



Human Resource Management
103 J.N. Efferson Hall – LSU
Baton Rouge, LA 70803
(225) 578-4631 Phone
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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-1 visa and not considered a resident alien for tax purposes.
- (3.) Retired from a Louisiana retirement system.