



PRINT ALL INFORMATION  
www.lasersonline.org

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225.922.0600 · Toll-Free 1.800.256.3000  
Fax 225.935.2856

### Notice of Membership Election C (La. R.S. 11:417(C))

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: ELECTION TO REMAIN IN LASERS OR ENTER OTHER RETIREMENT SYSTEM

I hereby certify that I have at least 1 year of creditable service with the Louisiana State Employees' Retirement System (LASERS) and on \_\_\_\_\_(date), I became employed in a position which is not covered by LASERS, but is covered by the \_\_\_\_\_(retirement system), and that this change was the result of agency actions over which I have no control. I have been fully informed of the potential benefits of membership in this retirement system as compared to the benefits of retaining membership in LASERS.

Please select ONE of the following two options:

I hereby elect to remain a contributing member of LASERS and waive any and all rights to membership in the retirement system listed above. **I understand that this election is irrevocable. I understand that this election must be made within 30 days of employment.**  
Initials

I hereby elect to enter the \_\_\_\_\_(retirement system) in lieu of remaining a member of the Louisiana State Employee's Retirement System (LASERS).  
Initials

#### SECTION 3: MEMBER SIGNATURE

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

#### SECTION 4: AGENCY CERTIFICATION

FORMER Agency	CURRENT Agency
<input type="text"/>	<input type="text"/>
FORMER Position Title	CURRENT Position Title
<input type="text"/>	<input type="text"/>

**Social Security Number**

I hereby certify that the employee named above has at least one year of creditable service with the Louisiana State Employees' Retirement System (LASERS), that the change in employment was the result of agency actions over which the employee had no control, and that the change in employment was effective \_\_\_\_\_ (date).

**Name of Personnel Officer**

**Title**

**Name of Agency**

**Agency 3 digit Number**

**Personnel Officer Email Address**

**Daytime Area Code/Phone Number**

**Signature of Personnel Officer**

**Date**