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Hazardous Duty Services Plan Election (La. R.S. 11:611 - 621)

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: INSTRUCTIONS

Any member who would otherwise be eligible for benefits under the Hazardous Duty Services Plan (Haz Plan), except that his first employment making him eligible for membership in any state system occurred on or before December 31, 2010*, and who has not participated in the Deferred Retirement Option Plan, shall have the right to **irrevocably** elect to become a member of the Haz Plan (La. R.S. 11:620). Any member who elects to join this plan shall, for all purposes, be treated as an employee whose first eligibility for membership occurred on or after January 1, 2011.

Any years of service worked prior to joining the Haz Plan cannot be used to meet the retirement eligibility requirements of the Haz Plan unless the service credit is transferred into the Haz Plan. As a member of the Haz Plan, you will receive a benefit accrual rate of 3.33% for each year of service earned in or transferred and upgraded to the Haz Plan. However, if your last ten years of service were not worked exclusively in a hazardous duty position, you will only receive a retirement benefit accrual rate of 2.5% for Haz Plan service and upgraded service will be paid at the accrual rate at which it was earned. To receive credit for time worked in a hazardous duty position, you must submit Form 1-11, *Certification of Prior Employment in a Hazardous Duty Position*.

The premiums for health insurance coverage paid by any retiree participating in the Office of Group Benefits program who has transferred service credit into the Haz Plan who retires with twelve years of service at age 55, or twenty-five years of service at any age, shall be increased by an amount sufficient to pay for any increase in the employer's premiums resulting from his retirement pursuant to such sections. There is no increase for those who retire with 20 years of service at any age. (Members who retire under the 20 years at any age option are not eligible to participate in the DROP or IBO programs.) NOTE: The health insurance increase is unique to the Haz Plan and is not impacted by the Office of Group Benefits Retiree Participation Schedule.

To request an actuarial calculation of the cost to transfer and/or upgrade your prior service credit, please submit Form 2-19, *Application to Transfer/Upgrade Service into the Hazardous Duty Services Plan*.

*For Firefighters in the Department of Agriculture and Forestry, the applicable date is June 30, 2018.

SECTION 3: ELECTION OF RETIREMENT PLAN

Please select one of the following options:

Remain in Current Retirement Plan

Initials

I elect to remain a member of my current retirement plan. I understand that the contribution rate, benefit accrual rate, and retirement eligibility requirements as specified under my existing plan 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), to join the Hazardous Duty Services Plan. **Unlike the decision to join the Hazardous Duty Services Plan, this decision is not irrevocable.**

Join the Hazardous Duty Services Plan

Initials

I elect to join the Hazardous Duty Services Plan. I understand that the contribution rate, benefit accrual rate, and retirement eligibility requirements as specified under my previous retirement plan **will no longer apply**. The Hazardous Duty Services Plan eligibility requirements will now apply (12 years at age 55 or 25 years at any age). The Disability and Survivor benefit structure for the Hazardous Duty Services Plan will also apply. **I understand that this decision is irrevocable.** I understand that after joining the Hazardous Duty Services Plan, I may at any time prior to my retirement/ DROP participation (whichever comes first), request an actuarial calculation (fees may apply) to transfer and/or upgrade my prior service credit.

SECTION 4: MEMBER SIGNATURE

I certify that I have read and understand the election made in Section 3.

Member's Signature

Date

SECTION 5: AGENCY CERTIFICATION

I certify that the member named above is currently employed in a Hazardous Duty position as defined in R.S. 11:612(2).

Hazardous Duty Position Title

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