

MEMBERSHIP ENROLLMENT FORM

PLEASE RECORD AN ANSWER IN EACH BLANK

PARISH _____

SOCIAL SECURITY# _____
(Attach copy of Social Security card)

ENROLLEE'S NAME _____

HOME TELEPHONE () _____

STREET OR P.O. BOX _____

CITY _____ ST _____ ZIP _____

DATE OF BIRTH _____
(Attach copy of birth certificate)

DATE OF EMPLOYMENT _____
(Employment date and date contributions begin should be the same. If not, explain.)

BEGINNING MONTHLY SALARY _____
(Including supplemental pay if applicable)

PLEASE
CHECK ONE: Sheriff's Office Detention Center Correctional Center

SPOUSE'S NAME _____
(If no spouse, indicate NONE)

SPOUSE'S SOCIAL SECURITY# _____

SPOUSE'S DATE OF BIRTH _____

DATE OF MARRIAGE _____

NAMES & BIRTHDATES OF ALL CHILDREN
(If no children, indicate NONE)

1. DO YOU HAVE PRIOR SERVICE AS A MEMBER OF THE SHERIFFS' PENSION FUND? YES _____ NO _____

IF **YES**, DATES _____ PARISH _____
REFUNDED? _____ IF **YES**, WHEN? _____

2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER LOUISIANA PUBLIC RETIREMENT SYSTEM?

YES _____ NO _____ IF **YES**, WHICH ONE(S) (LIST, FROM (MO./YR.) TO (MO./YR.)) _____

3. WHAT IS YOUR PRESENT
STATUS IN OTHER LA
PUBLIC SYSTEM?

Retired Refunded Active Inactive (Resigned, left contributions on deposit)

4. HAVE YOU EVER TRANSFERRED SERVICE OUT OF THE SHERIFFS' PENSION FUND AND USED THAT SERVICE TO BE ELIGIBLE FOR AND TO RECEIVE A RETIREMENT BENEFIT? IF **YES**, TO WHICH SYSTEM AND DATE BENEFIT BEGAN? _____

5. ARE YOU RECEIVING RETIREMENT, DISABILITY, OR OTHER BENEFITS FROM ANY OTHER SOURCE?
YES ___ NO ___ IF **YES**, NAME OF COMPANY, SYSTEM OR SOURCE _____
IF DISABILITY, SPECIFY CONDITION, PERCENT OF DISABILITY AND AMOUNT OF MONTHLY BENEFITS _____

6. ARE YOU A VETERAN? YES _____ NO _____ IF **YES**, DATES OF SERVICE _____

ENROLLEE CERTIFIES HAVING BEEN ADVISED OF THE FOLLOWING REQUIREMENTS AND PRIVILEGES OF MEMBERSHIP IN THE SHERIFFS' PENSION & RELIEF FUND (SP&RF).

- A. As a sheriff, deputy, or non-deputized employee, membership in the SP&RF is mandatory, if I am at least 18 years of age and receive the minimum monthly salary from the sheriff's office that is required for membership in the Fund.
- B. If I have received a refund of contributions from the SP&RF, I must have a new physical exam.
- C. If I have received a refund of contributions from the SP&RF, I may repay the refund plus interest.
- D. I may purchase service for time employed in a member sheriff's office or in another state, for which I have never received credit by paying an amount equal to the actuarial value of the service.
- E. If I am employed by another public agency in the state and am eligible for membership in the retirement system due to my employment, I must be a member and contribute to both systems.
- F. I may apply for reciprocal recognition or transfer of service for creditable service earned in another public retirement system in Louisiana, after satisfying certain requirements. (Not applicable for dual service credit). Actuarial transfer from/to a retirement system that is not tax qualified is subject to certain rules and regulations.
- G. I hereby acknowledge that it is my responsibility to obtain and read the SP&RF member handbook that is available to me, along with applicable Louisiana law, and accept that it is my responsibility to determine and understand my rights within the provisions of the law for the Fund.

(Additional information may be obtained by communicating with the Sheriffs' Pension Fund Office)

ENROLLEE _____

SHERIFF OR DESIGNATED REPRESENTATIVE _____