



PRINT ALL INFORMATION
www.lasersonline.org

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

Application for Repayment of Refunded Service to Reciprocate/Transfer (La. R.S. 11:144)

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: ADDITIONAL INFORMATION

Please list other names that your previous membership was reported under:

Name of Louisiana Retirement System to which you are currently contributing:

You must have been a member of your current system for at least six months.

SECTION 3: DATES OF REFUNDED SERVICE AND AGENCY NAME

From (MM/DD/YYYY)	To (MM/DD/YYYY)	Agency Name

SECTION 4: MEMBER SIGNATURE

I have read and understand this application to purchase refunded service credit and certify, to the best of my knowledge, all information provided is true and correct. I understand that an incomplete application will be returned and it will delay the process. I understand that I must contact the retirement system to which I am CURRENTLY contributing for information regarding the transfer or reciprocity of this period of employment. In addition, I understand that if this transfer is not completed, all reinstated funds will be returned to me.

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