

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

Application to Transfer/Upgrade Service into the Hazardous Duty Services Plan (La. R.S. 11:620)

CHECKLIST

This checklist should be used as a guideline in applying to transfer and/or upgrade service into the LASERS Hazardous Duty Services Plan.

Submit Form 02-19, Application for Transfer/Upgrade Service into the Hazardous Duty Services Plan and actuary fee at least six months prior to retirement or entering DROP.
☐ Visit your Human Resources office to complete the following:
Form 02-18, Hazardous Duty Services Plan Election, and
Form 01-11, Certification of Prior Employment (if applicable)
LASERS will mail you a cost letter once the calculation is performed. You must decide and notify LASERS if you will proceed with the transfer. If you decide to proceed with the transfer, you must:
Sign and return the cost letter to LASERS.
Your transfer will not be complete until you return the signed letter to LASERS indicating your decision to proceed. If you do not return the letter, LASERS will assume you decline the transfer.
If you are paying for a deficit and/or an upgrade, payment must be received in full prior to retirement or entering DROP.
Important Note about Health Insurance: 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 from another retirement plan at LASERS or any other state system and who retires with 12 years of service credit at age 55 or 25 years of service credit at any age shall be increased by an amount sufficient to pay for any increase in the employer's premiums resulting from his or her retirement <i>until the age at which the retiree meets regular plan retirement eligibility.</i> Any member retiring with at least 20 years of service credit will not be subject to the increased insurance premiums.
Applications / forms submitted without sufficient time to process before a retirement date may impact retirement eligibility, retirement effective date, and/or the retirement benefit.

Form 02-19 R012024

PRINT ALL INFORMATION www.lasersonline.org

Member's First Name



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Today's Date

Social Security Number

Last Name

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IMPORTANT: Complete the entire for	orm. Follow the spe	cific instructions for e	ach section. All dates	s should be in MN	//DD/YYYY format.
SECTION 1: MEMBER'S INFO	ORMATION				
Member's Mailing Address		City		State	Zip Code
Home Area Code/Phone Number	Mobile Area Co	ode/Phone Number	Email Address		Member's Birth Date

SECTION 2: TRANSFER AND UPGRADE INFORMATION

Middle Name

Any member who elects to join the Hazardous Duty Services Plan (HAZ Plan) from an existing plan will maintain prior service credit in the existing plan pursuant to the provisions of that plan and accrue service credit and benefits in the HAZ Plan only after the date that they join this plan. 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 you choose to transfer your service credit, in which case the service will be used to meet the retirement eligibility requirements of the HAZ Plan.

The LASERS actuary will determine if the cost to transfer the service credit is neutral. If there is a deficiency associated with the transfer, you may pay the deficiency (or a portion of it) to receive service credit based on your payment, or accept a pro rata share of service credit as determined by the actuary based on the funds to be transferred.

If you choose to transfer your service, you must first join the Hazardous Duty Services Plan by completing Form 2-18, Hazardous Duty Services Plan Election.

As a member of the HAZ Plan, you will maintain your benefit accrual rate for prior service and receive a benefit accrual rate of 3.33% for each year of service earned in or transferred and upgraded to the HAZ Plan. You have the option to upgrade all prior service into the HAZ Plan (La. R.S. 11:620(B)) and receive a benefit accrual rate of 3.33% for all years of service. 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.

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 from another retirement plan at LASERS or any other state system and who retires with 12 years of service credit at age 55 or 25 years of service credit at any age shall be increased by an amount sufficient to pay for any increase in the employer's premiums resulting from his or her retirement *until the age at which the retiree meets regular plan retirement eligibility*. Any member retiring with at least 20 years of service credit will not be subject to the increased insurance premiums.

Any transfer or upgrade must be completed prior to participation in DROP or retirement and is irrevocable.

The actuary's 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.

			Social Security Number			
Choose which transfer and/or upgrade cost	calculation you want by checkin	g the appropriate box below: (choose	one)			
Transfer of service credit into the H provide you this cost for \$200.	AZ Plan at the accrual rate it was	earned in the prior plan. The system ac	ctuary will			
Transfer of service credit into the H provide you these two costs for \$25	AZ Plan and upgrade of the servio	ce bring transferred to 3.33%. The syste	em actuary will			
Upgrade the accrual rate for service provide you this cost for \$200.	previously transferred into the H	AZ Plan to 3.33% accrual rate. The syst	tem actuary will			
SECTION 3: MEMBER SIGNATUI	RE					
The premiums for health insurance coverage service credit into the HAZ Plan from anoth credit at age 55 or 25 years of service credit at premiums resulting from his or her retiremed least 20 years of service credit will not be sufficient.	er retirement plan at LASERS or a at any age shall be increased by an ant until the age at which the retiree n	ny other state system and who retires a amount sufficient to pay for any incre neets regular plan retirement eligibility. A	with 12 years of service ase in the employer's			
I hereby request an actuarial calculation to the invoice. After receiving the invoice, I must be			only a request for an			
I will hold Foster and Foster Actuaries and C State Employees' Retirement System.	Consultants harmless for any calcu	ılations based upon erroneous data sup	oplied by the Louisiana			
Initial this box to have our cost letter see	curely emailed to you. You will als	so receive a copy in the mail.				
Member's Signature	Date					
SECTION 4: AGENCY CERTIFICA	ATION					
I certify that the member named above is cu should the member decide to proceed with a Hazardous Duty Services Plan before the tra	a transfer or upgrade as outlined i	n this application, that the member mu				
Hazardous Duty Position Title	azardous Duty Position Title Is the member currently enrolled in the Haz Plan?					
	Yes No					
Name of Personnel Officer	Title	Name of Agency	Agency 3 digit Number			
Personnel Officer Email Address	Daytime Ar	ea Code/Phone Number				
Signature of Personnel Officer	Date					
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