



Louisiana Clerks of Court Retirement and Relief Fund

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809
Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

APPLICATION FOR RETIREMENT/DROP/POST DROP

Name:
Address: Sex: [ ] Female [ ] Male
City: Social Security #:
State: Zip Code: Employer Parish:
Home Number: Date of Birth:
Work Number: Date of Employment:
Cell Number: Date of Last Active Payroll: (Retiring Only)
Email Address: Date of Retirement:
Marital Status: [ ] Married [ ] Never Married [ ] Divorced [ ] Widowed Total Service Credit:

SELECTION OF BENEFIT (Choose One)

[ ] Regular Retirement
[ ] DROP
Date of Participation in DROP begins:
[ ] Post DROP Retirement
(Only after completion of DROP)
Length of Participation: (Not to exceed 36 months)

SELECTION OF RETIREMENT/DROP/POST DROP OPTIONS (Choose One)

[ ] MAXIMUM PLAN - pays the largest monthly benefit allowable to the retiree but makes no provision for a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement. I hereby apply for retirement under the Maximum plan. (If married, a spouse must complete the spousal consent section below)
[ ] OPTION NO. 1 - if the retiree dies before he/she has received, in annuity payments purchased by his/her contributions, the amount his/her contributions accumulated at the time of his/her retirement, the balance thereof shall be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board of trustees at the time of his/her retirement, or, if none, to his/her estate. I hereby apply for retirement under Option 1. (If married, a spouse must complete the spousal consent section below)
[ ] OPTION NO. 2 - upon his/her death, the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement. I hereby apply for retirement under Option 2. (If married and if you have not selected your spouse as the designated beneficiary, then your spouse must complete the spousal consent form below.)
[ ] OPTION NO. 3 - upon his/her death, one-half (1/2) of the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement. I hereby apply for retirement under Option 3. (If married, a spouse must complete the spousal consent form below.)
[ ] OPTION NO. 4 - other benefits or benefits shall be paid either to the retiree or to the person he/she shall have nominated, provided such other benefits or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be of equivalent actuarial value to the retirement allowance and shall be approved by the board. I hereby apply for retirement under Option 4. \$ is designated for my beneficiary at my death. (If married, a spouse must complete the spousal consent section below)
[ ] OPTION NO. 5 - the retiree may elect to receive ninety percent (90%) of his maximum retirement and upon death, if he/she is survived by a spouse to whom he/she was married at the time of his/her retirement, fifty percent (50%) thereof shall be paid to the surviving spouse during his/her lifetime. I hereby apply for retirement under Option 5.

SPOUSAL CONSENT/NOTARY (If Applicable) (Spouse Signature must be Notarized)

I am legally married to the applicant, and I consent to the option selected above.
Signature of Spouse Printed Name of Spouse Date
SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of , Parish of
, this day of , 20 .
Notary ID # or Bar Roll # Notary Public Name (Printed) Notary Public Name (Signature)

**SPOUSAL/BENEFICIARY INFORMATION**

I hereby designate my beneficiary under said Option Plan; to receive benefits should I predecease him/her.

Name of Beneficiary:		Sex:
Relationship with Member:	Date of Birth:	
Social Security Number:	<i>Proof of age of beneficiary must accompany this application if option 2, 3, 4 or 5 is elected.</i>	

**\*\*\*IMPORTANT\*\*\***

**SIGNATURES OF MEMBER and WITNESSES** *(This section must be sign by member and witnesses)*

- Any member may cancel his or her application for retirement prior to the effective date of said retirement; however, a member cannot cancel his application for retirement once payment for benefit has commenced.
- Should you become re-employed after your retirement in any capacity in any office of a Clerk of Court, you and the Clerk are required by law to report such re-employment to the retirement office immediately.
- It is the responsibility of the member to submit a Federal Income Tax Withholding Certificate (W4-P) to instruct the retirement office as to whether you do or do not want taxes withheld from your benefit.
- If a retired member dies, without having received an amount of retirement benefits equal to his/her accumulated contributions at the date of his/her retirement, the balance remaining shall be paid to his/her designated beneficiary or, if none, his/her estate.
- No changes in the options elected or the selection of the option beneficiary shall be permitted after the retiree has received his/her initial monthly benefit payment.

*I have read and understand the above statement and I certify that the information provided herein is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**CERTIFICATE OF THE CLERK FOR RETIREMENT**

Having read the above application for Service Retirement, I hereby certify that the applicant has notified me of his/her desire to be relieved from active duty as a Clerk of Court, Deputy Clerk of Court, or other employee of my office, and that he/she will or did terminate on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at which time his/her salary and or earnings will or did cease.

I, further certify that if the retiree is re-employed in any capacity in my office, I will immediately notify the Board of the dates of re-employment.

\_\_\_\_\_  
Date  
Parish of: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Clerk of Court

**CERTIFICATE OF THE CLERK FOR DROP**

Having read the above application for Deferred Retirement Option Plan (DROP), I hereby certify that the applicant is currently employed in my office and employment is expected to continue for the length of participation in DROP indicated in this application.

