

LOUISIANA SHERIFFS' PENSION & RELIEF FUND

Serving Those Who Serve

REQUEST COST TO REPAY REFUND, PURCHASE PRIOR SERVICE, PURCHASE MILITARY SERVICE

NAME _____ SOCIAL SECURITY # _____

PARISH _____ DATE OF EMPLOYMENT _____
(If currently employed with a Sheriff's Office)

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

I request a computation on the cost to repay/purchase the following:

REPAY REFUND

Applies only to members who previously contributed to the Pension Fund, and withdrew their contributions.

Date of Refund _____ Parish _____

Date of Refund _____ Parish _____

Please check if this is for an actuarial transfer to another system, and indicate what system you currently belong to:

PURCHASE PRIOR SERVICE

Service time to be purchased: Dates From _____ To _____

On a separate sheet of paper list salary information for the time period you wish to purchase in months, quarters or fiscal years. This information can be obtained from your sheriff's office. Copies of payroll records or oaths of office are required to substantiate service at the time of purchase.

PURCHASE MILITARY SERVICE

Amount of time to be purchased _____

A maximum of 4 years military service can be purchased.

Attach copy of DD214 form

Signature _____

Date _____

Return to: Louisiana Sheriffs' Pension & Relief Fund
1225 Nicholson Drive
Baton Rouge, LA 70802
www.lsprf.com

Phone: (225) 219-0500

LA only: (800) 586-9049

Fax: (225) 219-0521