



PRINT ALL INFORMATION  
www.lasersonline.org

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

### Application for Reciprocal Recognition of Service (La. R.S. 11:142)

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: RECIPROCAL RECOGNITION INFORMATION (TO BE COMPLETED BY APPLICANT)

If you have credit in two or more Louisiana state, parochial, or municipal retirement systems, you can combine your service credits for regular retirement, disability retirement, and for survivor benefits eligibility purposes without transferring employee or employer contributions to any single system. The system which originally received the contributions would retain such contributions when you move to another public retirement system and would retain the liability for paying a benefit based upon the service credit and average compensation established in that system when your combined service credit makes you eligible for benefits.

If you retire with a reciprocal recognition and return to active service in any state, municipal, or parochial system, you must notify the systems from which you are receiving a benefit so that these benefits can be stopped to avoid possible overpayments.

**Any reciprocated service credit will not be recognized by LASERS until you have earned at least six months of service credit with LASERS.**

Reciprocating System(s) in which member currently holds creditable service:

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

#### SECTION 3: RECIPROCAL RECOGNITION INFORMATION (TO BE COMPLETED BY RETIREMENT SYSTEM)

Retirement System

Name of Authorized Officer	Title
<input type="text"/>	<input type="text"/>

Email Address of Authorized Officer

Signature of Authorized Officer	Date	Daytime Area Code/Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Social Security Number**

**Retirement System**

**Name of Authorized Officer**

**Title**

**Email Address of Authorized Officer**

**Signature of Authorized Officer**

**Date**

**Daytime Area Code/Phone Number**

**Retirement System**

**Name of Authorized Officer**

**Title**

**Email Address of Authorized Officer**

**Signature of Authorized Officer**

**Date**

**Daytime Area Code/Phone Number**