Form 5-01
R042016

PRINT ALL INFORMATION
www.lasersonline.org

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Request for Retirement Benefits Estimate

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.

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

Check one: ☐ **Female** ☐ **Male**

SECTION 2: GENERAL INSTRUCTIONS

You must be within 18 months of retirement or DROP eligibility to request an estimate. Estimates are limited to one request per year from the date of your current request. (Example: If you request an estimate on 05/01/15, your next estimate request must be after 05/01/16.)

SECTION 3: REQUIRED INFORMATION FOR ESTIMATE

Estimated Retirement Date	Unused Annual Leave - in Hours (less 300 hours)	Unused Sick Leave - in Hours

Beneficiary's First Name	Middle Name	Last Name	Beneficiary's Birth Date	Relationship to Member

Beneficiary Gender: ☐ **Female** ☐ **Male**

Check one: ☐ **I am currently working for a LASERS agency. Agency name:** _____

☐ **I am no longer working in state service.**

If actively employed, is your current position appointed by the Governor and confirmed by the Senate? ☐ **Yes** ☐ **No**

Employment Type (Check one):

☐ Regular ☐ Judicial ☐ Wildlife ☐ Peace Officer ☐ Revenue (ATC)

☐ Correctional ☐ Legislative ☐ Bridge Police ☐ Law Clerk ☐ HAZ Plan

Other _____

CONTINUE ON NEXT PAGE

Social Security Number

SECTION 4: ESTIMATE(S) REQUESTED

Please check the estimates that you require. NOTE: If you are interested in a benefit under Option 2B because you have a mentally handicapped child/children, please submit Form 06-03, *Option 2B Mentally Handicapped Designee* with this request.

When applicable, all estimates will include benefits *without* credit for unused leave, benefits *with* credit for unused leave, and the lump sum payment amount of actuarial value of leave according to La. R.S. 11:424(E).

☐ **Regular Retirement -** This estimate will also include retirement benefits for the **Initial Benefit Option (IBO).** The Maximum IBO amount will be provided unless you specify a different amount. Requested IBO amount:

☐ **Deferred Retirement Option Plan (DROP)**

☐ **Actuarially Reduced Retirement -** Unless otherwise noted, this estimate of benefits assumes that you are actively employed, paying contributions, and will continue to do so until your termination date. If you terminate service prior to this date, or go on leave without pay and are no longer a contributing member of this system, your estimated benefit should be recalculated and may result in a significantly reduced benefit.

☐ **Disability Retirement** ☐ **Line of Duty**

☐ **Retirement after DROP**

☐ **Rehired Retiree** - If you are a Rehired Retiree who chose Option 3, this estimate will be for your supplemental retirement benefit and unused leave lump sum or conversion of leave supplement if you have work at least 36 months..

SECTION 5: MEMBER'S SIGNATURE AND CERTIFICATION

I have read and understand this *Request for Retirement Benefits Estimate*. I have completed this form and certify, that to the best of my knowledge, all information provided is true and correct. I understand that an incomplete form will be returned to me for completion before there is any response to my request.

Member's Signature **Date**

When you retire, you will not receive any retirement benefits until all required documents have been received by LASERS. You can assist LASERS in promptly paying your retirement benefit by having all of your documents on file at the time of retirement.

LASERS may require the following documents to complete the processing of your application:

1) **Copy of Social Security cards for member and beneficiary**
2) **Copy of birth certificates for member and beneficiary**
3) **Copy of marriage license, if applicable**
4) **Certified Divorce Decree, if applicable**
5) **Certified Matrimonial Contracts, Pre-Nuptial Agreements, Separate Property Agreements, etc., if applicable**
6) **Copy of death certificate of former spouse, if applicable**
7) **Form 4-04, *Spousal Consent,* if applicable**
8) **Form 6-03, *Option 2B Designee*, if applicable**
9) **Form 4-05, *Authorization for Direct Deposit***
10) **W-4P, *Withholding Certificate for Pension or Annuity Payments.* This form is not required. If the form is not submitted to LASERS, your federal tax withholding will be set as Married with three exemptions.**
11) **Form 2-01A, *Authorization for Direct Rollover,* if applicable**

Reset Form