



Louisiana State Employees' Retirement System
P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

Application for Repayment of Refunded Service

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

Member's First Name	Middle	Last	Today's Date (MM/DD/YYYY)	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.

SECTION 1: MEMBER'S STATEMENT (To be completed by applicant)

Member's Birthdate (MM/DD/YYYY)	Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address <input type="text"/>		
Member's Mailing Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>
		ZIP <input type="text"/>

Would you like your address changed to the one listed above if it does not agree with the address on our records? Yes No

SECTION 2: DATES OF REFUNDED SERVICE AND AGENCY NAME

From (MM/DD/YYYY)	To (MM/DD/YYYY)	Agency Name

SECTION 3: OTHER INFORMATION

Please list other names service might be under.

If you would like the cost to repay part of a refund, please indicate the approximate number of years and indicate if you also want the cost for the full refunded amount.

Check one or both: Partial Refund Amount Number of partial years
 Full Refund Amount Number of full years

SECTION 4: AUTHORIZATION

I have read and understand this application to purchase refunded service credit and certify, to the best of my knowledge, all information provided is true and correct. I understand that an incomplete application will be returned and that it will delay the process to purchase this service credit.

Member's Signature <input type="text"/>	Date (MM/DD/YYYY) <input type="text"/>
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RETAIN COPY FOR YOUR RECORDS