PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DROP APPLICATION CHECKLIST	
THIS FORM SHOULD BE RETURNED AND SIGNED WITH THE COMPLETED ORIGINAL APPLICATION FOR DROP. APPLICATIONS RECEIVED WITHOUT THE PROPER PAPERWORK FILLED OUT COMPLETELY WILL DELAY PROCESSING OR BE RETURNED AS INCOMPLETE. PLEASE INCLUDE THE FOLLOWING WITH YOUR DROP APPLICATION.	
Name:	
Forms REQUIRED for an eligible member to apply for regular retirement.	
	*Original Notarized DROP Application
	*Original Maximum Affidavit – If applicable
	*Original Employer Form *(for each current employer)*
	*Original Designation of DROP Beneficiary Form
A copy of the following items are REQUIRED for an application to be considered completed.	
	*Copy of Member's Driver's License or other Government Issued Identification
	*Copy of Beneficiary's Driver's License or other Government Issued Identification
	*Copy of Member's Social Security Card
	*Copy of Beneficiary's Social Security Card
	*Copy of Member's Birth Certificate
	*Copy of Beneficiary's Birth Certificate
	*Copy of Marriage License if the applicant is married
	*CERTIFIED Copy of Divorce Judgement or Copy of Spouse's Death Certificate
	*Copy of Leave Records if converting leave
	*Please provide the member's normal work schedule. For example, M-F 8AM-5PM, 4 (10s) if shift work, please describe in detail.

I hereby confirm that all items on this checklist are included in this application. I acknowledge that any omissions or incomplete information may result in processing delays or the application being returned as incomplete.

_____ _____

Signature of Member Date

_____ _____

Signature of Employer Date

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DROP APPLICATION CHECKLIST EXPLAINED

Original Notarized DROP Application

- The member must choose a monthly benefit option in Section 2.
- If the member is married at the time of applying, the spouse is REQUIRED to sign Section 2 indicating they agree to the option regardless of which option the member chooses.
- If an option other than the Maximum is chosen, Section 3 must be completed with the beneficiary's information.
- A notary MUST complete the Notary section.

Original Employer Form

- The employer MUST complete the sections labeled "to be completed by employer."
- The member and an appointing authority for the employer must sign the form.
- If a member intends to convert unused and unpaid leave to retirement credit, the number of days to convert MUST be noted on the form. Leave conversion is subject to the provisions of the employer's leave policy.

Original Maximum Affidavit

- ONLY if the Maximum Option is chosen, the member and two witnesses MUST sign the form.

Designation of DROP Beneficiary Form

- This beneficiary only applies prior to DROP fund distribution.

CERTIFIED Copy of Divorce Judgement or Copy of Spouse's Death Certificate

- Whatever is applicable, if member was ever married during participation in PERS and Marital Status has changed.

Copy of Leave Records if converting leave

- A copy of the member's leave records for at least the previous 12 months indicating the amount of leave available for their use at the time of retirement MUST be submitted.

PERS Parochial Employees' Retirement System of Louisiana

SELECT THE PLAN THAT APPLIES:

☐ PLAN A ☐ PLAN B

Date of Application: _____

APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN - DROP

SECTION 1 – MEMBER'S INFORMATION (Application Must Be Completed in Full)

To the Board of Trustees:

In accordance with the provisions of the Parochial Employees' Retirement System law, I hereby make application for the Deferred Retirement Option Plan:

APPLICANT INFORMATION		
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 ONE option.

☐ Never Married ☐ Legally Married ☐ Divorced ☐ Widowed

SECTION 2 – GENERAL INFORMATION

1. Selection is hereby made of the retirement benefit payment plan chosen below:

(Please see page 2 for explanation of benefit options)

☐ Maximum Allowance ☐ Option Number _____

(Choice must be written in blank - Option No. 2, 3, or 4)

1. Date that applicant desires DROP to begin: _____

I hereby certify that all the information provided above is true and correct.

Applicant's Signature:

SECTION 3 – RETIREMENT BENEFICIARY INFORMATION

In the event of my taking the lesser allowance provided under an option, the following beneficiary is to receive any payable monthly benefits at my death:		
First Name:	Middle (or Maiden):	Last Name:
Social Security No.: Attach copy of card	Date of Birth:	Relationship:
Mailing Address:	City, State, Zip:	
Email Address:		Telephone:

I hereby acknowledge that I am fully aware that if the above-named DROP participant has either chosen an option that does not provide for a death beneficiary or designated someone other than myself, DROP participant's legal spouse, as beneficiary(ies) of the DROP participant's monthly retirement benefit with the Parochial Employees' Retirement System I will not receive a monthly benefit upon DROP participant's death. I further acknowledge and consent to such designation(s), without limitation.

Legal Spouse's Signature:

SECTION 4 - NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20_____.

Notary Public (Signature)

Notary ID # or Bar Roll #

Notary Public Name

Commission Expires

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

Please Note:

- DROP entry date shall not take effect earlier than thirty days prior to the date of application is received in the office (not the date of mailing).
- Applications are not accepted any earlier than ninety days from the date of the filing of the application.

