

## Disclosure Regarding Unpaid Leave of Absence

---

By signing below, I \_\_\_\_\_, acknowledge that my employer,  
(Printed name of employee)

Assessor \_\_\_\_\_ of \_\_\_\_\_ Parish has advised me of  
(Printed name of Assessor) (Printed name of parish)

my right and my responsibility to contact the Louisiana Assessors' Insurance Fund and the Louisiana Assessors' Retirement Fund to notify them if I anticipate taking a leave of absence during my employment with this or any other assessors' office in the state of Louisiana.

I acknowledge that this notice serves to inform me that any leave of absence may affect my future Insurance or Retirement Benefits including, but not limited to, loss of health insurance benefits through Louisiana Assessors' Insurance Fund and impact on or loss of retirement benefits through the Louisiana Assessors' Retirement Fund, including, but not necessarily limited to, the ability to claim Back-DROP benefits . I further accept full responsibility regarding any lack of action on my part to make such inquiries relating to the possible effect on my future benefits as a result of a leave of absence. I am aware that a complete copy of the Louisiana Assessors' Insurance Fund Plan Document is available to me at the Louisiana Assessors' Association website. I am aware that the complete plan document for the Louisiana Assessors' Retirement Fund is located at La. R.S. 11:1401, et al, and that an Employee Retirement Handbook regarding this plan is available to me at the Louisiana Assessors' Association website. I clearly understand that I am responsible for reading the information available to me and contacting the two funds for further information should I plan to take a leave of absence. I also acknowledge that the address and local and toll free phone numbers are available to me to request information.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Signature of Assessor

\_\_\_\_\_  
Date of signature