

DO NOT FAX FORM
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)

Certification for Purchase of In-State Service (La. R.S. 11:422)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number

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

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date

SECTION 2: INSTRUCTIONS

You may be entitled to receive credit for any full-time Louisiana state service for which you have not received credit, except for service specifically excluded by law. Credit shall not be allowed for employment when per diem allowances were paid in lieu of earned compensation, except for legislative service; for part-time service not authorized under La. R.S. 11:162(C) or contractual employment; employment as a patient or inmate help in a state charitable, penal, or correctional institution; employment as a student, medical intern, or resident physician; employment as a teacher in an educational institution of this state; employment while a member of any other retirement system established by law; and employment with any state agency or governing body whose employees are not contributing members of the Louisiana State Employees' Retirement System (LASERS).

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.

Indicate which LASERS plan applies to you by checking the appropriate box below:

- Regular Member, hired prior to July 1, 2006
- Regular Member, hired between July 1, 2006 and December 31, 2010
- Regular Member, hired on or after January 1, 2011
- Bridge Police employee for the Crescent City Connection (DOTD), hired prior to January 1, 2011
- Correctional Officer, Security Personnel, or Probation & Parole Officer employed by the LA Department of Public Safety & Corrections, hired prior to January 1, 2011
- Peace Officer, hired prior to January 1, 2011
- Alcohol & Tobacco Control Agent employed by the Louisiana Department of Revenue, hired prior to January 1, 2011
- Wildlife Agent employed by the Enforcement Division of the LA Wildlife & Fisheries Commission, hired prior to January 1, 2011

Social Security Number

Judge or Court Officer, pre January 1, 2011

Law Clerk (Current)

Law Clerk (Past)

Judge elected after January 1, 2011

Legislator, Clerk, or Sergeant-at-Arms of the House; President, Secretary, or Sergeant-at-Arms of the Senate; Governor; Lieutenant Governor; or State Treasurer, hired prior to January 1, 2011

Hazardous Duty Services Employee (HAZ PLAN)

SECTION 3: MEMBER SIGNATURE

I hereby authorize the release of any information from my employer which is necessary to verify this service credit. I have read and understand this application and certify, to the best of my knowledge, all information is true and correct. I understand that an incomplete application will be returned and that it will delay the process to purchase said service credit.

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.

Member's Signature

Date

SECTION 4: EMPLOYMENT CERTIFICATION (To be completed by employer certifying service to be purchased)

Name of Employer

Daytime Area Code/Phone Number

The employment status of the member during this period was:

He/She was not a member of LASERS during this period due to the following:

Source document(s), Check one or both:

Official Payroll Records

Official Personnel Records

You must submit Form 2-10B, *Breakdown of Contributions for Service Credit to be Purchased*, for employment information during this period of service.

SECTION 5: AGENCY SIGNATURE AND CERTIFICATION

Name of Personnel Officer

Name of Agency

Title

Mailing Address

City

State

Zip Code

Signature of Personnel Officer

Date

Daytime Area Code/Phone Number