

SALARY CHANGE NOTIFICATION
LOUISIANA ASSESSORS' INSURANCE AND RETIREMENT FUND

P. O. BOX 14699
BATON ROUGE, LA 70898-4699
Phone: (800) 925-4446 (225) 928-8886 Fax: (225) 928-4677

Parish: _____ **Effective Date:** _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Member's Name: (Last, First, M.I.) _____

SSN# (last 4 digits only): _____

Monthly Gross Salary: Current: _____ New: _____

Annual Gross Salary: Current: _____ New: _____

Assessor's Signature: _____ **Date:** _____