

REQUEST FOR INFORMATION

In response to your request for a computation of your pension benefit the following information is required:

Name: _____

Social Security Number: _____

Spouse's Name: _____

Spouse's Social Security Number: _____

Mailing Address: _____

Home Telephone Number: _____

- COPIES OF BIRTH CERTIFICATES OR BAPTISMAL CERTIFICATES FOR YOURSELF & SPOUSE
- COPY OF MARRIAGE CERTIFICATE
- COPY OF DEATH CERTIFICATE OF SPOUSE, IF APPLICABLE
- IF THE EVENT OF A PRIOR MARRIAGE, PLEASE PROVIDE THE FOLLOWING:
 - COPY OF PETITION FOR DIVORCE
 - COPY OF FINAL DIVORCE DECREE
 - COPY OF PROPERTY SETTLEMENT

The following forms are to be completed and returned to our office along with the above information:

- APPLICATION FOR TYPE OF BENEFIT REQUESTED (i.e., retirement, survivor, or disability)
- SUPPLEMENTAL QUARTERLY REPORT
- NOTICE OF TERMINATION / CHANGE OF STATUS

When we receive this information we will compute your retirement benefit under each option. We normally compute the Maximum Option and Option One for unmarried pension applicants. In addition to the Maximum and Option One, we compute Options Two, Two-A, Three, Three-A and Five for married applicants.

There is another option available for all applicants that would provide a monthly benefit to an eligible beneficiary. If you would like more information on this option, please contact the Pension Fund Office.

We will send you a letter outlining your monthly benefit under each option and a copy of the option forms. At that time you will select one option and your beneficiary. Once you have made the option and beneficiary choice, the law does not allow you to change either the option or your beneficiary.

Please feel free to call on us if you have any questions concerning your future retirement.

APPLICATION FOR RETIREMENT BENEFITS

NAME OF APPLICANT _____

PARISH _____

AGE _____ BIRTHDATE _____

DAYTIME PHONE # (____) _____

DATE OF EMPLOYMENT _____

BREAK IN CONTINUOUS SERVICE (If applicable)

LAST DATE OF EMPLOYMENT _____

FROM _____ THRU _____

Applicant is eligible for retirement and requests that retirement benefits begin effective _____. It is understood that if applicant is reemployed by a sheriff's office, the Pension Fund is to be notified immediately, in the event action needs to be taken in accordance with RS 11:2175E.

Applicant's salary as deputy sheriff/sheriff for the thirty-six (36) highest successive months of employment during the stated period of employment was as follows: (If an interruption of service occurred, the highest thirty-six (36) successive, joined months of employment are applicable.) Salary for the highest sixty (60) successive or joined months of employment will be needed for those members whose first employment making them eligible for membership in the retirement system began on or after July 1, 2006.

Jan	_____ \$ _____	Jan	_____ \$ _____	Jan	_____ \$ _____	Jan	_____ \$ _____
Feb	_____ \$ _____	Feb	_____ \$ _____	Feb	_____ \$ _____	Feb	_____ \$ _____
Mar	_____ \$ _____	Mar	_____ \$ _____	Mar	_____ \$ _____	Mar	_____ \$ _____
Apr	_____ \$ _____	Apr	_____ \$ _____	Apr	_____ \$ _____	Apr	_____ \$ _____
May	_____ \$ _____	May	_____ \$ _____	May	_____ \$ _____	May	_____ \$ _____
Jun	_____ \$ _____	Jun	_____ \$ _____	Jun	_____ \$ _____	Jun	_____ \$ _____
Jul	_____ \$ _____	Jul	_____ \$ _____	Jul	_____ \$ _____	Jul	_____ \$ _____
Aug	_____ \$ _____	Aug	_____ \$ _____	Aug	_____ \$ _____	Aug	_____ \$ _____
Sep	_____ \$ _____	Sep	_____ \$ _____	Sep	_____ \$ _____	Sep	_____ \$ _____
Oct	_____ \$ _____	Oct	_____ \$ _____	Oct	_____ \$ _____	Oct	_____ \$ _____
Nov	_____ \$ _____	Nov	_____ \$ _____	Nov	_____ \$ _____	Nov	_____ \$ _____
Dec	_____ \$ _____	Dec	_____ \$ _____	Dec	_____ \$ _____	Dec	_____ \$ _____

I understand that my decision to take regular retirement as of the date specified above is an irrevocable decision.

REQUESTED BY _____
Applicant's Signature

DATE _____

CERTIFIED CORRECT _____
Signature of Sheriff or Authorized Representative

DATE _____

NOTICE OF TERMINATION/CHANGE OF STATUS

EMPLOYEE NAME _____

HOME ADDRESS (STREET/P.O. BOX) _____

CITY, STATE & ZIP CODE _____

HOME TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

PARISH OF EMPLOYMENT _____

DATE CONTINUOUS SERVICE BEGAN _____

LAST DATE OF EMPLOYMENT _____

INDICATE YOUR PREFERENCE CONCERNING YOUR FUNDS ON DEPOSIT IN THE SHERIFFS' PENSION FUND.

_____ I wish to leave my funds on deposit:

_____ Due to change in status to Part-time.

_____ Due to call to Active Duty.

_____ For possible later employment. If termination is due to Leave of Absence, expected date of return _____.

_____ For Retirement when I become eligible. Expected date of retirement _____

_____ I wish to leave my funds on deposit due to transfer of employment from present Parish _____ to _____ Parish, effective date _____.

_____ I have terminated employment and have no plans to work for another sheriff's office in Louisiana. I wish to apply for a refund of my employee contributions. *(This form must be completed, signed by the member and submitted with the refund form to be eligible to receive a refund.)*

_____ I wish to make application for Regular Retirement Benefits.

_____ I wish to make application for Back-Deferred Retirement Option Plan Benefits.

_____ I wish to make application for Disability Retirement Benefits.

EMPLOYEE'S SIGNATURE

SHERIFF OR AUTHORIZED REPRESENTATIVE

DATE

DATE

INSURANCE INVOICE

**WITHHOLDING FROM SHERIFFS' PENSION FUND BENEFIT CHECKS
(PLEASE REMIT BY THE 20TH OF THE PREVIOUS MONTH)**

(MONTH, YEAR)

PENSION RECIPIENT	SOCIAL SECURITY NO. (OR MEMBER NO.)	TOTAL PREMIUM	SHERIFF PAYS	TO BE WITHHELD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVOICE PREPARED BY _____ **PARISH _____

***BY SIGNING THIS INVOICE, YOU AUTHORIZE SPF TO WITHHOLD THE SPECIFIED FUNDS FROM THE RECIPIENTS' BENEFIT**

