



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

Application for Purchase of Service by Legislators or Members of the Legislative Plan (La. R.S. 24:36)

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	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: PRIOR SERVICE INFORMATION

Job Title	Dates of Employment				
<input type="text"/>	<input type="text"/>				
Type of Service	Employment was: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				
<input type="text"/>					
Name of Employer	Name of Retirement System (if any)				
<input type="text"/>	<input type="text"/>				
Mailing Address of Employer	Mailing Address of Retirement System				
<input type="text"/>	<input type="text"/>				
City of Employer	State	Zip Code	City of Retirement System	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: MEMBER SIGNATURE

I hereby certify that I was employed as shown above and request a calculation of the actuarial cost to purchase this service. I request that the actuarial cost be based on the retirement accrual rate of 3.5% unless otherwise noted. **I understand that I am required to pay a nonrefundable fee of \$200.00 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 will hold Foster and Foster Actuaries and Consultants harmless for any calculations based upon erroneous data supplied by the Louisiana State Employees' Retirement System.

Initial this box to have your invoice securely emailed to you. You will also receive a copy in the mail.

☐

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

SECTION 4: AGENCY SIGNATURE AND CERTIFICATION

Job Title of Member

Dates of Employment

Earnings per Month (if earnings varied, please attach a monthly detail)

Name of Personnel Officer

Title

Name of Agency

Mailing Address

City

State

Zip Code

Signature of Personnel Officer

Date

Daytime Area Code/Phone Number

SECTION 5: INSTRUCTIONS

Prior service can be purchased if it was earned while employed or serving:

- 1) by the State or an agency of the State,
- 2) by a political subdivision or an agency of the political subdivision,
- 3) by any nonprofit quasi governmental entity funded in whole or in part from federal, state, or local sources, or
- 4) as an elected public official in this State.

This service can be transferred according to the provisions of La. R.S. 11:143 if the member has credit for this service in another retirement system. When a request is made to purchase service for a nonprofit quasi governmental entity, the LASERS Board of Trustees determines whether the entity qualifies under these provisions. The service may be purchased at the 3.5% accrual rate available to legislators, or it may be purchased at the lower accrual rate appropriate for the type of service purchased.

A legislator, clerk or sergeant-at-arms of the House, secretary or sergeant-at-arms of the Senate, governor, or lieutenant governor may purchase this service.

To receive service credit, the provisions of La. R.S. 11:158(C) require the member to pay the greater of:

- 1) the actuarial cost of the service to be purchased as calculated by the system actuary, or
- 2) the employee and employer contributions that would have been paid plus interest, compounded annually, at the current Board-approved actuarial valuation rate.

The cost must be paid in a lump sum.

The member must provide the name and address of the employer, the title of the position held, the dates of service, a statement of full- or part-time service, and the name and address of the retirement system of which he was a member at the time of service, if any. **The member must also specify whether the purchase should be calculated at 3.5% accrual rate or at a lower rate. If a calculation at both rates is requested, the member must pay the \$200.00 fee for each calculation.**

Credit for service that is purchased under these provisions will be used to calculate retirement eligibility and benefits. This service will be used to determine total years of service, but will not qualify as legislative service when determining legislative retirement eligibility according to Title 24. The benefit accrual rate will be the rate requested at the time of the purchase.