

<b>FOR OFFICE USE ONLY</b>	<b>FICA Status:</b>
	<input type="checkbox"/> Subject
	<input type="checkbox"/> Medicare Only

## HUMAN RESOURCES OFFICE RETIREMENT QUESTIONNAIRE

**Employee Name** \_\_\_\_\_  
(Please Print)

**EMPLID** \_\_\_\_\_  
**SSN** \_\_\_\_\_

- Have you ever contributed to a Louisiana Public Retirement System (i.e., TRSL, LASERS, School Employees Retirement System, State Police, LA Optional Retirement Plan)?  
 Yes  No      Name of System \_\_\_\_\_
- Did you withdraw your contributions when you left previous employment?  Yes  No
- If you are now a member of a Public Retirement System, please indicate how many years of service you currently have in that system. \_\_\_\_\_ years
- Are you retired from a Louisiana Public Retirement System?  Yes  No  
Which system? \_\_\_\_\_  
Date of retirement \_\_\_\_/\_\_\_\_/\_\_\_\_
- Have you ever or are you currently participating in the Deferred Retirement Option Plan (DROP)?**  Yes  No  
If yes, what is the Beginning date of DROP? \_\_\_\_/\_\_\_\_/\_\_\_\_      Ending date? \_\_\_\_/\_\_\_\_/\_\_\_\_  
***If you enter the DROP plan while you are employed (full time or part time) at Southeastern Louisiana University, it is imperative that you notify the Benefits Section of the Human Resources Office immediately. Failure of notification could jeopardize future retirement benefits.***
- Please indicate the position(s) you previously held or currently hold:  

	YEARS EMPLOYED	EMPLOYER
<input type="checkbox"/> Position: _____	From _____ To _____	_____
<input type="checkbox"/> Position: _____	From _____ To _____	_____

**PART-TIME FACULTY, PLEASE READ THE FOLLOWING STATEMENT:**

I understand that if I am not teaching full time credit hours and am NOT currently enrolled in a Louisiana Public Retirement System (not currently employed by the State, i.e. Parish School System), vested in a Louisiana Public Retirement System or a member of a LA Optional Retirement Plan that I will contribute to Social Security (FICA).

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**PLEASE READ THE STATEMENT BELOW:**

I have read and completed the Human Resources Retirement Document and realize that this information is necessary to properly complete my employment file. I understand that incorrect information will cause my retirement classification to be reported incorrectly and may result in underpayment/overpayment of retirement contributions: federal and or state taxes and W-2 reporting.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Spouse Information (If married, the following information is required)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SSN: \_\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>UNCLASSIFIED/FACULTY RETIREMENT</b>				<b>REHIRED RETIREE</b>		
	Check LASERS DB:	<input type="checkbox"/> NIS	<input type="checkbox"/> Vested w/ <input type="checkbox"/> 5+ yrs	<input type="checkbox"/> 10+ yrs	<input type="checkbox"/> Active	<input type="checkbox"/> DROP	<input type="checkbox"/> Retired
	Check TRSL DB:	<input type="checkbox"/> NIS	<input type="checkbox"/> Vested w/ <input type="checkbox"/> 5+ yrs	<input type="checkbox"/> 10+ yrs	<input type="checkbox"/> Active	<input type="checkbox"/> DROP	<input type="checkbox"/> Retired
	<input type="checkbox"/> Enter in PS	<input type="checkbox"/> Retirement Benefit Forfeiture Form					<input type="checkbox"/> TRSL Online Enrollment
	<input type="checkbox"/> TRSL Online Enrollment	<input type="checkbox"/> ACA Eligibility Panel					<input type="checkbox"/> LASERS Form 10-2
	<input type="checkbox"/> ORP Form 16	<input type="checkbox"/> Health Insurance Waiver Posted					<input type="checkbox"/> Other System
<input type="checkbox"/> LASERS Online Enrollment						<input type="checkbox"/> Retirement Benefit Forfeiture Form	