

Registrars of Voters Employees' Retirement System

KATHY BOURQUE, DIRECTOR

P. O. BOX 1959
GONZALES, LOUISIANA 70707

www.larovers.com

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

Request for Retirement, DROP, Post-DROP or Disability Benefit Estimate

Section 1 – Retirement Information					
All estimate requests must be made by completing this form. In order to obtain an estimate, you must be within two (2) years of eligibility for DROP or Regular Retirement. Members can obtain one free estimate per year. Any additional estimates within 12 months of the last estimate will incur a fee based on the rate contained within the Actuary's contract at the time the request is made. The current fee is \$150.00. After all information has been received by ROVERS, please allow 4-6 weeks for your estimate to be completed.					
Select One: <input type="checkbox"/> Retirement <input type="checkbox"/> Post-DROP <input type="checkbox"/> DROP <input type="checkbox"/> Disability*			Date of retirement/DROP entry date:		Last Day of Employment:
Section 2 – Member Information					
Last Name:		First Name:		MI:	Suffix:
Social Security Number:				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address/ P.O. Box:			Email Address:		
City:		State:		Zip Code:	Cell Phone Number:
Date of Birth:					
Allow ROVERS to contact Employer/State? <input type="checkbox"/> Yes <input type="checkbox"/> No		Include Unused Leave in Estimate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Return Estimate: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Employer/ Parish:
Section 3 – Estimates Requested - Select all That Apply					
Please refer to the Option Explanation Form for a description of each option. Please select each option that you would like to have included in your estimate. If you have participated in DROP, you may not change your DROP option or beneficiary, but you may select a different option and beneficiary for a Post-DROP benefit. ROVERS offers an additional benefit structure called the automatic COLA option. Contact the ROVERS Director for more information.					
<input type="checkbox"/> Maximum <input type="checkbox"/> Option #1 <input type="checkbox"/> Option #2 (Joint & 100%) <input type="checkbox"/> Option #3 (Joint & 50%)					
Option #4: <input type="checkbox"/> Joint & 100% Popup <input type="checkbox"/> Joint & 50% Popup <input type="checkbox"/> Joint & 75% <input type="checkbox"/> Other (attach description)					
Section 4 – Retirement Plan Option Beneficiary					
Name: Last, First, MI, Suffix				Date of Birth: (MM/DD/YYYY)	
Relationship To Member:				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Section 5 – Signature					
By signing this document, I hereby acknowledge that this is an estimate provided for informational purposes only and in no way constitutes a contract between myself and ROVERS. I understand that prior to retirement all figures will be confirmed by the ROVERS' actuary and are subject to change. I understand that estimates may take up to six weeks to process once all necessary information is provided to the system.					

				Member's Signature	

				Date	

*See Disability application for optional benefit forms available to Disability retirees.