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Certification of Membership in a State System Prior to July 1, 2015

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"/>

SECTION 2: INSTRUCTIONS

Employees hired into a LASERS eligible position on or after July 1, 2015, are subject to the provisions of Act 226 of 2014, unless they were a member of one of the following four state systems on or before June 30, 2015: Louisiana State Employees' Retirement System, Teachers' Retirement System of Louisiana, Louisiana School Employees' Retirement System, or Louisiana State Police Retirement System.

If you were employed in one of the above named state systems prior to July 1, 2015 and did not refund your contributions, you will be enrolled in LASERS under the provisions of the retirement plan in place at the time of such employment and not under the provisions of Act 226.

Section 3 of this form must be certified by the state system in which you were previously a member.

SECTION 3: CERTIFICATION OF PRIOR STATE SERVICE (to be completed by the state system)

I certify that this employee was a member in the state system listed below prior to July 1, 2015.

Earliest Hire Date	Latest Termination Date	Full Dates of Employment
<input type="text"/>	<input type="text"/>	<input type="text"/>

- The member did NOT take a refund of their contributions
- The member DID take a refund of their contributions Refund Date: _____
- The member transferred their contributions to another retirement system Transfer Date: _____
Transfer System: _____

Name of Authorized Officer	Title	Name of Retirement System
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Authorized Officer	Date	Daytime Area Code/Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>