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Certification of Death 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 is a supplemental form to the Application for Survivor Benefits. It is used when a member of the Louisiana State Employees' Retirement System (LASERS) Hazardous Duty, Corrections Primary, Corrections Secondary, Wildlife, or Harbor Police plans, or a member eligible for one of those plans, died due to an injury sustained while in the line of duty as a result of an intentional act of violence. It must be signed and certified by the Agency Appointing Authority and Personnel Officer.

Documentation to support the assertion that the death 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: AGENCY APPOINTING AUTHORITY SIGNATURE AND CERTIFICATION

I hereby certify that I have reviewed the records of this agency and determined the death of the member above happened 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 death to LASERS.

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

SECTION 3: 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"/>	