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225.922.0612 (hearing impaired)

**Department of Public Safety & Corrections Election Agreement
Employed Between January 1, 2002, and December 31, 2010, with Other State/Statewide Service Credit
(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"/>

SECTION 2: INSTRUCTIONS

If you are employed by the Department of Public Safety & Corrections between January 1, 2002, and December 31, 2010, and you have other state or statewide service credit, you may elect to remain in the other retirement system or join the Corrections Secondary Component. The retirement eligibility requirements, retirement accrual rates, and other provisions are different under each retirement plan. 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 effective the date of hire. 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 not apply**. The Corrections Secondary Component eligibility requirements will 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.

Remain in Another Retirement System

Initials

I am a member of the _____ Retirement System. I elect to remain a member of the system I am currently a member of and do not elect to enter the Secondary Component. I understand and acknowledge that if the system I am currently a member of refuses to permit me to maintain membership then I shall become a member of the Secondary Component. I also understand that if I am able to remain a member of my current system, since I elected this option after 01/01/02, that this decision to remain in my current system **is irrevocable.**

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