



LOUISIANA SCHOOL EMPLOYEES'  
RETIREMENT SYSTEM

## Student Educational and Marital Certification

Unmarried children of deceased active members of LSERS may be eligible for monthly benefits to age 18. Eligibility may continue for unmarried children enrolled in full-time education up to age 23. This form is required to certify age, educational status, and marital status to determine eligibility for benefits. For children age 18 to 23, this form must be submitted to LSERS no later than September for each fall semester and no later than February for each spring semester to avoid interruption of benefits. Student must complete Sections 1 and 2. School authorized personnel must complete Section 3.

### Section 1 - Student Information

Last Name	First Name	MI	Suffix	Social Security Number
Address (Street/P. O. Box)				Date of Birth (Enter as MM/DD/YYYY) / /
City, State, and Zip Code				Primary Telephone Number
Email Address				Secondary Telephone Number

Marital Status:  Never Married  Legally Married  Divorced  Widowed

### Section 2 - Student's Signature

I understand it is my responsibility to notify LSERS of any change in my marital status or enrollment status and the effective date of the change. Furthermore, I understand I must return benefits which I received and was not entitled due to status change.

Signature of Student (Do not print or type)	Date Signed (MM/DD/YYYY)
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### Section 3 - School Information (completed by an authorized personnel only)

School Name	Authorized Agent Name
Address (Street/P. O. Box)	Title of Authorized Agent
City, State, and Zip Code	Telephone Number

1. Is this the first semester at your school for this student? (if yes, disregard question 2)  YES  NO

2. Did student's status drop below full-time during any prior semester? If yes, please give date student was no longer in full-time status.  YES  NO

Date full-time status ended

3. If the above named student scheduled a full-time course load (regardless of paid tuition and fees), check the appropriate box below and provide beginning and ending dates.

Spring Begins  Ends

Summer Begins  Ends

Fall Begins  Ends

4. Date student anticipates graduation

Signature of Authorized Agent (Do not print or type)	Date Signed (MM/DD/YYYY)
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