

**CURRENT RETIREMENT STATUS**

This form must be completed and returned to the Unclassified Staffing office in Human Resource Management at the time the other employment paperwork is returned in order for your appointment to be processed.

1. Have you every contributed to any State retirement system in Louisiana?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. If Yes, indicate which System:

\_\_\_\_\_ Teachers' Retirement System of Louisiana (TRSL)  
\_\_\_\_\_ Louisiana State Employees Retirement System (LASERS)  
\_\_\_\_\_ TRSL Optional Retirement Plan (ORP)

Name of ORP provider:

\_\_\_\_\_ ING-AETNA  
\_\_\_\_\_ TIAA-CREF  
\_\_\_\_\_ VALIC

\_\_\_\_\_ Other – Please specify \_\_\_\_\_

3. If Yes, where were you employed when you contributed to this retirement system?

Please give dates and name(s) of employer(s).

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

4. If Yes, please indicate current status in the system:

\_\_\_\_\_ Active  
\_\_\_\_\_ Retired\* - Date of Retirement \_\_\_\_\_  
\_\_\_\_\_ Refunded – Date \_\_\_\_\_

5. Have you ever participated in DROP? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that the LSU System places restrictions on certain rehired retirees. If, after employment, it is determined that I was ineligible for hire, I understand that my employment will be terminated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_