Louisiana Assessors’ Retirement Fund

3060 Valley Creek Drive

P.O. Box 14699

Baton Rouge, La. 70898-4699

Phone (800) 925-4446 (225) 928-8886 Fax (225) 928-4677

**MEMBERSHIP APPLICATION**

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| Section I. MEMBER INFORMATION: | | | | | | | | | | | |
| Name of Member: | | | | | | Parish: | | | | | |
| Address: | | | | | | | Email: | | | | |
| City: | State: | Zip: | | | | | Phone: | | | | |
| Social Security Number: | | Sex: \_\_\_ Male \_\_\_ Female | | | | | | | | | |
| (You must provide copy of Birth Certificate)  Date of Birth: | | Date of Hire: | | | | | | | | | |
| (If Married, you must provide a copy of the Marriage Certificate)  Marital Status: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Widowed | | | | | | | | | | | |
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| Section II. PREVIOUS ENROLLMENT: | | | | | | | | | | | |
| If you were at any time a member of this Fund, give name under which your membership was reported and the dates employed:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:(Mo/Yr) \_\_\_/\_\_\_ To: (Mo/Yr) \_\_\_/\_\_\_  Status: \_\_ Refunded \_\_ Transferred \_\_ Inactive | | | | | | | | | | | |
| Are you now or have you ever been a member of another Louisiana Public Retirement System:  \_\_ Yes \_\_ No If Yes, Name of System: From:(Mo/Yr) \_\_\_/\_\_\_ To: (Mo/Yr) \_\_\_/\_\_\_ | | | | | | | | | | | |
| What is your present status in the other Louisiana Public Retirement System:  Status: \_\_ Refunded \_\_ Active \_\_ Inactive \_\_ Retired | | | | | | | | | | | |
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| Section III. DESIGNATION OF PRINCIPAL BENEFICIARY (S): | | | | | | | | | | | |
| Under Title 11 of the Louisiana Revised Statute, the Louisiana Assessors’ Retirement fund will recognize a surviving spouse as the designated beneficiary of a member, should he/she die while in service. Should a member leave no surviving spouse, minor or dependent children may be entitled to benefits. If the member leaves no surviving spouse or minor or dependent children, the designated beneficiary or the member’s estate shall be entitled to the accumulated contributions in the fund. | | | | | | | | | | | |
| Beneficiary Name: | | | Sex: Male/Female | | | | | Relationship: | | | |
| Address: | | | City: | | | | | State: | | | Zip: |
| Beneficiary Date of Birth: | | | Social Security Number: | | | | | | | | |
|  | | | | | | | | | | | |
| Section IV. EMPLOYEE/MEMBER CERTIFICATION: (Must be signed by member and witnesses) | | | | | | | | | | | |
| I hereby certify that the foregoing statements are true to the best of my knowledge and belief. | | | | | | | | | | | |
| Signature of Member: | | | | | | | | | Date: | | |
| Witness: | | | | Witness: | | | | | | | |
|  | | | | | | | | | | | |
| Section V. EMPLOYER CERTIFICATION: | | | | | | | | | | | |
| Employee’s Position/Title: | | | | | Employer Parish: | | | | | | |
| I have reviewed and certify that the above applicant is an “Employee”, who is a regular full-time employee of this Assessor’s Office (not a part-time or temporary employee). | | | | | | | | | | | |
| Signature of Assessor: | | | | | | | | | | Date: | |