

PERSONAL HISTORY FOR MEMBER ENROLLMENT

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

Section 1 – General Information

PLEASE USE FULL LEGAL NAME – MUST INCLUDE A COPY OF A GOVERNMENT ISSUED IDENTIFICATION			
First Name:	Middle (or Maiden):	Last Name:	
Social Security No.: MUST Attach copy of card	Date of Birth:	Telephone:	
Mailing Address:		City, State, Zip:	
Email Address:			

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

Never Married

Legally Married

Divorced

Widowed

Section 2 – Designation of Primary Beneficiary (Prior to Retirement Eligibility)

I do hereby designate the following beneficiary as the <i>Primary</i> 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.			
First Name:	Middle (or Maiden):	Last Name:	
Social Security No.:	Date of Birth:	Relationship:	
Mailing Address:		City, State, Zip:	
Email Address:		Telephone:	
Designation of Secondary Beneficiary Information			
First Name:	Middle (or Maiden):	Last Name:	
Social Security No.:	Date of Birth:	Relationship:	

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:

EMPLOYER SECTION

TO BE COMPLETED BY EMPLOYER ONLY	
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.