



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

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

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 a beneficiary, and submit the form to LASERS.**

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code

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

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 or B 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 or B 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 for at least 30 days. 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), or join/maintain the Louisiana Deferred Compensation Plan (eligibility and rate depend on employee status), or in some cases, employee may not be required to join either.

SECTION 3: PREVIOUS ENROLLMENT

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

From (MM/DD/YY)	To (MM/DD/YY)

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

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SECTION 4: CURRENT ENROLLMENT - FOR AGENCY INFORMATION ONLY

SERVICE HISTORY

- ☐ New - first time enrolled in LASERS. Regular members hired on or after July 1, 2015, will have a contribution rate of 8.0 percent in the Regular 4 Plan.
- ☐ New - first time enrolled in LASERS and enrolled in a Hazardous Duty Plan (HAZ Plan) position on or after January 1, 2011. HAZ Plan members must be enrolled in the HAZ Plan and will contribute at 9.5 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 in the Regular 1 Plan.
- ☐ Regular member who is a former member of LASERS on or after July 1, 2006, and before January 1, 2011, **DID NOT** refund contributions and will contribute at 8.0 percent in the Regular 2 Plan.
- ☐ Regular member who is a former member of LASERS on or after January 1, 2011, and on or before June 30, 2015, **DID NOT** refund contributions and will contribute at 8.0 percent in the Regular 3 Plan.
- ☐ Regular member who is a former member of LASERS, **DID** refund contributions and will contribute at 8.0 percent in the Regular 4 Plan.
- ☐ Transfer from another agency - transferring from one reporting agency to another within LASERS without a break in service.
- ☐ Transfer from another agency on or after January 1, 2011, and enrolled in a HAZ Plan position - transferring from any plan other than the HAZ Plan may elect to remain in that plan or join the HAZ Plan. Form 2-18: *Hazardous Duty Services Plan Election* must be submitted to LASERS. Form 1-11: *Certification of Prior Employment in a Hazardous Duty Position* should be submitted, if applicable.
- ☐ Transfer from another Louisiana state retirement system on or after July 1, 2015, and **DID NOT** refund - transferring from Teachers Retirement System of Louisiana, Louisiana School Employees' Retirement System, or State Police Pension & Retirement System must submit Form 01-10: *Certification of Membership in a State System Prior to July 1, 2015*, and must be enrolled in the retirement plan in place at the earliest date making the member eligible for membership.
- ☐ Transfer from another Louisiana state retirement system on or after January 1, 2011, and **DID NOT** refund, and employed in a HAZ Plan position - transferring from Teachers Retirement System of Louisiana, Louisiana School Employees' Retirement System, or State Police Pension & Retirement System may elect to remain in that system if eligible, or may elect to join the HAZ Plan.
- ☐ 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 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 positions
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

Social Security Number

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

SECTION 5: AGENCY CERTIFICATION AND SIGNATURE

I have checked the PA20 and CS02 in ISIS and LASERS Employer Self-Service for previous retirement status.

YES ☐ NO ☐

Is this member a LASERS retiree from this or any other state agency?

YES ☐ NO ☐

If yes, see Liaison Memos 12-21 and 13-23 to follow the proper rehired retiree enrollment procedures. Failure to properly enroll rehired retirees may result in a cost to the member and agency. If this is a rehired retiree, form 10-2 *Re-employment of Rehired Retiree* must be submitted to LASERS within 45 days of the employment date. If it is not, the member will be rehired under the provisions of re-employed retiree Option 3.

Name of Personnel Officer

Name of Agency

Title

Personnel Officer's Email Address

Daytime Area Code/Phone Number

Signature of Personnel Officer

Date

Agency 3 Digit Number