



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	E-mail 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Initial this box to have your invoice securely emailed to you. You will also receive a copy in the mail.

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