

Registrars of Voters Employees' Retirement System

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DROP Completion FORM

NAME

Date of DROP Completion

Social Security Number

Date of Last Employment

Initials

I desire to continue employment after my DROP COMPLETION DATE, return to active membership in the Registrar of Voters Employees' Retirement System and resume contributions to ROVERS.

Initials

I desire to officially retire on _____ and begin receiving monthly retirement benefits from ROVERS.
(Agency certification must be completed at bottom of form)

Member's Signature

Date

Member's Mailing Address

Member's Telephone Number

Member's Email Address

*~~Employer Certification needed **ONLY** if member is retiring~~*

Employer Certification* – Certified True and Correct

Authorized Signature

Date

Member's Last
Employment Date

Member's Last
Check Date

Telephone Number

Email Address

* This section should be completed by the Registrar or the Chief Deputy, if the applicant is the Registrar.