



Louisiana State Employees' Retirement System
P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

Request for Retirement Benefit Estimate

www.lasersonline.org
DO NOT FAX FORM

PRINT OR TYPE ALL INFORMATION

Member's First Name	Middle	Last	Today's Date (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

SECTION 1: MEMBER'S STATEMENT (To be completed by applicant)

Member's Mailing Address (number and street or PO Box #)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like your address changed to the one listed above if it does not agree with the address on our records? Yes No

Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency Name	Agency Contact Name	Agency Area Code and Telephone Number
LSUHSC-Shreveport	Kiaa Prelow	318 675-5636

SECTION 2: GENERAL INSTRUCTIONS

1) Member must be within 1 year from retirement or DROP eligibility to request an estimate. **2)** Estimates are limited to one request per year from the date of your current request. (Ex.: estimate requested 05-01-01; next estimate availability will be 05-01-02)

SECTION 3: REQUIRED INFORMATION FOR ESTIMATE

Member's Birthdate (MM/DD/YYYY)	Estimated Retirement Date (MM/DD/YYYY)	Unused Annual Leave (less 300 hours)	Unused Sick Leave
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary's Name, First	Middle	Last	Beneficiary's Birthdate (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship To Member
			<input type="text"/>

Check one: I am currently working for a LASERS agency. I am no longer working in state service.

Employment Type (check one): Regular Correctional Judicial Legislative Wildlife Other _____

SECTION 4: ESTIMATE(S) REQUESTED

Please check the estimates you require. NOTE: If you are interested in a benefit under Option 2B (mentally handicapped child/children), please contact a LASERS representative. A calculation fee is required by the LASERS Actuary.

- Regular retirement benefits **without** credit for unused leave
- Regular retirement benefits **with** credit for unused leave (less 300 hours unused annual leave paid by your agency)
- Lump sum payment of actuarial value of leave according to La. R.S. 11:424(E)
- Deferred Retirement Option Plan (DROP)
- Early retirement - Unless otherwise noted, this estimate of benefits assumes that you are actively employed, paying contributions, and will continue to do so until your termination date. If you terminate service prior to this date, or go on leave without pay and are no longer a contributing member of this system, your estimated benefit should be recalculated and will result in a significantly reduced benefit.
- Initial Benefit Option (IBO) (**not available for early retirement**) Number of months
- Initial Benefit Option (IBO) (**not available for early retirement**) **with** credit for unused leave
- Disability retirement
- Benefits for retirement after DROP **without** credit for unused leave
- Benefits for retirement after DROP **with** credit for unused leave (less 300 hours unused annual leave paid by your agency)

SECTION 5: MEMBER'S SIGNATURE AND CERTIFICATION

I have read and understand this Request for Retirement Benefit Estimate. I have completed this form and certify, that to the best of my knowledge, all information provided is true and correct. I understand that an incomplete form will be returned to me for completion before there is any response to my request.

Member Signature	Today's Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

RETAIN COPY FOR YOUR RECORDS