## **Louisiana State Police Retirement System**

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

**Application for Actuarial Transfer of Creditable Service** 

Name and Address (Please print or type all information)		
Name of applicant:		Social Security Number:
	☐ Male	XXX-XX-
Current Mailing Address:	☐ Female	Daytime Telephone Number:
City, State and Zip Code:	Date of Application	Date of Birth:
Information on Prior Creditable Service		
Name of Prior Retirement System, if known	Name of Previous Employer	
Dates of Prior Service	Did you refund from this retirement system? (Check One)	
	Yes	No
Name of Prior Retirement System, if known	Name of Previous Employer	
Dates of Prior Service	Did you refund from this retirement system? (Check One)  Yes  No	
La. R.S. 11:143 provides for the transfer of all funds and service credit from another Louisiana state or statewide retirement system into your current retirement system. All transfers of creditable service must be cost neutral to the Louisiana State Police Retirement System (LSPRS).  The system actuary will determine whether or not the transfer is cost neutral. The nonrefundable fee, to be paid by the member, for this calculation is \$150.00 plus \$50.00 for each additional calculation. You may pay by personal check, certified check, or money order. Please make payable to Louisiana State Police Retirement System.  The actuarial transfer process can take up to 90 days (in some instances longer), since we must request and receive records from the retirement system to which you belonged. Upon receipt of your records, we will forward this information to the actuary for the analysis. Upon receipt of the analysis from the actuary, we will then contact you via correspondence to advise you of your options. You will have a period of time to respond to this "option letter". The deadline will be stated on the correspondence. If this deadline should pass, the request is null and void. If, at a future date, you wish to pursue the transfer again, you must submit an application and the appropriate fee.  I would like to request a cost computation for the transfer of the above stated service to the Louisiana State Police Retirement System. I have read and understand the information contained on this application and do have attached my payment of the required fee for the cost analysis of this transfer.		
Signature		