

DO NOT FAX FORM
 PRINT ALL INFORMATION
 www.lasersonline.org



P.O. Box 44213, Baton Rouge, LA 70804-4213
 225.922.0600 · Toll-Free 1.800.256.3000
 225.922.0612 (hearing impaired)

**Legislative Upgrade Invoice Request
 (La. R.S. 24:36)**

| | | | | |
|----------------------------|----------------------|----------------------|----------------------|-------------------------------|
| Member's First Name | Middle Name | Last Name | Today's Date | 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. All dates should be in MM/DD/YYYY format.

SECTION 1: MEMBER'S INFORMATION

| | | | |
|---------------------------------|----------------------|----------------------|----------------------|
| Member's Mailing Address | City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---------------------------------------|---------------------------------------|----------------------|----------------------------|
| Daytime Area Code/Phone Number | Evening Area Code/Phone Number | Email Address | Member's Birth Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 2: PRIOR SERVICE INFORMATION (To Be Completed by Applicable Employer)

Each employer should complete a separate form.

| Title of Position Held | Type of Prior Service | Dates of Prior Service | | Part Time or Full Time | Accrual Rate of Prior Service (%) |
|------------------------|-----------------------|------------------------|-------------|------------------------|-----------------------------------|
| | | From MM/DD/YY | To MM/DD/YY | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Check here if the employee has ever contributed to LASERS while employed as a Law Clerk.

| | | |
|----------------------------------|---------------------------------------|----------------------|
| Name of Personnel Officer | Signature of Personnel Officer | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3: UPGRADE CHOICE

Please select the option(s) for upgrade of your benefit and/or service credit.

I request a calculation of the actuarial cost to increase the retirement accrual rate of the service listed above to a 3.5% rate. This change will increase my retirement benefit but will not affect my eligibility for retirement, i.e. this service will not be considered as "legislative" service.

I request a calculation of the actuarial cost to increase the retirement accrual rate of the service listed above to a 3.5% rate and use this service as "legislative" service for the purposes of determining my eligibility for retirement.

I previously purchased service credit according to La. R.S. 11:422, transferred according to La. R.S. 11:143, or upgraded to the 3.5% accrual rate according to La. R.S. 24:36 . I request a calculation of the cost to purchase the service as "legislative" service to be used to establish eligibility for retirement.

SECTION 4: MEMBER SIGNATURE

You must pay a nonrefundable fee of \$150.00 to LASERS for the actuarial calculation. This fee may be paid by personal check, cashier's check, certified check, or money order made payable to LASERS and should accompany this application. There will be a \$15.00 charge for all checks returned due to insufficient funds.

If more than one type of service was listed in Section 2, you must pay the actuarial fee of \$150.00 for each type of service listed. If you requested a calculation for the first two options under Section 3, the cost is \$200.00 for each type of service listed under Section 2.

I will hold Foster and Foster Actuaries and Consultants harmless for any calculations based upon erroneous data supplied by the Louisiana State Employees' Retirement System.

Member's Signature

Date