

# *Registrars of Voters Employees' Retirement System*

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## Application for Reciprocal Recognition of Service (La. R.S. 11:142)

| <b>Section 1 – Member’s Information (To be completed by Applicant)</b>   |               |        |                              |                 |                                       |
|--|---------------|--------|------------------------------|-----------------|---------------------------------------|
| Last Name  | First Name/MI | Suffix | Social Security Number       | Employer/Parish | Date of Birth                         |
| <b>Section 2 – Reciprocal Recognition Information (To be completed by Applicant)</b>   |               |        |                              |                 |                                       |
| <p>If you have credit in two or more Louisiana state, parochial, or municipal retirement systems, you can combine your service credits for regular retirement, disability retirement, and for survivor benefits eligibility purposes without transferring employee or employer contributions to any single system. The system which originally received the contributions would retain such contributions when you move to another public retirement system and would retain the liability for paying a benefit based upon the service credit and average compensation established in that system when your combined service credit makes you eligible for benefits. If you retire with a reciprocal recognition and return to active service in any state, municipal, or parochial system, you must notify the systems from which you are receiving a benefit so that these benefits can be stopped to avoid possible overpayments.</p> |               |        |                              |                 |                                       |
| <p>System Actively Contributing To:<br/> <u><b>Registrars of Voters Employees’ Retirement System</b></u></p>   |               |        |                              |                 |                                       |
| <p>Reciprocating System(s) in which member currently hold Creditable Service:</p> <p>_____</p> <p>_____</p> <p>_____</p>   |               |        |                              |                 |                                       |
| <b>Section 3 – Members Signature (To be completed by Applicant)</b>  |               |        |                              |                 |                                       |
| <p>I request reciprocal recognition of my creditable service currently held in the above named retirement system(s) under the provisions of R.S. 11:142 and under the rules and regulations adopted by the above retirement system(s). (A copy of R.S. 11:142 may be obtained from ROVERS and applicable retirement system rules and regulations may be obtained from each system named above upon request. Applicants are urged to read, and obtain explanations if needed of both the provisions of the statute and the applicable retirement system rules and regulations.) Any refunds received from the above systems have been repaid in full. I further certify that I have a minimum of six months of service credit in the system that I am actively contributing to, ROVERS.</p>   |               |        |                              |                 |                                       |
| _____  |               |        |                              | _____           |                                       |
| Member Signature   |               |        |                              | Date            |                                       |
| <b>Section 4 – Approval (To be completed by Retirement Systems)</b>  |               |        |                              |                 |                                       |
| Name of Retirement System<br><b>Registrars of Voters Employees’ Retirement System</b>  |               |        |                              |                 |                                       |
| Name of Authorizing Officer  |               |        | Title of Authorizing Officer |                 | E-mail Address of Authorizing Officer |
| Signature of Authorizing Officer (Do not Print or Type)  |               |        |                              |                 | Date                                  |
| Name of Retirement System  |               |        |                              |                 |                                       |
| Name of Authorizing Officer  |               |        | Title of Authorizing Officer |                 | E-mail Address of Authorizing Officer |
| Signature of Authorizing Officer (Do not Print or Type)  |               |        | Date                         |                 | Phone Number                          |
| Name of Retirement System  |               |        |                              |                 |                                       |
| Name of Authorizing Officer  |               |        | Title of Authorizing Officer |                 | E-mail Address of Authorizing Officer |
| Signature of Authorizing Officer (Do not Print or Type)  |               |        | Date                         |                 | Phone Number                          |
| <b>For ROVERS Retirement Office Use Only</b>   |               |        |                              |                 |                                       |
| Entered in IPAS by: _____  |               |        |                              | Date: _____     |                                       |