



PRINT ALL INFORMATION
www.lasersonline.org

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Disability to Regular Retirement Election

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"/>

Female
 Male
 Single
 Married
 Divorced
 Widowed

SECTION 2: PLAN CHANGE ELECTION

Select an option by placing your initials in one box below:

Initials

I elect to remain on disability retirement.
There will be no change to your current retirement benefit amount. You will continue to be subjected to future earnings limitations, but will not be required to submit the annual physician certification statements.

Initials

I elect to convert to regular retirement and keep my current Retirement Options.
There will be possible changes to your current retirement benefit amount. LASERS strongly suggests that you obtain a regular retirement benefits estimate before submitting an application as your retirement options cannot be changed once the election is received by the LASERS office. You will not be required to submit annual physician certification statements or be subjected to future earnings limitations. This decision is irrevocable. LASERS strongly suggests you contact a tax and/or legal consultant to determine how switching from disability to regular retirement would affect your personal situation.

Initials

I elect to convert to regular retirement and change my current Retirement Options.
There will be possible changes to your current retirement benefit amount. LASERS strongly suggests that you obtain a regular retirement benefits estimate before submitting an application as your retirement options cannot be changed once the retirement application is received in the LASERS office. You will not be required to submit annual physician statements or be subjected to future earnings limitations. This decision is irrevocable. *Form 06-01: Application for Retirement* should be submitted if this selection is made. LASERS strongly suggests you contact a tax and/or legal consultant to determine how switching from disability to regular retirement would affect your personal situation.

Initials

I elect to convert to regular retirement with an IBO and change my current Retirement Options.
There will be possible changes to your current retirement benefit amount. LASERS strongly suggests that you obtain a regular retirement benefits estimate before submitting an application as your retirement options cannot be changed once the retirement application is received in the LASERS office. You will not be required to submit annual physician statements or be subjected to future earnings limitations. This decision is irrevocable. *Form 06-01A: Application for Retirement with IBO* should be submitted if this selection is made. LASERS strongly suggests you contact a tax and/or legal consultant to determine how switching from disability to regular retirement would affect your personal situation.

SECTION 3: MEMBER SIGNATURE

I certify that I have read and understand the election made in Section 2 and the changes made by this form.

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