



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

Membership Registration (Do not complete if Re-employed Retiree)

DO NOT FAX FORM www.lasersonlin PRINT OR TYPE ALL INFORMATION	ne.org				
Member's First Name	Middle	Last		Today's Date (MM/DD/YYYY)	Social Security Number
MPORTANT INFORMATION: Notice of Employees Not Cover Windfall Elimination Provision (W	ed by Social Sec	urity" disclosing the	potential effects	of the Government	Pension Offset (GPO) and the
o state service and contributing	to the system for	r eighteen months a	ccording to La. R	.S.11:537 (D).	
		IBER'S INFORMATI	· · · · · · · · · · · · · · · · · · ·	oleted by applicant)	
A. Mailing Address (number, street or	post office box)		B. City		State ZIP
C. Daytime Area Code/Telephone Nur	mber D. Ever	ning Area Code/Telephon		mber's Birthdate (MM/DD/	Male Female
F. E-mail address				your address changed to to t agree with the address o	
	SECTIO	N 2: DESIGNATIO	N OF BENEFICIA	ARY(IES)	
Designation of Beneficia	ry(ies) – Com	plete Form 1-6	Designation o	of Beneficiary	
SECTION 3: OPTIONAL MEM	BERSHIP (TO BI	COMPLETED ONL	Y IF AGE 55 OR	OVER AND NOT A	LASERS REHIRED RETIREE)
Check one of the two boxes be	elow:				
At the time of employment I	was age 60 or old	er and I elect to (plea :	se check option A	, B, or C below): (OR)	
C below): I will submit a control that I have the required 40 A) I join the Louisiana State I understand that if I join the retire years to be entitled to a monthly refunded to me without interest. The may be reduced based on the benefit of the submit that the submit that the submit that I will be submit to the submit to the submit that I will be submit to the sub	opy of my Social	Security Administration opto ent System ust make employee colit. If I work less than nent system, and I am	ion's form, SSA-70 ional membership ontributions based of 10 years, I may not also eligible for a	005-Earnings and Bene o. on my earnings and tha make application for m	at I must work a minimum of 10 y employee contributions to be
B) Join FICA (7.65 percent	Medicare included)				
C) Join/maintain the Louisi	ana Deferred Comp	pensation (at the minir	mum rate I would p	ay as a LASERS membe	r)
		SECTION 4: PREVIO	OUS ENROLLME	NT	
If you were at any time a member which the membership was reported		e name under	From (MM/I	DD/YYYY) To (MM/E	DD/YYYY)
If you are now, or at any time hav another Louisiana public retiremer which the membership was report	nt system, please gi		From (MM/I	DD/YYYY) To (MM/D	DD/YYYY)
My current status with the Louisiar (See La. R.S. 11:22 B for the list of If your status is RETIRED from a Lo	Louisiana state reti	rement systems.)			efunded Retired
I elect NOT to join LASERS	JOIN LASERS		contributions and v	vork a minimum of 10 y	rears to be entitled to a monthly

Human Resource Instructions Checklist - Membership Registration

SECTION 5: AGENCY CERTIFICATION -- Certified True and Correct

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ENROLLMENT STATUS - CHECK ALL THAT APPLY. 1. SERVICE HISTORY
New – first time enrolled in the Louisiana State Employees' Retirement System. Regular class members hired on or after July 1, 2006, will have a contribution rate of 8 percent with a retirement eligibility of ten years or more service at age 60 or thereafter (Act 75,
2006 Legislative Session).
Return to service – previous member of LASERS, whether refunded or not, with a break in service. Regular class member who is a former member of LASERS, DID NOT refund contributions and will contribute at 7.5 percent. Regular class member who is a former member of LASERS, DID refund contributions and will contribute at 8.0 percent.
Transfer from another agency – transferring from one reporting agency to another within LASERS without a break in service.
Dual employee – currently a member of LASERS under one reporting agency and now enrolling with a second reporting agency. (Usually involves part-time employment, but not necessarily.) Contributions are based on eligible employment with all reporting agencies and are mandatory.
2. TYPE OF EMPLOYMENT
A. Classes of Employees not Eligible (La. R.S. 11:413 (3)) - except those employees who have ten or more years of creditable service in the
system.
1. Part-time employee – (26 CFR) works 20 hours or less per week a. Under La. R.S. 11:403 (20) any employee who is a part-time, seasonal, or temporary employee
b. Can be on a Job Appointment
2. Intermittent – (La. R.S. 11:403 (14)) working an indefinite schedule on an "as needed" basis a. Can be on a WAE
3. Temporary – (26 CFR) working 2 years or less
a. Restricted – (Civil Service Rule 8.10) working not to exceed a cumulative total of six months in a calendar year
b. Job Appointment 4. Emergency – (Civil Service Rule 8:10) for work of a temporary nature to address an emergency or work overload situation
5. Job Appointment – (La. R.S. 11:403 (15)) working for a fixed period not to exceed two years
6. Seasonal – (26 CFR) works on a full-time basis less than five months in a year
B. Classes of Employees Eligible 1. Full-time – working over 20 hours per week 2. Job Appointment – working two years and one day or longer
Full-time: Full-time status equals hours per day
Job Appointment working 2 years or less Job Appointment working 2 years and one day or longer 3. Permanent employee Tomporary employee
3. Permanent employee Temporary employee
3. EARNINGS REPORTING This employee's earnings will be reported as: 9 months 10 months 12 months
4. CURRENT HIRE DATE
This is the first day with employment compensation as it applies to this agency.
Employee Position Tile Hire Date (MM/DD/YYYY)
Classified Unclassified
5. NON-ISIS AGENCY Attach a copy of the Social Security card and Birth Certificate.
THIS FORM IS A MULTI-PAGE DOCUMENT, AND I HAVE READ AND UNDERSTAND THIS FORM.
Certified True and Correct: Authorized Agency Representative Signature Print Authorized Agency Representative Name Title
Full Agency Name Signing Representative's area code/telephone number LASERS 3-digit Agency Number