Form 02-20
R102016

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 Purchase of Federal Service Under La. R.S. 11:428

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: PLEASE READ AND COMPLETE IMPORTANT INFORMATION

Any active contributing member of the Louisiana State Employees' Retirement System (LASERS) with at least one year of service credit is eligible to purchase credit in LASERS for all service rendered during any period while contributing to a retirement plan for federal employees. You will be required to pay a non-refundable fee of $150.00 to LASERS for the actuarial calculation. This fee may be paid with a 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.

Your Name in the Federal Retirement System (if different)	Member Number in Federal Retirement System

Job Title in Federal System

Dates of Employment (MM/DD/YYYY): Begin Date _____ End Date _____

Service was part-time or full-time? Check one: ☐ Part-Time ☐ Full-Time

Name of Federal Retirement System

Federal Retirement System Mailing Address	City	State	Zip Code

Name of Federal Employer

Federal Employer Mailing Address	City	State	Zip Code

CONTINUE ON NEXT PAGE

Social Security Number

Indicate which LASERS plan applies to you by checking the appropriate box below (please select one):

- ☐ Regular Member, hired prior to July 1, 2006
- ☐ Regular Member, hired between July 1, 2006 and December 31, 2010
- ☐ Regular Member, hired on or after January 1, 2011, and on or before July 1, 2015
- ☐ Regular Member, hired on or after July 1, 2015
- ☐ Bridge Police Employee for the Crescent City Connection (DOTD), hired prior to January 1, 2011
- ☐ Correctional Officer, Security Personnel, or Probation & Parole Officer employed by the LA Department of Public Safety & Corrections, hired prior to January 1, 2011
- ☐ Peace Officer, hired prior to January 1, 2011
- ☐ Alcohol & Tobacco Control Agent employed by the Louisiana Department of Revenue, hired prior to January 1, 2011
- ☐ Wildlife Agent employed by the Enforcement Division of the LA Wildlife & Fisheries Commission, hired prior to January 1, 2011
- ☐ Judge or Court Officer, pre January 1, 2011
  - ☐ Law Clerk (Current)
  - ☐ Law Clerk (Past)
- ☐ Judge elected after January 1, 2011
- ☐ Legislators, Clerk, or Sergeant-at-Arms of the House; President, Secretary, or Sergeant-at-Arms of the Senate; Governor; Lieutenant Governor; or State Treasurer, hired prior to January 1, 2011
- ☐ Hazardous Duty Services Employee (HAZ PLAN)

SECTION 3: MEMBER SIGNATURE

I have read and understand this application to purchase additional 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 that it will delay the process to purchase this service.

I understand that I will receive an invoice and can then decide whether to proceed with the purchase.

I understand that any service purchased pursuant to this invoice may be used for computation of benefits and retirement eligibility.

I further understand that if I elect to complete the purchase, that I forfeit my credit with the federal retirement system from which the service is being purchased.

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.

Member's Signature **Date**

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Social Security Number

SECTION 4: CERTIFICATION OF FEDERAL EMPLOYER

This portion must be forwarded to the federal employer to be certified. The employee must forward the completed form to LASERS after the federal employer has completed this section.

If the member proceeds with the purchase, the credit with the federal retirement system is forfeited.

I hereby certify that the person named on this application was in a retirement system for federal employees and that the information shown within is correct.

Job Title of Member

Dates of Employment

Earnings per Month (if earnings vary, please attach Form 2-10B, *Breakdown of Contributions*)

Name of Certifying Official

Title of Certifying Official

Name of Federal Retirement System

Email of Certifying Official

Mailing Address

City

State

Zip Code

Signature of Certifying Official

Date

Daytime Area Code/Phone Number

Reset Form