

Louisiana State Police Retirement System

9224 Jefferson Hwy
Baton Rouge, LA 70809-1752
(225)295-8400 or (800)256-5210

Application for Purchase of Federal or Out-Of-State Law Enforcement Service

Print in ink or type all entries except signatures. Application should be received by LSPRS at least six months in advance of applying for retirement or DROP.

Name and Address <small>(Print applicant's name, address, and Zip code.)</small>				
Name of applicant:			Social Security Number	
Current Mailing Address:			Birth Date of Applicant	
City, State and Zip Code:			Date of Application	
Daytime telephone	Evening telephone	Cell phone		Email
Out of State Service Employment Information <small>(All information MUST be provided. To be completed by member.)</small>				
Employed From	To	Employer		
Address of Employer				
Contact Person at System		City	State	ZIP
Name of Retirement System		Employer Telephone Number		
<p>The member making application will be required to pay a nonrefundable fee of \$125 to LSPRS's actuary. This fee may be paid by personal check, cashier's check, certified check or money order, made payable to Charles Hall, Actuary, and should accompany this application. It can take several months to complete a cost process; therefore, it may be several months before the actuary fee payment is cashed.</p>				
I hereby authorize the release of all information necessary to verify service to be purchased with LSPRS.				
Applicant's signature			Date signed	
▶				
RETIREMENT OFFICE CERTIFICATION <small>Certified True and Correct</small>				
State Agency			Date	
LA State Police Retirement System				
By		Title		

(07/07)

Applicant's SSN

Section 1: To be completed by out-of-state employer

Period of Service	State	Name and Address of Retirement System	Law Enforcement Service?	Service Credit Earned
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did the applicant receive credit for this service under any retirement system which was funded wholly or partially from public funds, other than Social Security?

Yes No

If yes, please provide name of system: _____

Signature of certifying official ▶	Name of out-of-town employer
Title	Daytime telephone
Address	
City, State, ZIP	Date signed

After completing Section 1, please forward to the appropriate public retirement system for completion of Section 2 below.

Section 2: To be completed by out-of-state public retirement system and forwarded to LSPRS

This applicant is an active member of LSPRS and wishes to purchase credit for out-of-state service. Louisiana law prohibits the purchase of credit for out-of-state service by members who are entitled to benefits for the same service under any other public retirement system. Check the box for the appropriate answers to the questions below regarding this applicant's membership.

Is this applicant receiving or entitled to a benefit from your system based on the service certified in Section 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has this applicant withdrawn contributions for the service certified in Section 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please verify the amount of creditable service earned in your system:	Years	Months	Days
Signature of certifying official ▶	Name of out-of-town employer		
Title	Daytime telephone		
Address			
City, State, ZIP	Date signed		