



PRINT ALL INFORMATION
www.lasersonline.org

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

Certification of Disability Sustained from an Intentional Act of Violence

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: GENERAL INSTRUCTIONS

This form must be certified when a member of the Louisiana State Employees' Retirement System (LASERS) Hazardous Duty, Corrections Primary, Corrections Secondary, Wildlife, or Harbor Police plan applies for Disability Retirement as a result of an injury sustained while in the line of duty as a result of an intentional act of violence. This is a supplemental form to the Disability Retirement application. It must be signed by the applicant and certified by the Agency Appointing Authority and Personnel Officer.

Documentation to support the assertion that the injury was sustained as a result of an intentional act of violence should be attached to this certification form. Documentation may include internal investigation reports, reports from outside agencies, and news reports.

SECTION 2: MEMBER SIGNATURE

I hereby certify that my disability was the result of an injury sustained while in the line of duty as a result of an intentional act of violence.

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

SECTION 3: AGENCY APPOINTING AUTHORITY SIGNATURE AND CERTIFICATION

I hereby certify that I have reviewed the records of this agency and determined the disability of the member above was the result of an injury sustained while in the line of duty as a result of an intentional act of violence. I further certify that I have provided documentation of the circumstances of the injury to the LASERS.

Signature of Appointing Authority	Print Name of Appointing Authority	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4: AGENCY SIGNATURE AND CERTIFICATION

Name of Personnel Officer	Name of Agency	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

Personnel Officer Email Address	Daytime Area Code/Phone Number
<input type="text"/>	<input type="text"/>

Signature of Personnel Officer	Date
<input type="text"/>	<input type="text"/>