Form 04-09 R082019

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Self-Funded Cost of Living Adjustment (COLA) Election (La. R.S. 11:247 and La. R.S. 11:446(A)(6))

Member's Fire	st Name	Middle Name	Last N	Last Name			ate	Social Security Number	
SECTION 1	l: MEMBER'S INF	ORMATION		_	_	_		_	
Member's Ma	iling Address		C	City			State	Zip Code	
Daytime Area	Code/Phone Number	Evening Area C	ode/Pho	one Number	Email Address			Member's Birth Date	
SECTION 2	2: INSTRUCTION	S	_	_	_	_	-	_	
1) CC no are 2) CC be	t guaranteed and the are paid automatically to DLAs funded directly b	retirement system the mounts may vary. Note that the eligible members where you by accepting a your lifetime to fur	nrough of forms hen grand a lower in the Country to	excess investme are used and r nted. monthly benefi OLAs. It can ta	ent returns and sub no action is require t, known as the Se	oject to legis d by membe	ers to se	pproval. These COLAs are elect these COLAs. They our monthly benefit will educed to fund the Self-	
If you are ente		rement Option Plan	(DROP)	, the Self-Fund	ed COLA applies t			during the DROP I by working after DROP,	
	the Hazardous Duty S f-Funded COLA added				ct the Judicial Max	imum Optic	on, you	r beneficiary will not	
	ngly suggests that you ad the reduced monthl					Self-Funded	l COLA	a. The selection is	
SECTION 3	3: Election								
Initials	I elect to receive the Self-Funded COLA in addition to system generated COLAs. I understand that I will receive an actuarially reduced retirement allowance in order to later receive a two and one-half percent COLA which will be paid annually on my retirement anniversary date. I understand that if I am not age 55, the COLA will begin on the retirement anniversary date after I turn age 55. I understand that if I choose a retirement option which leaves my spouse a monthly benefit, the Self-Funded COLA will continue after my death. However, if I name a non-spouse beneficiary, the beneficiary will not continue to receive the Self-Funded COLA after my death. I understand that if I retire in the Hazardous Duty Services Plan, the Wildlife Plan, or if I select the Judicial Maximum Option, my beneficiary will not receive the Self-Funded COLA after my death. I understand that I will receive an actuarially reduced benefit for my lifetime in order to pay for the Self-Funded COLA. I understand that this selection is irrevocable.								
Member's Signature					Date	٦			