PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ PLAN A ☐ PLAN B

PERSONAL HISTORY FOR MEMBER ENROLLMENT

******PERSONS WHO WORK LESS THAN 28 HOURS PER WEEK ARE NOT ELIGIBLE FOR MEMBERSHIP******

Section 1 – General Member Information

PLEASE USE FULL LEGAL NAME – MUST INCLUDE A COPY OF A GOVERNMENT ISSUED IDENTIFICATION			
Social Security No.: **MUST Attach copy of card - ONLY NUMBERS**	Date of Birth:	Sex/Gender: MALE ☐ FEMALE ☐	
First Name:	Middle (or Maiden):	Last Name:	Suffix:
Mailing Address 1:			
Mailing Address 2:	City:	State:	Zip Code:
Phone Number:	Email Address:		

Marital Status – **Must Select only ONE option.**

☐ Never Married ☐ Legally Married ☐ Divorced ☐ Widowed

Section 2 – Designation of Beneficiaries (Prior to Retirement Eligibility)

Designation of PRIMARY Beneficiary			**Percentage:**
I do hereby designate the following beneficiary as the *Primary* beneficiary to whom I request the Board of Trustees of the Parochial Employees' Retirement System of Louisiana to pay, in the event of my death before retirement, the total amount of the accumulated contributions and death benefit, if any, standing to my credit in the Retirement System.			
Social Security No.: **MUST Attach copy of card – ONLY NUMBERS**	Date of Birth:	Sex/Gender: MALE ☐ FEMALE ☐	
First Name:	Middle (or Maiden):	Last Name:	Suffix:
Relationship to Member:			
Designation of SECONDARY Beneficiary			**Percentage:**
Social Security No.: **MUST Attach copy of card – ONLY NUMBERS**	Date of Birth:	Sex/Gender: MALE ☐ FEMALE ☐	
First Name:	Middle (or Maiden):	Last Name:	Suffix:
Relationship to Member:			

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that, should I survive the before mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid to my estate, or to such other beneficiary as I shall hereafter nominate by written designation filed with the Parochial Employees' Retirement System of Louisiana in accordance with the rules and regulations prescribed by the Board of Trustees.

Member Signature / Date:

Section 3 – Employer Section ONLY

**** NOTICE: IF MEMBERSHIP AND HIRE DATES ARE DIFFERENT, PLEASE ENCLOSE A WRITTEN EXPLANATION ****	
TO BE COMPLETED BY EMPLOYER ONLY	**Employer Number:**
Name of Employing Parish or Agency:	
**Date of Membership *(REQUIRED -DATE EMPLOYER BEGAN WITHHOLDING CONTRIBUTIONS):*	
Date of Hire:	Job Title:
I DO HEREBY CERTIFY THAT THE FORGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	

Signature of Authorized Parish or Agency Representative / Date:

*If over the age 55 at the time of employment, the election form for new employees age 55 or older MUST be attached.
*Please send a copy of the SSA 1945 form each employee should complete when hired.