

*Registrars of Voters Employees' Retirement System*

KATHY BOURQUE, DIRECTOR

P.O. Box 1959  
GONZALES, LOUISIANA 70707

TEL: 800-510-8515  
FAX: 225-647-7914

Retiree and Spouse Information for Insurance and Federal Income Tax

NAME OF RETIREE: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

DATE OF RETIREMENT: \_\_\_\_\_

DATE FILLED IN: \_\_\_\_\_

I PRESENTLY HAVE AND WISH TO RETAIN MY INSURANCE WITH THE State of Louisiana. ROVERS is only allowed to withhold premiums for Health and Life Insurance.

- \_\_\_\_\_ Health Insurance
- \_\_\_\_\_ Life Insurance
- \_\_\_\_\_ Dental Insurance
- \_\_\_\_\_ Other Insurance (Specify \_\_\_\_\_)

\*\*\*\*\*

- \_\_\_\_\_ My spouse is on my state health insurance policy.
- \_\_\_\_\_ My spouse is NOT on my health insurance policy

\*\*\*\*\*

- \_\_\_\_\_ I am over 65
- \_\_\_\_\_ I am not over 65

\*\*\*\*\*

\_\_\_\_\_ I am enclosing a completed W-4 Federal Income Tax withholding form

You are not obligated to pay state income tax on your retirement, therefore no state income tax form is needed.

\_\_\_\_\_  
Name of Retiree (Print)

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Address of Retiree

\_\_\_\_\_  
City/State/ Zip code of Retiree

\_\_\_\_\_  
Social Security # of Retiree

\_\_\_\_\_  
Date of Retirement