

Registrars of Voters Employees' Retirement System

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Member Enrollment Form

Section 1 – Personal Information					
Last Name	First Name	MI	Suffix	Social Security Number – attach a copy of card	
Date of Birth-attach copy of birth certificate (MM/DD/YYYY)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Work Phone Number	
Mailing Street Address/ P.O. Box				Cell Phone Number	
City	State	Zip Code		Email Address	
Residential Street Address				Date of Employment (MM/DD/YYYY)	
City	State	Zip Code		State Personnel Number	
Marital Status (Select one) *Attach copy of Marriage Certificate <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married* <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Spouse's Date of Birth (MM/DD/YYYY)	
Spouse's Name: Last Name, First Name, MI, Suffix			Spouse: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Social Security Number	
Allow ROVERS to provide your contact information to candidates running for the ROVERS Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Section 2 – Previous Employment					
Have you previously worked in a Registrar's office? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the following information. From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Student From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Student					
Have you ever been a member of this system before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the following information. From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Retired <input type="checkbox"/> Refunded <input type="checkbox"/> Inactive From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Retired <input type="checkbox"/> Refunded <input type="checkbox"/> Inactive					
Are you now or have you ever been a member of another Louisiana Public Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the system, the dates of employment, and the status of the service: System _____ From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Retired <input type="checkbox"/> Refunded <input type="checkbox"/> Active <input type="checkbox"/> Inactive System _____ From ___/___/___ To ___/___/___ Status: <input type="checkbox"/> Retired <input type="checkbox"/> Refunded <input type="checkbox"/> Active <input type="checkbox"/> Inactive					
Section 3 – Employee Signature (To be witnessed by Registrar or Chief Deputy, if Registrar is applicant)					
Please initial the following statements: ___ I, the above named member, understand that I must notify the Registrars of Voters Employees' Retirement System (ROVERS) of changes such as: name, address, marital status, and employment status. ___ I hereby certify that, in addition to this form, I have completed and provided a designation of beneficiary form to ROVERS. ___ I hereby certify that the information contained within this form is true to the best of my knowledge and belief.					
▶ _____			_____		
Employee's Signature			Date		
Section 4 – Employer Information (To be filled out by Registrar or Chief Deputy, if Registrar is applicant)					
Employer/ Parish	Position/ Title	Est. Annual Parish Salary	Est. Annual State Salary	Employment Schedule <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Hours per Week: _____	Employment Status <input type="checkbox"/> Temporary or Student Position <input type="checkbox"/> Permanent Position
I have reviewed and do certify that the above information is correct to the best of my knowledge and belief and that I have witnessed the signature of the applicant.					
▶ _____		_____		_____	
Printed Name		Signature		Date	
For Retirement Office Use Only		Entered in IPAS by: _____		Date: _____	