



Louisiana State Employees' Retirement System

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Fax 225.935.2856



PRINT ALL INFORMATION
www.lasersonline.org

Contact Information Update

Member's First Name Middle Name Last Name Today's Date Social Security Number

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format. This form cannot be used for active members or inactive members who have been out of state service for less than six months.

SECTION 1: MEMBER'S INFORMATION

Home Area Code/Phone Number Mobile Area Code/Phone Number Email Address Member's Birth Date

SECTION 2: PAYEE INFORMATION

Payee's First Name Middle Name Last Name Social Security Number

Home Area Code/Phone Number Mobile Area Code/Phone Number Email Address Payee's Birth Date

SECTION 3: ADDRESS CHANGE

I request that my address be changed as follows (Check ALL that apply):

- Inactive Member (out of state service for at least six months)
Retired Member or Payee

*Active state employees must update contact information through the Human Resources at the agency of employment.

FORMER Home Mailing Address NEW Home Mailing Address
City State Zip Code

SECTION 4: MEMBER/PAYEE SIGNATURE

I hereby request that my information be changed as designated above.

Member/Payee's Signature Date

Reset Form