Form 1-02

R062015

LASERS

Louisiana State Employees' Retirement System

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 · 225.922.0612 (hearing impaired)

Change of Address

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. T**his form cannot be used for active members or inactive members who have been out of state service for less than six months.** These members must change their address through their employing agency. This form should be used for inactive members who have been out of state service for more than six months, DROP participants, and retired members.

SECTION 1: MEMBER'S INFORMATION

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date

SECTION 2: PAYEE INFORMATION

Payee's First Name	Middle Name	Last Name	Social Security Number

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Payee's Birth Date

SECTION 3: ADDRESS CHANGE

I request that my address be changed as follows (Check ALL that apply):

☐ **Inactive member** (out of state service for at least six months)

☐ **Retired Member or Payee - All Accounts:** this will change your address for all retirement correspondence, monthly benefit checks and DROP/IBO Account checks.

☐ **Retired Member or Payee - Only LASERS DROP/IBO Account:** this will change your address for your DROP/IBO Account checks only. The address for your monthly benefit check will not be changed.

FORMER Home Mailing Address

NEW Home Mailing Address

City	State	Zip Code	City	State	Zip Code

SECTION 4: MEMBER/PAYEE SIGNATURE

I hereby request that my address be changed as designated above.

Member/Payee's Signature	Date	