



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

Application for Transfer to LASERS Defined Benefit Plan from the Optional Retirement Plan (La. R.S. 11:502)

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"/>

Home Area Code/Phone Number	Mobile Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: WAIVER OF RIGHTS

A member who enrolled in the Optional Retirement Plan (ORP) from July 1, 2000, through December 31, 2007, may elect to regain membership in the LASERS Defined Benefit Plan.

You must pay a nonrefundable fee of \$250.00 to LASERS for the actuarial calculations. 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.

The LASERS actuary will determine if the cost to transfer the service credit is neutral. If there is any deficiency in the amounts due to the LASERS Defined Benefit Plan, you will be required to pay that amount to effectuate the transfer.

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

SECTION 3: MEMBER SIGNATURE

I hereby request an actuarial calculation to transfer into the LASERS Defined Benefit Plan. I understand that this is only a request for an invoice. After receiving the invoice, I must contact Great West Retirement Services to proceed with the transfer and notify LASERS of my election to join the defined benefit plan.

I understand that once funds have been transferred from EMPOWER Retirement to LASERS this election is irrevocable and that the funds may not be returned to the Optional Retirement Plan at a later date.

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 cost letter securely emailed to you. You will also receive a copy in the mail.

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