

Social Security Coverage & Reporting Branch Master Commissioner Information Form

County

Master Commissioner Name

Social Security Number

Address

City

State

Zip Code + 4

Phone

Fax

E-mail

Official Position

Master Commissioner

Master/Domestic Relations Commissioner

Kentucky Employees Retirement System Member (Contributions from MC fees only)

Yes

No

Note: Please include a copy of the Court Order appointing you as Master Commissioner

Return this form to the Social Security Coverage & Reporting Branch
Mail: PO Box 639, Frankfort KY 40601-0639
E-mail: tammy.taylor@ky.gov
Fax: (502) 564-2124