



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

Membership Registration (For Employer Use Only - Do Not Return to LASERS)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A member should read the "Notice of Employees Not Covered by Social Security" disclosing the potential effects of the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP). A member may **repay a refund** to LASERS upon returning to state service and contributing to the system for eighteen months according to La. R.S. 11:537(D). **The member must complete Form 1-06, Designation of Beneficiary, to name their beneficiary.**

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: OPTIONAL MEMBERSHIP (Complete ONLY if age 55 or over and not a LASERS rehired retiree)

- At the time of employment I was 60 or older and elect to **(please check option A, B, or C below): (OR)**
- At the time of employment I was age 55 or older and have at least 40 quarters in Social Security and I elect to **(please check option A,B, or C below): I will submit a copy of my Social Security Administration's form, SSA-7005-Earnings and Benefits Statement, certifying that I have the required 40 quarters of coverage needed for optional membership.**
- A) Join the Louisiana State Employees' Retirement System (LASERS). I understand that if I join the retirement system I must make employee contributions based on my earnings. I may make application for my employee contributions to be refunded to me, without interest, if I terminate employment. If I join the retirement system and I am also eligible for a benefit from Social Security, the Social Security benefit may be reduced based on the benefit received from the retirement system.
- B) Join FICA (Medicare included)
- C) Join/Maintain the Louisiana Deferred Compensation (at the minimum rate I would pay as a LASERS member)

SECTION 3: PREVIOUS ENROLLMENT

If you were at any time a member of LASERS or another Louisiana public retirement system, give the name under which the membership was reported:

<input type="text"/>	From (MM/DD/YY)	To (MM/DD/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

My current status with the Louisiana public retirement system listed above is: Active Inactive Refunded Retired

If your status is RETIRED from a Louisiana public retirement system OTHER than LASERS, please check one:

- I elect NOT to join LASERS I elect to join LASERS: I shall pay employee contributions and expect to work enough years to be entitled to a monthly benefit; otherwise, I will only be eligible to refund my contributions.

Member's Signature	Date
<input type="text"/>	<input type="text"/>

SECTION 4: CURRENT ENROLLMENT - FOR AGENCY INFORMATION ONLY**SERVICE HISTORY**

- New - first time enrolled in LASERS. Regular members hired on or after July 1, 2006, will have a contribution rate of 8 percent.
- Return to service - previous member of LASERS, whether refunded or not, with a break in service
- Regular member who is a former member of LASERS prior to July 1, 2006, **DID NOT** refund contributions and will contribute at 7.5 percent.
- Regular member who is a former member of LASERS on or after July 1, 2006, **DID NOT** refund contributions and will contribute at 8.0 percent.
- Regular 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.

TYPE OF EMPLOYMENT**Types of Employees not Eligible (La. R.S. 11:413):**

1. Employees who receive a per diem allowance instead of earned compensation
2. Students, interns, and resident physicians employed for temporary, part time, or periodic work
3. Independent contractors
4. Certain pool nurses
5. Certain temporary seasonal employees at the Department of Revenue

Types 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 or are returning to work as a re-employed retiree:

1. Job appointments (employment for a fixed period not to exceed two years)
2. Intermittent employees (employment for an indefinite schedule, on an as needed basis)
3. Part-time employees (employees who work 20 hours or less per week)
4. Seasonal employees (employees who work less than five months in a year)
5. Temporary employees (employees performing services under a contractual arrangement for less than two years)

Types of Employees Eligible

1. Full-time - working over 20 hours per week
2. Job Appointment - working two years and one day or longer

EMPLOYEE INFORMATION

Employee Position Title Hire Date (MM/DD/YY) Classified Permanent employee
 Unclassified Temporary employee

- Full-time: Full-time status equals _____ hours per day Part-time: The employee will work _____ hours per week
- Job Appointment working 2 years or less Job Appointment working 2 years and one day or longer

EARNINGS REPORTING: This employee's earnings will be reported as: 9 months 10 months 12 months

Name of Personnel Officer

Title

Name of Agency

Signature of Personnel Officer

Date