

# Application for Purchase of Out-of-State Full-Time Law Enforcement Service

## Louisiana Sheriffs' Pension & Relief Fund

1225 Nicholson Drive  
Baton Rouge, LA 70802  
[www.lsprf.com](http://www.lsprf.com)

Phone: (225) 219-0500

LA only: (800) 586-9049

Fax: (225) 219-0521

Instructions: Print in ink or type all entries except signatures. **Section I** is to be completed by the applicant. **Section II** is to be completed by the employer for whom the service was rendered. **Section III** is to be completed by the appropriate retirement system. Incomplete or improperly certified forms cannot be accepted and will be returned directly to the member.

§2174.1 Credit for out-of-state full-time law enforcement service: actuarial purchase

A. (1) Notwithstanding any other provision of law to the contrary, any member who has at least eighteen months of creditable service in this fund shall be eligible to obtain credit for full-time law enforcement service rendered in any other state, provided that service shall not be credited to this fund if the member already has credit or that service in any other public retirement fund.

(2) In order to receive such credit, the retirement fund in which the member was enrolled while employed as a law enforcement office in another state shall certify, under oath, that the member does not have credit in that fund which duplicates the credit being purchased in this fund.

(3) To purchase credit for such service, the member shall apply to the board of trustees of this fund and shall furnish a detailed statement of all such service as the board may require. Additionally, the member shall pay an amount calculated in the accordance with the provisions of R.S. 11:158. The cost of such credit shall be paid in a lump sum, and the amount paid shall be credited to the member's account in the Annuity Savings Fund.

B. The board of trustees shall promulgate rules and regulations regarding the amount of such service, which must be rendered to equal one year of credit in this fund, but in no event, shall more than one year of service be credited for all such service rendered in any one fiscal year.

### Section 1: To be completed by applicant

Name: Last, First, MI, Suffix (Jr., III, etc.)		Social Security Number	
Street / P.O. Box			
City, State, Zip			
Daytime Telephone ( )		Evening Telephone ( )	
Name(s) under which service was rendered if different from above:			
I hereby authorize the release of all information necessary to verify out-of-state service to be purchased with LA Sheriffs' Pension & Relief Fund			
Applicant's Signature (Do not print or type)		Date Signed	

### Section 2: To be completed by the Out-of-State employer

List separately by fiscal year (7/1 - 6/30):

Fiscal Year	State	Law Enforcement Agency / Employer	Actual Salary Earned	Credited Service Earned in Fiscal Year

Attach separate sheet for additional service.

Signature of Certifying Official (No facsimile accepted)		Name of Out-of-State Employer / Agency	
Name & Title		Daytime Telephone ( )	
Street / P.O. Box		Date Signed	
Advise the Name & Address of the Out-of-State Retirement System:			
Name of System			
Mailing Address			

### Section 3: To be completed and returned by the Out-of-State public retirement system

This applicant is an active member of the Louisiana Sheriffs' Pension Fund 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. Louisiana law requires your responses to be certified under oath.

1. Is this applicant receiving or entitled to a benefit from your system based on the service certified in Section II?  Yes  No
2. Has this applicant withdrawn contributions for the service certified in Section II?  Yes  No

Signature of Certifying Official (No facsimile accepted)		Name of Public Retirement System	
Name & Title		Daytime Telephone ( )	
Street / P.O. Box			
City, State, Zip			Date Signed

Please return this form to: Louisiana Sheriffs' Pension & Relief Fund  
1225 Nicholson Drive  
Baton Rouge, LA 70802