



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

Department of Public Safety & Corrections Upgrade Invoice Request (La. R.S. 11:605)

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"/>

Check one: Active - may upgrade prior credit DROP participant - may upgrade post DROP credit, or pre DROP credit to be calculated in the post DROP benefit

Retiree (rehired) - may upgrade post retirement credit only

SECTION 2: UPGRADE INFORMATION

Wardens, correctional officers, probation and parole officers, and security personnel who are employed by the Department of Public Safety & Corrections have the option to upgrade all current state service provided they have elected to join the Corrections Secondary Component. This upgrade must be completed **prior** to retirement.

This election is irrevocable.

SECTION 3: MEMBER SIGNATURE

You must pay a nonrefundable fee of \$150.00 to LASERS for the actuarial calculation. This fee may be paid by personal check, cashier's check, certified check, or money order made payable to LASERS and should accompany this application. There will be a \$15.00 charge for all checks returned due to insufficient funds.

I have read, understand, and agree to all of the above. I hereby request an actuarial calculation to upgrade all of my state service credit. I have joined the Corrections Secondary Component. I understand that this is only a request for an invoice. After receiving the invoice, I must notify LASERS if I want to make the upgrade. I understand that should I upgrade this service the choice is irrevocable.

I will hold Foster and Foster Actuaries and Consultants harmless for any calculations based upon erroneous data supplied by the Louisiana State Employees' Retirement System.

Check here if you are currently or have ever contributed to LASERS while employed as a Law Clerk.

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

Social Security Number

SECTION 4: AGENCY CERTIFICATION

Name of Personnel Officer

Title

Name of Agency

Agency 3 digit Number

Mailing Address

City

State

Zip Code

Signature of Personnel Officer

Date

Daytime Area Code/Phone Number