.
9. Enter the month, day and year this member became employed in a KPERs-covered position with your agency.
10. Check the appropriate space if the employee was a correctional officer (State of Kansas only).
11. Check the appropriate space for KPERs, KP&F, Judges or elected official.

### Part B

12. Enter the member's date of birth.
13. Check the correct designation.
14. Check the correct response. If "Yes," send a completed KPERs-3A with this form.
15. Enter the employee's membership date.
16. Non-school employees only – enter compensation earned during the year of service prior to membership.
17. Enter appropriate employment information.

### Part C

18. Member should sign and date here. If the member has already left employment with your agency, type in the word "unavailable." Member's signature is **not** required.

**Beneficiary Designations** – The member must fill out and submit to the Retirement System a completed KPERs-7/99 form, *Designation of Beneficiary*. The Retirement System recognizes only those beneficiary designations that are received in the office prior to the member's date of death.

### Part D

19. The participating employer's Designated Agent must sign and date the form. The Retirement System will only accept the signature of the Designated Agent or the authorized representative(s) whose signature(s) is/are also on file with the Retirement System.