



P.O. Box 44213, Baton Rouge, LA 70804-4213  
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**Re-employed Retiree Option 1A or 1B Certification at End of Employment  
(La. R.S. 11:416)**

<b>Member's First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Today's Date</b>	<b>Social Security Number</b>
<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**

<b>Member's Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Daytime Area Code/Phone Number</b>	<b>Evening Area Code/Phone Number</b>	<b>Email Address</b>	<b>Member's Birth Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION 2: AGENCY CERTIFICATION**

I hereby certify that the employment information stated below is correct to the best of my knowledge.

<b>Name of Personnel Officer</b>	<b>Title</b>
<input type="text"/>	<input type="text"/>

<b>Name of Agency</b>	<b>3 Digit Agency Number</b>
<input type="text"/>	<input type="text"/>

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

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

The date of termination should be the member's last working day and not the member's retirement date.