



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

Re-employment of Retiree

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: RETIREE INFORMATION

INSTRUCTIONS: In accordance with La. R.S. 11:416, **this form must be completed and returned to LASERS immediately upon your re-employment.** It is your responsibility to determine the appropriate re-employment option based on the type of position and estimated earnings for your period of employment. Upon termination, depending on the option chosen, Form 10-02B *Re-employed Retiree Option 3 Certification at End of Employment*, or Form 10-02C *Re-employed Retiree Option 1A or 1B Certification at End of Employment* must be completed and returned to LASERS.

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	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rehired Date	Position Title
<input type="text"/>	<input type="text"/>

Employment Status: Full Time Part Time

Classified Unclassified

Are you receiving a benefit from LASERS or another state or statewide retirement system? Yes No

If you answered "Yes" to the question above, list the name of the system from which you are receiving benefits:

SECTION 2: SELECTION OF RE-EMPLOYMENT OPTION

I elect the following option during the period of my re-employment after retirement. I will notify LASERS immediately if any condition of my re-employment changes. I understand that this option is irrevocable for the full period of my re-employment.

OPTION 1A: I elect to limit my earnings during each fiscal year to 50% of my annual retirement benefit (as adjusted by the Consumer Price Index). I may contact LASERS to request a calculation of the earnings limit for each fiscal year. I understand that the estimated earnings must be reported to LASERS at the beginning of the fiscal year and the actual earnings must be reported at the end of each fiscal year. It is my responsibility to monitor the actual earnings during the fiscal year to ensure that the earnings limit is not exceeded. I understand that if my earnings do exceed my earnings limit, my future retirement benefit will be reduced to the amount the earnings exceeded the limit. **You should consider another option if your estimated earnings are expected to exceed the earnings limit.**

OPTION 1B: I certify that I am at least 70 years of age and retired with at least 30 years of service credit (exclusive of converted leave) and I am exempt from any suspension or reduction of benefits.

OPTION 2: I elect to repay all retirement benefits received since the date of my retirement plus interest at the actuarial rate. This will restore my service credit, and I will return to active member status. (This option is not available to any retiree who participated in DROP, elected to retire with an Initial Benefit Option (IBO), or retired under an early retirement provision. The 20 years at any age actuarially reduced retirement is not an early retirement.)

OPTION 3: I elect to suspend my benefits during the period of my re-employment. Employee and employer contributions must be paid on the amount of my earnings and there is no limit on the amount of my earnings. If I work at least 36 months, a supplemental retirement benefit will be calculated based on this period of service and the average compensation. If I work less than 36 months, I will receive a refund of my contributions, without interest. When I subsequently retire, my suspended benefit will be restored.

SECTION 3: MEMBER SIGNATURE

I hereby certify that the employment information stated above is correct to the best of my knowledge. If I select Option 1A, I understand that it is my responsibility to monitor my earnings to ensure that I do not exceed the limitation. I understand that this choice is irrevocable for the full term of my re-employment.

Member's Signature

Date

SECTION 4: AGENCY SIGNATURE AND CERTIFICATION

Name of Personnel Officer

Title

Personnel Officer Email Address

Daytime Area Code/Phone Number

Name of Agency

LASERS Agency Number

Signature of Personnel Officer

Date

EARNINGS REPORTING: This employee's earnings will be reported as: 9 months 10 months 12 months