



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

Application for Change in Retirement Benefit due to Divorce (R. S. 11:446(E))

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: MEMBER CERTIFICATION

I hereby certify that a judgment of divorce was rendered and that my former spouse has irrevocably, by court order, relinquished his or her survivorship rights under the retirement option originally selected by me. A certified copy of the divorce decree and a certified copy of the court order are attached to this application.

I hereby apply for an increase in my retirement benefit to the amount I would have received had I selected the maximum benefit, adjusted for any cost-of-living increase granted, less any amount required to render the new benefit to be the actuarial equivalent of the maximum benefit. The cost to calculate the actuarial equivalent of the maximum benefit will be \$150.00. I understand that this cost will be deducted from my next benefit check if I am currently retired. If I am currently in DROP or working after DROP, I am submitting my \$150.00 payment with this application.

In consideration of the benefit I will receive, I hereby hold the Louisiana State Employees' Retirement System harmless in the event that my former spouse ever successfully asserts a property right which has any adverse effect upon the system.

The adjustment to the benefit is not retroactive and shall be effective on the first day of the next month following official approval of the application.

Member's Signature	Date
<input type="text"/>	<input type="text"/>