



Louisiana State Employees' Retirement System
P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

Request for Retirement Benefit Estimate

www.lasersonline.org
DO NOT FAX FORM

PRINT OR TYPE ALL INFORMATION

Member's First Name Middle Last Today's Date (MM/DD/YYYY) Social Security Number

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

SECTION 1: MEMBER'S STATEMENT (To be completed by applicant)

Member's Mailing Address (number and street or PO Box #) City State ZIP

Would you like your address changed to the one listed above if it does not agree with the address on our records? Yes No

Daytime Area Code and Telephone Number Evening Area Code and Telephone Number E-mail Address

Agency Name Agency Contact Name Agency Area Code and Telephone Number

SECTION 2: GENERAL INSTRUCTIONS

1) Member must be within 1 year from retirement or DROP eligibility to request an estimate. 2) Estimates are limited to one request per year from the date of your current request. (Ex.: estimate requested 05-01-01; next estimate availability will be 05-01-02)

SECTION 3: REQUIRED INFORMATION FOR ESTIMATE

Member's Birthdate (MM/DD/YYYY) Estimated Retirement Date (MM/DD/YYYY) Unused Annual Leave (less 300 hours) Unused Sick Leave

Beneficiary's Name, First Middle Last Beneficiary's Birthdate (MM/DD/YYYY) Relationship To Member

Check one: I am currently working for a LASERS agency. I am no longer working in state service.

Employment Type (check one): Regular Correctional Judicial Legislative Wildlife Other

SECTION 4: ESTIMATE(S) REQUESTED

Please check the estimates you require. NOTE: If you are interested in a benefit under Option 2B (mentally handicapped child/children), please contact a LASERS representative. A calculation fee is required by the LASERS Actuary.

- Regular retirement benefits without credit for unused leave
Regular retirement benefits with credit for unused leave (less 300 hours unused annual leave paid by your agency)
Lump sum payment of actuarial value of leave according to La. R.S. 11:424(E)
Deferred Retirement Option Plan (DROP)
Early retirement - Unless otherwise noted, this estimate of benefits assumes that you are actively employed, paying contributions, and will continue to do so until your termination date.
Initial Benefit Option (IBO) (not available for early retirement) Number of months
Initial Benefit Option (IBO) (not available for early retirement) with credit for unused leave
Disability retirement
Benefits for retirement after DROP without credit for unused leave
Benefits for retirement after DROP with credit for unused leave (less 300 hours unused annual leave paid by your agency)

SECTION 5: MEMBER'S SIGNATURE AND CERTIFICATION

I have read and understand this Request for Retirement Benefit Estimate. I have completed this form and certify, that to the best of my knowledge, all information provided is true and correct. I understand that an incomplete form will be returned to me for completion before there is any response to my request.

Member Signature Today's Date (MM/DD/YYYY)

RETAIN COPY FOR YOUR RECORDS