OPTIONS:

Maximum Option

- Upon retirement for service, any participant may elect to receive his benefit in a Maximum Allowance payable through life, or he may elect at that time to receive the actuarial equivalent of his retirement allowance in a reduced allowance payable throughout life with the provision that:

Option No. 2.

- Upon his death, his reduced retirement allowance shall be continued throughout the life of and paid to such person as he shall have nominated by written designation duly acknowledged and filed with the Board of Trustees at the time of his retirement; or

Option No 3.

- Upon his death, one-half of his reduced retirement allowance shall be continued throughout the life of and paid to such person as he shall have nominated by written designation duly acknowledged and filed with the Board of Trustees at the time of his retirement; or

Option No. 4

- Some other benefit or benefits shall be paid either to the participant or to such person or persons as he shall have nominated provided such other benefit or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be of equivalent actuarial value of his retirement allowance, and approved by the Board.

A retiree cannot change the designation of beneficiary.

No Change in the option elected by the member, other than to correct administrative error shall be permitted after 60 days from the date of receipt of retirement application by the Board.

IMPORTANT! Copy of member's birth certificate must accompany this application. Should an option plan be chosen, copy of beneficiary's birth certificate must also be submitted.

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

MAXIMUM OPTION AFFIDAVIT

DATE _____

STATE OF LOUISIANA
PARISH OF _____

This is to certify that I have chosen the Maximum Benefit on my application for retirement or DROP and I understand that this choice means that my monthly benefit is for my lifetime only and no survivor benefits will be paid after my death.

_____
Signature

Witnesses: (if married, one witness must be legal spouse)

_____

_____

7905 WRENWOOD BOULEVARD | BATON ROUGE, LA 70809
TEL 225-928-1361 | FAX 225-923-0933
WWW.PERSLA.ORG

PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

SELECT THE PLAN THAT APPLIES:

☐ **PLAN A** ☐ **PLAN B**

EMPLOYER FORM – TO BE COMPLETED BY EMPLOYER

USE THIS FORM TO REQUEST ONE OF THE FOLLOWING – CHOOSE ONLY ONE OPTION

☐ Regular Retirement Benefit ☐ Disability Benefit ☐ Deferred Retirement Option Plan (DROP) ☐ Post-DROP

EMPLOYEE INFORMATION		
First:	Middle (or Maiden):	Last:
Social Security No. :	Date of Birth:	Telephone:
Address:	City, State, Zip:	
Email Address:		
Employer:	Department:	

TO BE COMPLETED BY EMPLOYER	
Employee's Continuous Service Started on:	Date:
DISABILITY ONLY - Employee will have used all Accumulated Annual Leave on:	Date:
Last Day on Parish Payroll **(N/A for DROP)**:	Date:
Effective Date of Benefit (Retirement/DROP to Commence):	Date:

Unused & Unpaid Accumulated Leave for Conversion to Retirement credit = _____days.

***********LEAVE RECORDS MUST BE INCLUDED***********

OVERTIME PAY- LIST THE AMOUNT OF OT BY MONTH FOR THE 7 YEARS BEFORE RETIREMENT DATE

Specify year here>>>>>>>>	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 (current)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Did the member have ANY leave without pay since the date of hire? ☐ YES ☐ NO

If yes, provide the number of hours and time periods the leave without pay occurred below.

_____

_____

_____

Signature of Applicant Date

_____

Name and Title of Appointing Authority Submitting This Form

_____

Signature of Employer Date

Actuarial Approval:

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PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DESIGNATION OF DEFERRED RETIREMENT OPTION PLAN BENEFICIARY

Member Name: _____ Social Security No:_____

To the Board of Trustees:
In accordance with the provisions of the Parochial Employees' Retirement System of Louisiana law, I hereby designate the below named person as my beneficiary to receive a refund of my DROP lump sum if I die prior to payment of the lump sum amount. I understand that if I do not specify a beneficiary for this purpose, the beneficiary designated as my Option beneficiary will be deemed the beneficiary for this purpose also. If I have no option beneficiary and do not specify a beneficiary for this purpose, I understand that the DROP lump sum will be paid to my estate.

Beneficiary Name:	Social Security No. :
Relationship:	Date of Birth:
Mailing Address:	City/State/Zip:

Member Signature: _____ Date: _____

_____
Signature of Notary Public

Name: _____

Notary No.: _____ ; My commission expires: _____

****

SPOUSAL AFFIDAVIT (Only complete if non-spouse beneficiary above named.)

State of Louisiana, Parish of _____.

On this _____ day of _____, 20____, personally came and appeared _____ (spouse/affiant), who after being duly sworn did depose and state as follows:

I acknowledge that my spouse (PERS member) has made the above beneficiary designation and I understand it. This election is made with my full knowledge and consent.

Affiant Name: _____ Signature: _____

Affiant's Social Security Number: _____

_____
Signature of Notary Public

Name: _____

Notary No.: _____ ; My commission expires: _____