



P.O. Box 44213, Baton Rouge, LA 70804-4213
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Harbor Police Retirement Plan (HARP) Certification of Continued Employment After DROP Participation

| | | | | |
|----------------------|----------------------|----------------------|----------------------|------------------------|
| Member's First Name | Middle Name | Last Name | Today's Date | Social Security Number |
| <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: MEMBER SIGNATURE

I understand that La. R.S. 11:3685 requires that DROP participants cease employment with the Harbor Police Department at the end of the DROP participation period (maximum five years). I understand that if I do not cease employment at the end of my DROP participation period, I will be subject to the following:

I hereby certify that I plan to continue employment at the end of my DROP participation period. I hereby state that by continuing to work after DROP, I understand the following:

I will not receive monthly pension checks nor will monthly pension checks accrue in my favor until I terminate employment and officially retire.

I will forfeit any and all accrued interest on my DROP account which would otherwise be paid to me had I chosen to terminate employment at the end of my DROP participation period.

Payments into my DROP account will immediately cease and I will immediately be paid a lump sum payment equal to the balance in my DROP account without the addition of any interest. The account will be terminated.

During post-DROP employment, neither my employer on my behalf nor I will contribute into LASERS.

I will assume inactive membership status in the retirement system (LASERS) and no additional service or additional benefits will be earned. My retirement benefits will not be recalculated in the future.

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

SECTION 3: AGENCY CERTIFICATION

This is to certify that the above mentioned employee is continuing state employment at the end of their DROP participation period and employee and employer contributions will not resume.

Name of Personnel Officer

Name of Agency

Title

Personnel Officer Email Address

Daytime Area Code / Phone Number

Signature of Personnel Officer

Date

Ending Date of DROP Participation