

Louisiana Assessors' Retirement Fund
P.O. Box 14699
Baton Rouge, La. 70898-4699
2111 Quail Run Drive, Baton Rouge LA 70808
Phone (800) 925-4446 (225) 928-8886 Fax (225) 928-4677

MEMBERSHIP APPLICATION

Section I. MEMBER INFORMATION:			
Name of Member:		Parish:	
Address:		Email:	
City:	State:	Zip:	Phone:
Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: <small>(You must provide copy of Birth Certificate)</small>		Date of Hire:	
<small>(If Married, you must provide a copy of the Marriage Certificate)</small>			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Section II. PREVIOUS ENROLLMENT:	
If you were at any time a member of this Fund, give name under which your membership was reported and the dates employed:	
Name: _____	From:(Mo/Yr) ___/___ To: (Mo/Yr) ___/___
Status: <input type="checkbox"/> Refunded <input type="checkbox"/> Transferred <input type="checkbox"/> Inactive	
Are you now or have you ever been a member of another Louisiana Public Retirement System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of System: _____ From:(Mo/Yr) ___/___ To: (Mo/Yr) ___/___
What is your present status in the other Louisiana Public Retirement System:	
Status: <input type="checkbox"/> Refunded <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Retired	

Section III. DESIGNATION OF PRINCIPAL BENEFICIARY (S):			
Under Title 11 of the Louisiana Revised Statute, the Louisiana Assessors' Retirement fund will recognize a surviving spouse as the designated beneficiary of a member, should he/she die while in service. Should a member leave no surviving spouse, minor or dependent children may be entitled to benefits. If the member leaves no surviving spouse or minor or dependent children, the designated beneficiary or the member's estate shall be entitled to the accumulated contributions in the fund.			
Beneficiary Name:		Sex: Male/Female	Relationship:
Address:		City:	State: Zip:
Beneficiary Date of Birth:		Social Security Number:	

Section IV. EMPLOYEE/MEMBER CERTIFICATION: (Must be signed by member and witnesses)	
I hereby certify that the foregoing statements are true to the best of my knowledge and belief.	
Signature of Member:	Date:
Witness:	Witness:

Section V. EMPLOYER CERTIFICATION:	
Employee's Position/Title:	Employer Parish:
I have reviewed and certify that the above applicant is an "Employee", who is a regular full-time employee of this Assessor's Office (not a part-time or temporary employee).	
Signature of Assessor:	Date:

NOTE: LEAVES OF ABSENCE MAY AFFECT YOUR FUTURE BENEFITS

Section VI. ADDITIONAL DOCUMENTS	
INSERT PROOF OF MEMBER'S AGE:	COPY OF BIRTH CERTIFICATE OR DRIVERS LICENSE
INSERT PROOF OF MARRIAGE, IF APPLICABLE:	COPY OF MARRIAGE LICENSE/CERTIFICATE

NOTE: LEAVES OF ABSENCE MAY AFFECT YOUR FUTURE BENEFITS