

LSU at Alexandria  
Retirement Information Form

\_\_\_\_\_  
(Name of Employee)

\_\_\_\_\_  
(Social Security #)

I am currently a member of the following retirement system:

- Teachers' Retirement System
- Louisiana Employees' Retirement System (LASERS)
- Social Security (40 Quarters)
- Other \_\_\_\_\_  
(Specify)

I am not a member of any retirement system.

I am currently a member of \_\_\_\_\_.  
(Date DROP began)

I am a retiree of \_\_\_\_\_ system.

I was in the DROP Program prior to retirement.  
 Yes      ( ) No

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

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FOR OFFICE USE ONLY

Hire Date: \_\_\_\_\_

Contacted By: \_\_\_\_\_ Date: \_\_\_\_\_