I have reviewed and certified the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Date  
Parish of: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Clerk of Court

**FOR RETIREMENT OFFICE USE ONLY**

Monthly Benefit: _____ Option Benefit to Beneficiary: _____ Date Benefits are to Commence: _____ Date Approved: _____	(Received Stamp)
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*Forms may be faxed to the office, but the original documents are required by mail for the application to be valid. Thank you.*



# LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809  
TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

## DIRECT DEPOSIT FORM

I (we) hereby authorize the Louisiana Clerks' Retirement and Relief Fund to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (*Select one*)  **Checking Account**  **Saving Account**, indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in effect until the Louisiana Clerks' Retirement and Relief Fund has received **written notification** from me of its termination in such time and manner as to afford the Louisiana Clerks' Retirement and Relief Fund and the Depository a reasonable opportunity to act on it.

Signature of Member: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

Member's Social Security Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the bank account: \_\_\_\_\_

**Depository Name (Bank, Credit Union, etc.):** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

### **PLEASE ATTACH A VOID CHECK WITH THIS APPLICATION**

The check must have a 9 digit routing number on it. (bottom left corner)

#### **For Office Use Only**

Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Withholding Certificate  
 for Periodic Pension or Annuity Payments**  
 Give Form W-4P to the payer of your pension or annuity payments.

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ \_\_\_\_\_

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . . . \$ \_\_\_\_\_

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . \$ \_\_\_\_\_

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . <b>3(a)</b> \$ _____ (b) Multiply the number of other dependents by \$500 . . . . . <b>3(b)</b> \$ _____ (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . . <b>3(c)</b> \$ _____ Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . . <b>3</b> \$ _____		
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<b>Step 4: Other Adjustments</b>	(a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . <b>4(a)</b> \$ _____ (b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . <b>4(b)</b> \$ _____ (c) <b>Extra withholding.</b> Enter any additional tax you want withheld from <b>each payment</b> . . . <b>4(c)</b> \$ _____		
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No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> . . . . . <input type="checkbox"/>
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<b>Step 5: Sign Here</b>	_____ <b>Your signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.



**Social security number and other requirements for credits and deductions.** You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

## Specific Instructions *(continued)*

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Retiree Benefits Enrollment & Change Form

Retiree Information

Full Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Phone: \_\_\_\_\_ Are you disabled? \_\_\_Yes \_\_\_No \*If yes, you must submit a waiver request for Life

Enrollment type (Please circle one)

New Retiree Enrollment Qualifying Event (Event Date: \_\_\_\_\_) Cancellation Beneficiary Change

Other: \_\_\_\_\_

Benefit Elections - SELF

\_\_\_ Medical Option 1-HDHP \_\_\_ Medical Option 2 -PPO \_\_\_Dental \_\_\_Vision

\_\_\_ United Advantage Medicare Insurance Plan (Med & RX combined)

\_\_\_ Basic Retiree Life

\_\_\_ Voluntary Life \_\_\_ \$5,000 \_\_\_ \$10,000 \*\* \$4.75 per \$1,000 of coverage

I DECLINE ALL APPLICABLE COVERAGES OFFERED BY MY EMPLOYER – Medical, Dental, Vision, Voluntary Life & AD&D, and Voluntary Disability

Benefit Elections - DEPENDENTS

Table with 10 columns: Enroll, Term, Change, Dependent Name, Date of Birth, SSN, Relationship, Medical, Dental, Vision. Multiple empty rows for data entry.

Qualifying Event / Change Information

Name Change: From: \_\_\_\_\_ To: \_\_\_\_\_

Address Change (New): \_\_\_\_\_

Coverage Change: \_\_\_ Add Dependent \_\_\_ Drop Dependent

Reason: \_\_\_\_\_

Cancellation of Coverage:

\_\_\_ Termination \_\_\_ Offered/enrolled in other coverage \_\_\_ Death \_\_\_ Aged off \_\_\_ Other: \_\_\_\_\_

### Life Insurance - Beneficiary Election

If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. The amounts must add up to 100% for each class (primary or contingent)

Class (check one)	Name	Relationship	Social Security#	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				

### Emergency Contact Information

**Emergency Contact:** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### Other Insurance and/or Medicare

**Are you or any family members covered by any other insurance plan?**     Yes     No

If yes, what coverage:     Medical     Medicare Supplement     Dental     Vision

**Please provide existing coverage information below:**

Who is Covered? \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Policy Termination Date: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Are you or your spouse currently enrolled in Medicare?     Yes     No    *(please provide copy of Medicare ID card)*

If yes, who?     Self     Spouse     Both    What part?     Part A     Part B     Part A & B

### Disclaimer and Signature

*I hereby certify that this foregoing information is true and correct to the best of my knowledge. I hereby accept the form(s) of group insurance presently contracted for me by my prior employer with the Louisiana Clerks of Court Insurance Trust in the amount(s) for which I am or may become eligible and authorize until revoked by me in writing. I have read the same statements on this form.*

**Retiree Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand and agree that any misstatement on this form may result in denial of benefits and/or termination of coverage/membership. I agree to be bound by the group contract's terms and conditions. I understand that this application is hereby made a part of the group contract. I understand any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Questions?**

Please contact your Gallagher service team.

- **Richelle Pierre**  
**225.906.0131**  
**richelle\_pierre@ajg.com**