RETIREMENT ELECTION FORM

TO BE USED BY EMPLOYEES WHOSE APPOINTMENTS
ARE CONSIDERED TEMPORARY OR PART-TIME

NAME_______________________________________________________________

TITLE_______________________________________________________________

UNIT_______________________________________________________________

I have been informed by the AgCenter Office of Human Resource Management that the federal OBRA ’90 law requires that I be enrolled under either social security, the Optional Retirement Plan (ORP), or the Louisiana Deferred Compensation Plan. I agree that the exemptions* allowed do not apply to me.

I would like my contributions to be applied to the option checked below:

( ) Social Security -6.2% (Plus 1.45% Medicare Tax)

( ) Optional Retirement Plan -8% (Plus 1.45% Medicare Tax) – Enrollment form provided by the carrier must also be completed.

( ) Louisiana Deferred Compensation Plan -7.5% (Plus 1.45% Medicare Tax) - Enrollment form provided by the carrier must also be completed.

SIGNATURE_____________________________________________ DATE ______________

*Exemptions (If one of the following exceptions applies to you, contact Kathy Loyd in the AgCenter Human Resource Management Office at 225/578-8229):

(1.) Vested in a Louisiana retirement system.
(2.) Employed on a J-1 or F-I visa and not considered a resident alien for tax purposes.
(3.) Retired from a Louisiana retirement system.