Form 1-02
R102026

PRINT ALL INFORMATION
www.lasersonline.org

LASERS
Louisiana State Employees' Retirement System

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

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.** These members must change their address through their employing agency. This form should be used for inactive members who have been out of state service for more than six months, DROP participants, and retired members.

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/PHONE/EMAIL 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

City	State	Zip Code

FORMER Phone Number	FORMER Email Address

NEW Home Mailing Address

City	State	Zip Code

NEW Phone Number	NEW Email Address

SECTION 4: MEMBER/PAYEE SIGNATURE

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

Member/Payee's Signature	Date

Reset Form