

P.O. Box 44213, Baton Rouge, LA 70804-4213 225.922.0600 · Toll-Free 1.800.256.3000 Fax 225.935.2856

Important Information Regarding Calculations:

Subsequent service purchase costs may vary substantially from prior cost invoices due to changes in member information, changes in plan assumptions, or changes in actuarial cost methods.

Impact of Air Time Purchase on Health Insurance:

If you purchase Air Time for retirement eligibility on or after July 1, 2011, and use that time to retire earlier than you would otherwise be eligible, you must pay the increase in your employer's share of your health insurance premium until you reach the age at which you would have reached regular retirement eligibility. If you purchased Air Time to reach your minimum years of service needed to retire and did not earn enough years of service on years actually worked to meet the minimum retirement eligibility, you will pay the increase in the employer's share of your health insurance premium for life. Twenty years at any age is considered a regular retirement, therefore, if you actually worked twenty years you would not pay a premium increase. However, twenty year retirement eligibility does not apply to Corrections Secondary or members of the Wildlife Plan hired on or after July 1, 2003. For more information about health insurance payments, consult the Office of Group Benefits rate schedule at www.groupbenefits.org.

Form 02-07 R012024

PRINT ALL INFORMATION www.lasersonline.org



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Application for Purchase of Service Under La. R.S. 11:429(B) - Air Time

Member's First Name	Middle Name	Last Name		Today's Date	Social Security Number
IMPORTANT: Complete the entire	form. Follow the spe	ecific instructions	for each section. All d	ates should be in M	M/DD/YYYY format.
SECTION 1: MEMBER'S INF					
Member's Mailing Address		City		State	Zip Code
Daytime Area Code/Phone Number	Evening Area Co	ode/Phone Numb	er Email Address		Member's Birth Date
SECTION 2: INSTRUCTION	is				
If you have at least five years of serving		you are eligible t	o purchase un to five	years of service cree	dit in one year increments
Credit purchased can be used for the service credit previously purchased f	calculation of benefi	its only, for the ca	lculation of benefits a	nd for eligibility, or	to upgrade a portion of
You must pay a nonrefundable fee to forwarded to the system actuary who by personal check, cashier's check, ce will be a \$15.00 charge for all checks Important Note about Health Insuration than you would otherwise be eligible the age at which you would have rean needed to retire and did not earn end increase in the employer's share of you Therefore, if you actually worked twapply to Corrections Secondary or to payments, consult the Office of Group The system actuary will provide \$400. Please indicate your choice 1 year	o will calculate the contribution of the wild of the contribution of the contr	ost for Air Time poney order made particient funds. e Air Time for retinance ase in your entent eligibility. If you premium for life. Id not pay a premidlife Plan hired or lule at www.grou	urchases based on you ayable to LASERS and rement eligibility after mployer's share of you you purchased Air Tin worked to meet the n Twenty years at any a jum increase. However or after July 1, 2003. pbenefits.org.	ar specific circumstal should accompany or July 1, 2011, and use the reach your mininimum retirementage is considered a rer, twenty year retirer more information.	se that time to retire earlier premium until you reach nimum years of service teligibility, you will pay the regular retirement. ement eligibility does not on about health insurance
For benefit computation and reti	irement eligibility.				
The system actuary will provide \$400. Please indicate your choice		or \$200, <u>two</u> costs	for \$250, <u>three</u> costs fo	or \$300, <u>four</u> costs fo	or \$350, or <u>five</u> costs for
1 year	2 years	3 years	4 years	5 years	
For upgrade of Air Time service	originally purchase	d for benefit com	putation only.		
The system actuary will provide \$400. Please indicate your choice		or \$200, <u>two</u> costs	for \$250, three costs for	or \$300, <u>four</u> costs fo	or \$350, or <u>five</u> costs for
1 year	2 years [3 years	4 years	5 years	
Upon receipt of the calculations seld	ected above, you wil	I be given the op	tion to purchase Air 7	l'ime.	

Indicate which LASERS plan applies to you by checking the appropriate box below (please select one):					
Regular Member, hired prior to July 1, 2006					
Regular Member, hired between July 1, 2006 and December 31, 2010					
Regular Member, hired on or after January 1, 2011, and on or before June 30, 2015					
Regular Member, hired on or after July 1, 2015					
☐ Bridge Police Employee for the Crescent City Connection (DOTD), hired prior to January 1, 2011					
Correctional Officer, Security Personnel, or Probation & Parole Officer employed by the LA Department of hired prior to January 1, 2011	Public Safety & Corrections,				
Peace Officer, hired prior to January 1, 2011					
Alcohol & Tobacco Control Agent employed by the Louisiana Department of Revenue, hired prior to Januar	ry 1, 2011				
☐ Wildlife Agent employed by the Enforcement Division of the LA Wildlife & Fisheries Commission, hired pr	rior to January 1, 2011				
☐ Judge or Court Officer, pre January 1, 2011 ☐ Law Clerk (Current) ☐ Law Clerk (Past)					
Udge elected after January 1, 2011, and on or before June 30, 2015					
☐ Judge elected after July 1, 2015					
Legislators, Clerk, or Sergeant-at-Arms of the House; President, Secretary, or Sergeant-at-Arms of the Senate Governor; or State Treasurer, hired prior to January 1, 2011	e; Governor; Lieutenant				
Hazardous Duty Services Employee (HAZ PLAN)					
SECTION 3: MEMBER SIGNATURE					
I have read and understand this application and certify, to the best of my knowledge, all information provid understand that an incomplete application will be returned and that it will delay the process to purchase this					
I will hold Foster and Foster Actuaries and Consultants harmless for any calculations based upon erroneous State Employees' Retirement System.	data supplied by the Louisiana				
Initial this box to have our invoice securely emailed to you. You will also receive a copy in the mail.					
Member's Signature Date					

Social Security Number