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www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

**Affidavit of Suspension of Benefits
La R.S. 11:442(D)**

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"/>



STATE OF LOUISIANA PARISH OF

Print or type name of Affiant

Who, after first being duly sworn, did declare and say that:

- I am a member, retiree, or legal representative of the member or retiree of the Louisiana State Employees' Retirement System.
- I am of the full age of majority, and am competent.
- I am currently eligible to receive the following benefit from the Louisiana State Employees' Retirement System:

- Regular Retirement Benefit
 Disability Retirement Benefit
 Deferred Retirement Option Plan Benefit
 Other (please specify)

and I hereby suspend that benefit effective on

(The suspension date cannot be a past date. Failure to enter a date will make the suspension effective the date LASERS receives affidavit.)

- In the free and voluntary exercise of my discretion, and in my considered and informed judgment, this suspension is in my best interest, and for this cause I make this suspension. I fully and clearly understand that by this suspension I am not to receive retirement benefit for the period of suspension of benefits. I understand that I can terminate such suspension of benefits by submitting the termination in writing, and the system shall pay the retirement benefit effective beginning on the date of such termination of suspension of benefits.
- Neither of the witnesses to this document is my spouse nor a presently named beneficiary of the benefit I am suspending.
- I understand that this suspension will not affect any benefit payments already made to me.
- I understand that this suspension is effective when received by the Louisiana State Employees' Retirement System or on the date listed above if later than the date of receipt.
- I hereby hold the Louisiana State Employees' Retirement System harmless from any loss, cost, or liability arising out of or related to this suspension.

Social Security Number

[Empty box for Social Security Number]

9. I understand and agree that the Louisiana State Employees' Retirement System has made no representation with respect to the effect of this suspension on my eligibility for, or right to participate in, any other private, local, state, or federal program or benefits. I am solely responsible for such eligibility or ineligibility, the effect thereof, and the effect of this suspension on such right or participation.

10. I understand that if I am subject to an executed and effective community property settlement, only that benefit to which I am personally entitled is suspended hereby, and I am solely responsible for making such settlement known to and timely filed with the Louisiana State Employees' Retirement System.

11. I understand that if I am married, my spouse must join in this suspension for it to be effective, and that I am solely responsible for obtaining such joinder.

12. I understand that this suspension is not retroactive.

13. I am: (select one) Married Not Married

AFFIANT signature

Witness signature

SPOUSE signature (if applicable)

Witness signature

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the State of _____, Parish/County of _____, this _____ day of _____, 20____.

Notary Public (Signature)

Notary ID # or Bar Roll #

Notary Public Name

Commission Expires

(affix seal here)