



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

Membership Registration

(Do not complete if Re-employed Retiree)

DO NOT FAX FORM www.lasersonline.org
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 INFORMATION: Complete the entire form. Follow the specific instructions for each section. A member should read the "Notice of Employees Not Covered by Social Security" disclosing the potential effects of the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP). Public Law 108-203, 108th Congress. A member may **repay a refund** to the system upon returning to state service and contributing to the system for eighteen months according to La. R.S.11:537 (D).

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

A. Mailing Address (number, street or post office box)		B. City		State	ZIP
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
C. Daytime Area Code/Telephone Number	D. Evening Area Code/Telephone Number	E. Member's Birthdate (MM/DD/YYYY)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
F. E-mail address			G. Would you like your address changed to the above listing, if it does not agree with the address on our records?		
<input type="text"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2: DESIGNATION OF BENEFICIARY(IES)

Designation of Beneficiary(ies) – Complete Form 1-6 Designation of Beneficiary

SECTION 3: OPTIONAL MEMBERSHIP (TO BE COMPLETED ONLY IF AGE 55 OR OVER AND NOT A LASERS REHIRED RETIREE)

Check one of the two boxes below:

- At the time of employment I was age 60 or older and I elect to **(please check option A, B, or C below): (OR)**
- At the time of employment I was age 55 or older and have at least 40 quarters in Social Security, and I elect to **(please check option A, B, or C below): I will submit a copy of my Social Security Administration's form, SSA-7005-Earnings and Benefits Statement, certifying that I have the required 40 quarters of coverage needed for optional membership.**

A) Join the Louisiana State Employees' Retirement System
I understand that if I join the retirement system I must make employee contributions based on my earnings and that I must work a minimum of 10 years to be entitled to a monthly retirement benefit. If I work less than 10 years, I may make application for my employee contributions to be refunded to me without interest. If I join the retirement system, and I am also eligible for a benefit from Social Security, the Social Security benefit may be reduced based on the benefit received from the retirement system.

B) Join FICA (7.65 percent Medicare included)

C) Join/maintain the Louisiana Deferred Compensation (at the minimum rate I would pay as a LASERS member)

SECTION 4: PREVIOUS ENROLLMENT

If you were at any time a member of LASERS, give the name under which the membership was reported.

<input type="text"/>	From (MM/DD/YYYY)	To (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are now, or at any time have been a member (including retiree) of another Louisiana public retirement system, please give the name under which the membership was reported.

<input type="text"/>	From (MM/DD/YYYY)	To (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

My current status with the Louisiana public retirement system listed above is: Active Inactive Refunded Retired
(See La. R.S. 11:22 B for the list of Louisiana state retirement systems.)

If your status is RETIRED from a Louisiana public retirement system OTHER than LASERS, please check one:

- I elect NOT to join LASERS JOIN LASERS: I shall pay employee contributions and work a minimum of 10 years to be entitled to a monthly benefit; otherwise, I will only be eligible to refund my contributions.

Human Resource Instructions Checklist – Membership Registration

SECTION 5: AGENCY CERTIFICATION – Certified True and Correct

ENROLLMENT STATUS – CHECK ALL THAT APPLY.

1. SERVICE HISTORY

- Return to service - previous member of LASERS, whether refunded or not, with a break in service.
Regular class member who is a former member of LASERS, DID NOT refund contributions and will contribute at 7.5 percent.
Regular class member who is a former member of LASERS, DID refund contributions and will contribute at 8.0 percent.
Transfer from another agency - transferring from one reporting agency to another within LASERS without a break in service.
Dual employee - currently a member of LASERS under one reporting agency and now enrolling with a second reporting agency.

2. TYPE OF EMPLOYMENT

A. Classes of Employees not Eligible (La. R.S. 11:413 (3)) - except those employees who have ten or more years of creditable service in the system.

- Part-time employee - (26 CFR) works 20 hours or less per week
Intermittent - (La. R.S. 11:403 (14)) working an indefinite schedule on an "as needed" basis
Temporary - (26 CFR) working 2 years or less
Emergency - (Civil Service Rule 8:10) for work of a temporary nature to address an emergency or work overload situation
Job Appointment - (La. R.S. 11:403 (15)) working for a fixed period not to exceed two years
Seasonal - (26 CFR) works on a full-time basis less than five months in a year

B. Classes of Employees Eligible

- Full-time - working over 20 hours per week
Job Appointment - working two years and one day or longer
Job Appointment working 2 years or less
Job Appointment working 2 years and one day or longer
Permanent employee
Temporary employee

3. EARNINGS REPORTING

This employee's earnings will be reported as: 9 months 10 months 12 months

4. CURRENT HIRE DATE

This is the first day with employment compensation as it applies to this agency.

Employee Position Title Hire Date (MM/DD/YYYY) Classified Unclassified

5. NON-ISIS AGENCY

Attach a copy of the Social Security card and Birth Certificate.

THIS FORM IS A MULTI-PAGE DOCUMENT, AND I HAVE READ AND UNDERSTAND THIS FORM.

Certified True and Correct: Authorized Agency Representative Signature Print Authorized Agency Representative Name Title
Full Agency Name Signing Representative's area code/telephone number LASERS 3-digit Agency Number