

## CURRENT RETIREMENT STATUS

This form must be completed and returned to Human Resource Management with your other employment papers in order for your appointment to be processed.

**Have you ever contributed to any State retirement system in Louisiana?**

YES    NO

If YES, indicate which System:

- LA State Employees Retirement System of LA (LASERS)
- Teachers Retirement System of Louisiana (TRSL)
- Other - Please specify: \_\_\_\_\_
- TRSL Optional Retirement Plan (ORP)
  - Name of OPR Carrier:
    - TIAA-CREF
    - VALIC
    - VOYA (ING)

If YES, where were you employed when you contributed to this retirement System?

Please provide dates and name(s) of employer(s):

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Please indicate current status in the System:

- Active
- Retired\* Date of Retirement \_\_\_\_\_
- Refunded – Date \_\_\_\_\_

Have you ever participate in DROP?       YES       NO

If YES, please provide participation dates: \_\_\_\_\_

**I understand that the LSU System places restrictions on certain rehired retirees. If, after employment, it is determined that I was ineligible for hire, I understand that my employment will be terminated.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Social Sec. #:** XXX-XX-\_\_\_\_\_

**\*NOTE:** If you are a STATE retiree: please note you are ineligible for enrollment in voluntary insurance plans. Please contact HR Benefits at 504-568-7780 for important additional information and documents.



Office of Human Resource Management