Form 2-11
R062015

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 · 225.922.0612 (hearing impaired)

Application for Repayment of Refunded Service
(La. R.S. 11:537)

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.

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date

SECTION 2: DATES OF REFUNDED SERVICE AND AGENCY NAME

From (MM/DD/YYYY)	**To** (MM/DD/YYYY)	**Agency Name**

SECTION 3: ADDITIONAL INFORMATION

Please list other names that membership was reported under:

In order to repay a prior refund, you must return to state employment and earn a minimum of 18 months of service credit.

If you would like the cost to repay part of a refund, please indicate the approximate number of years and indicate if you also want the cost for the full refunded amount.

Check one or both:

☐ **Partial Refund Amount** **Number of partial years:**

☐ **Full Refund Amount** **Number of full years:**

SECTION 4: MEMBER SIGNATURE

I have read and understand this application to purchase refunded service credit and certify, to the best of my knowledge, all information provided is true and correct. I understand that an incomplete application will be returned and it will delay the process.

Member's Signature	Date

Reset Form