Louisiana Assessors' Retirement Fund P.O. Box 14699, Baton Rouge, La. 70898-4699 2111 Quail Run Drive, Baton Rouge LA 70808 Phone (800)925-4446 (225) 928-8886 Fax (225) 928-4677

RE

EQUEST FOR STATEMENT OF BENEFITS	Estimate:
CALCULATION OF RETIREMENT/DROP	Final:

			_ SS#	F	PHONE #	
DDRESS			E	MAIL ADDRES	S	
ARGET DATE OF F	RETIREMEN ⁻	(The day after t	he last day on payr	LAST DAY	ON PAYROLL (May include	used Vacation days)
MARITAL STATUS:	SINGLE	MARRIED*	DIVORCED*	WIDOWED	*A marriage Certificate or Di	vorce Decree must be on file
SELECT BENEFIT: _	COMPL	TE A NORMAI	L BENEFIT	COMPUTE A	BACK DROP BENEFIT-	INDCATE # MONTHS BELOW
Final Benefit Calcula	tions, may se	elect both; Esti	mates, please s	select one and s	ee additional charges o	n Page 2)
BACK DROP PERIO	D (if applicab	<u>Ι</u> Δ)·				
		,		24 MONTHS lease select one	36 MONTHS OTHI	
BENEFIT CALCUL	ATION TO I	VCLUDE: /M/	av coloct more	than anal		
OPTION 1 - I	to a named be monthly and lu difference in or Pays the retired retirement pay	neficiary after the mp-sum benefith the lump sum pare a monthly benements purchase	ne retiree's death; is an amount equi yment. efit that is reduced d by his contribut	however, in the e al to his/her contri d from the Maximu ions, the amount l	does not provide for a movent the retiree dies before butions, the beneficiary or m. If the retiree dies before had contributed to the functional dies before the following statement of the statement of the following statement of the foll	e he/she receives in total estate will be paid the re he/she has received in
OPTION 2 -	Pays the retire monthly benef	e a monthly ben t will be paid to	efit that is reduce	d from the Maxim om the member w	nis named beneficiary. um. In the event of the reas married at retirement for	
	the monthly be	nefit will be paid		whom the membe	um. In the event of the re r was married at retirement	
b	eneficiary afte etiree's spouse	the retiree's de , such as a disa	eath. This option abled child. How	can be requested ever, it is subject	im. Provides a benefit to the tooffer coverage to some to special review by the Boregarding this option, plea	eone other than the pard of Trustees and the
5			the Board of Trus		led at hourly rate listed on	
POP-UP – O c fo	PTION 2 Pay eath, the same or the life of the	res approval by e of \$200 per co s the retiree a m monthly benef spouse. Should	the Board of Trus alculation) nonthly benefit tha it will be paid to the d the spouse die p	stees. Option 4 bil at is reduced from ne spouse to who prior to the retiree	the Maximum. In the even the member was married the monthly benefit being option beneficiary may not	Page 2, subject to a t of the retiree's d at retirement paid to the

Date

Page 1 of 2

Signature of Member

LOUISIANA ASSESSORS' RETIREMENT FUND

FEE SCHEDULE

RETIREMENT AND/ OR BACK-DROP COMPUTATIONS

Effective as of October 1, 2024

- 1. An estimate of a member's normal retirement benefit or a single Back-DROP scenario is \$175.00
- 2. An estimate of each Back-DROP scenario based on the same expected retirement date as the normal retirement benefit is \$50.
- 3. Requests for estimates of benefits using alternative dates of retirement will be charged separately according to the above outlined rates.
- 4. Review of Calculation to determine the extent to which a member's benefit exceeds IRS Section 415 limits and will be paid from the "Excess Benefit Plan" billed at a rate of \$450 per calculation.
- 5. All calculations include estimates of optional allowances.

ACTUARIAL HOURLY RATES:

\$340.00/hour
\$300.00/hour
\$260.00/hour
\$235.00/hour
\$210.00/hour
\$160.00/hour
\$160.00/hour
\$140.00/hour
\$115.00/hour
\$ 85.00/hour

I acknowledge that as a member of the Louisiana Assessors' Retirement Fund I am eligible to receive one final computation of retirement/DROP benefits within the 45 day period prior to my retirement date at no charge. For all other computations or estimates a charge will be assessed according to the fee schedule. I acknowledge that should I require a second or additional calculation after this initial estimate, I will be responsible for the retirement benefit fees.

Signature of Member
Date
 Initial here to acknowledge that you have reached out to the Insurance Benefits Coordinator, at the Louisiana Assessors' Association to obtain information on the cost, if any, of the Insurance benefits you will be responsible for after retirement. These costs could be reductions to your monthly retirement benefit.