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 PRINT ALL INFORMATION  
 www.lasersonline.org



P.O. Box 44213, Baton Rouge, LA 70804-4213  
 225.922.0600 · Toll-Free 1.800.256.3000  
 225.922.0612 (hearing impaired)

**Department of Public Safety & Corrections Election Agreement  
 Employed Prior to 01/01/02  
 (La. R.S. 11:601)**

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: INSTRUCTIONS**

Wardens, correctional officers, probation and parole officers, and security personnel who were employed by the Department of Public Safety & Corrections prior to January 1, 2002, have the option of remaining in the "Primary Component" retirement plan or electing to join the "Secondary Component" retirement plan. The retirement eligibility requirements, retirement accrual rates, and other provisions are different under each component. You should read the provisions of each plan carefully BEFORE you make a selection below.

**SECTION 3: ELECTION OF RETIREMENT COMPONENT**

Please select one of the following options:

**Corrections Secondary Retirement Component**

Initials

I elect to join the Corrections Secondary Component. I understand that service accrued under the Secondary Component will be calculated at the 3.33% accrual rate. I also understand that the retirement eligibility requirements as specified under the Corrections Primary Component (20 years at any age) **will no longer apply**. The Corrections Secondary Component eligibility requirements will now apply (25 years at any age or 10 years at age 60). The Disability and Survivor benefit structure for the Secondary Component will also apply. **I understand that this decision is irrevocable.** I understand that after joining the Secondary Component, I may at any time prior to my retirement/ DROP participation (whichever comes first), request an actuarial calculation (fees may apply) to upgrade my state service credit.

**Corrections Primary Retirement Component**

Initials

I elect to remain a member of the Corrections Primary Component. I understand that this means I will not be eligible for the retirement benefit accrual rate of 3.33%. I also understand that the retirement eligibility requirements as specified under the existing Corrections Primary Component will apply. It is also my understanding that I may decide, at my discretion, at any time prior to my retirement/DROP participation (whichever comes first) or during post DROP provided this employment was prior to 01/01/02, to join the Corrections Secondary Component. **Unlike the above, this decision is not irrevocable.** It is also my understanding that I may decide, at my discretion, at any time prior to my terminating employment, to join the Corrections Secondary Component.

Social Security Number

**SECTION 4: MEMBER SIGNATURE**

I hereby certify that I have read and understand the choice I made above.

Member's Signature

Date

**SECTION 5: 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