



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

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Form 16

9/14

Monthly Benefit Estimate Request

Please type (or print in ink) all entries except signatures.

If you are within 3 years of retiring, we invite you to complete and submit this form for an unofficial estimate of your monthly retirement benefit. If you desire additional estimates at this time, we encourage you to sign up for Member Access through our website. Through Member Access, you will be allowed to calculate an unlimited number of estimates as well as view all of your account information from your personal computer.

Section 1 - Retirement Type and Effective Date: _____

Check one: Service DROP After DROP Disability Survivor IBRP* Self-Funded COLA

*Initial benefit amount _____ (An IBRP estimate will be calculated according to largest initial benefit allowable unless otherwise noted.)

Section 2 - Member Information

Last Name	First Name	Middle Initial	Suffix Jr., III, etc.	Social Security Number
Address (Street/P. O. Box)				Primary Telephone Number
City, State, and Zip Code				Secondary Telephone Number
Your Date of Birth enter as MM/DD/YYYY / /				Job Title
Marital Status - Check one: <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Spouse's Social Security Number
Spouse's Name: Last, First, MI, Suffix (Jr., III, etc.)				Spouse's Date of Birth Enter as MM/DD/YYYY / /

Section 3 - Retirement Plan Beneficiary (If other than spouse)

Last Name	First Name	Middle Initial	Suffix Jr., III, etc.	Social Security Number
Address (Street/P. O. Box)				Date of Birth Enter as MM/DD/YYYY / /
City, State, and Zip Code				Relationship

In lieu of an amount automatically calculated for my beneficiary (Options 2, 2A, 3, 3A), I would like an estimate based on leaving my beneficiary a specific monthly amount of _____ (Option 4 or 4A).

Signature of Member

Date

Instructions and Definitions for Estimate Request

The figures provided in answer to this request are strictly estimated based on information at time of calculation. Please allow two to four weeks for a response. If you have submitted an application for retirement simultaneously with this request, you will receive an estimate in the form of an Estimated Affidavit.

Section 1 - Retirement Type and Effective Date: Please enter your anticipated date of retirement and check the retirement plan(s) that interest you.

- **Service:** Retirement benefits payable when you reach retirement eligibility based on a required age and years of service. Refer to [Fact Sheet 12 - Regular Service Retirement](#) for further information.
- **Deferred Retirement Option Plan (DROP):** You must be eligible for regular service retirement to join DROP. DROP is calculated the same as regular service retirement - you select a retirement benefit option; an amount which will be deposited into a DROP account for a period up to 36 months while you continue to work. Refer to [Fact Sheet 13 - DROP](#) for further information.
- **After DROP:** For a member who joined DROP and is now ready to end employment. Refer to [Fact Sheet 13 - DROP](#).
- **Initial Benefit Retirement Plan (IBRP):** You must be eligible for regular service retirement to select IBRP. There is no deadline to join IBRP once you become eligible. Your retirement benefits will be reduced in exchange for the initial benefit. The higher the initial benefit amount, the less you will receive in your lifetime monthly benefit. Refer to [Fact Sheet 14 - IBRP](#) for further information.
- **Disability Retirement:** An option if you are not eligible for regular service retirement and you become medically disabled and unable to perform your regular job duties as outlined in your official job description. Refer to [Fact Sheet 16 - Disability Retirement](#) for further information.
- **Survivor Benefits:** If a member of LSERS dies prior to retirement, eligible children and/or an eligible spouse may be entitled to survivor benefits. Refer to [Fact Sheet 17 - Survivor Benefits](#) for further information.
- **Self-Funded COLA (Cost-of-Living Adjustment) Plan:** Retirement benefits are reduced in exchange for a guaranteed annual increase of 2.5% after being retired one year and after age 55. The reduction is approximately 20%. In addition to receiving this COLA, you will also be entitled to any future COLA's granted by the LSERS' Board of Trustees. Refer to [Fact Sheet 21 - Act 270 of 2009 Annual Cost of Living Option](#) for further information.

Section 2 - Member Information: Provide the information as requested including birth dates and social security numbers. We invite you to submit copies of birth certificates and social security cards for you and your beneficiary(ies) at this time; although not required. The documents will be required prior to release of retirement benefits. Copies of divorce documents and/or death certificates may also be required.

Section 3 - Retirement Plan Beneficiary: Complete this section if you are considering a retirement option that will pay someone other than your spouse a monthly benefit in the event of your death. Also, in lieu of a monthly amount automatically calculated for your beneficiary, you may tell us a specific amount (Options 4/4A); indicate the amount in the space provided. For more information on Benefit Options, please refer to [Fact Sheet 10 - Benefit Options](#).