Form MSD 33 R082015

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)

Request for First Eligible Letter for Social Security					
Member's First Name	Middle Name	Last Name		Today's Date	Social Security Number
IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.					
SECTION 1: MEMBER INFO	RMATION				
Member's Mailing Address		City		State	Zip Code
Daytime Area Code/Phone Number	Evening Area (Code/Phone Number	Email Address		Member's Birth Date
SECTION 2: INSTRUCTION	S	· ·			
When you apply for Social Security benefits, the Social Security Administration will need information on any retirement benefits that you are eligible to receive from public employment. If you have earned a LASERS benefit, or were eligible to receive a benefit from LASERS but refunded your contributions, and you are entitled to receive a Social Security benefit, based on your earnings or the earnings of a spouse, your Social Security benefit may be reduced. The reduction is because of federal laws known as the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO), which are designed to offset the amount of Social Security benefits paid to those eligible to receive some other type of public pension. LASERS will provide retirement benefit information including your first eligible date for retirement, your effective date of retirement, your gross monthly benefit, employment dates used for your benefit computation, your end of DROP account balance (if applicable), and cost of living increases. The Social Security Administration will use this information to determine if your Social Security benefit will be offset. Your LASERS benefit will not be affected. The benefit formulas are complex. It is recommended that you contact the Social Security Administration for a calculation of any possible reductions. You can also visit www.socialsecurity.gov/gpo-wep/ for additional information.					
I request that LASERS send me a First Eligible Letter. I understand that I must deliver the letter to the Social Security Administration. I certify that the above request is for my personal account information.					
Member's Signature		Date			