



DO NOT FAX FORM
PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000

Benefit Forfeiture
(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"/>

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

This form will be completed upon employment of LASERS eligible members hired on or after January 1, 2013. The employing agency will keep the form for their records.

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	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: MEMBER SIGNATURE AND CERTIFICATION

By accepting this position, I understand that I will be enrolled in the Louisiana State Employees' Retirement System.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

- Public corruption crime resulting in financial gain or attempted financial gain for myself or a third party.
- Public corruption crime that involves sexual contact with a minor with whom I come in contact by virtue of my public employment.

Signature of Member	Date of Signature
<input type="text"/>	<input type="text"/>