



LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809

(225) 293-1162
(800) 256-6660
FAX (225) 291-7859

Dear New Employee:

Our Retirement Fund was first authorized by Act 51 of the Regular Session of the Louisiana Legislature of 1950 and has been amended several times for the purpose of providing retirement allowances and other benefits for the Clerk and regular employees in each eligible parish authorized in La. R.S. 11:1511. The Louisiana Clerks of Court Retirement and Relief Fund became qualified as per La. R.S. 1531-1533 and La. R.S. 1575-1578 on July 1, 1999. This plan was implemented as of January 1, 2000.

Membership as defined in La. R.S. 11:1511 is mandatory beginning on the first (1st) day of employment if the employee meets eligibility by working more than an average of twenty (20) hours per week. Membership in the system ceases when a member resigns, is dismissed, retires, or is otherwise separated from services as a clerk or employee.

Employee contributions are eight and a quarter percent (8.25%) which is deducted from the gross pay, unless the employer opts to pay all or a portion of this contribution as per La. R.S. 11:1562(e). Contributions **shall not** be made on bonuses, payment for accrued vacations, annual or sick leave, payments for overtime, terminal pay, severance pay, deferred salary, or any type of **irregular or non-recurring payment**. As of January 1, 2000, any contributions made by and/or for the employee will be tax sheltered.

Attached hereto is an Application for Membership for you to complete. Upon completion have your Clerk place his/her signature in the space provided, and mail the form, **along with the required proof of age** to the address given above. Proof of age may be a certificate of birth, certificate of the Registrar of Voters from your parish, or a photo static copy of your valid driver's license.

Any changes that affect your status after you remit your application must be submitted to this office in writing. (Examples: marriage, change of beneficiary, personal address, name change, etc.)

If we may be of assistance to you in the future, please call us at the numbers given above.

Sincerely,

The Retirement Office



Louisiana Clerks of Court Retirement and Relief Fund

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APPLICATION FOR RETIREMENT MEMBERSHIP

PERSONAL INFORMATION

Name:		
Address:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
City:	Social Security #:	
State:	Zip Code:	Date of Birth:
Home Number:		Employer Parish:
Work Number:		Date of Employment or Election:
Cell Number:		Job Title & Description:
Email Address:		Average hours per week:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Monthly Wage:
If Married:	Spouse's Name:	Have you ever worked for a Clerk of Court?: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #	If yes, give dates: _____
	Date of Birth:	Did you previously contribute to the Clerk of Court Retirement and Relief Fund?: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="color: blue; font-weight: bold; margin: 0;">Please list below name and date of birth of all minor children, or children who are mentally or physically disabled regardless of age:</p>		Did you receive a refund of contributions at the time of your termination?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Relationship	Name	Date of Birth	Social Security Number
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

MEMBERS' PROOF OF AGE MUST ACCOMPANY THIS APPLICATION

(Over)

DESIGNATION OF BENEFICIARY(IES)

The execution of the "Designation of Beneficiary" by the member is not mandatory, but if completed, may be withdrawn, refiled or amended by the member at any time prior to member's death and before receiving retirement benefits.

Beneficiary's Name:	
Beneficiary's Date of Birth:	Beneficiary's Social Security No.:
Beneficiary's Address:	
Beneficiary's Phone Number:	
Beneficiary's Relationship to member:	
<i>Space below is provided for additional beneficiary.</i>	
Beneficiary's Name:	
Beneficiary's Date of Birth:	Beneficiary's Social Security No.:
Beneficiary's Address:	
Beneficiary's Phone Number:	
Beneficiary's Relationship to member:	

I request the Board of Trustees of the Louisiana Clerks of Court Retirement and Relief Fund to pay, in an event of my death before retirement, the total amount of the accumulated contributions or death benefit, if any, standing to my credit in the Retirement Fund, if no other benefits are payable upon my death.

I hereby authorize the Board of Trustees of the Retirement Fund to make payment to the beneficiary(ies) whom I have above nominated and agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the Fund from any further obligation on account of the benefit. I hereby direct that, should I survive the before mentioned beneficiary(ies), the amount which otherwise would have been payable to the beneficiary(ies) shall be paid to my estate, or to such other beneficiary(ies) as I shall hereafter nominate by written designation filed with the Clerks of Court Retirement and Relief Fund in accordance with the rules and regulations prescribed by the Board of Trustees.

CERTIFICATION OF MEMBER (*Must be signed by Member and Witnesses*)

Witness Signature	<i>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.</i>
Witness Signature	
Date	
Signature of Applicant	

CERTIFICATION OF CLERK OF COURT

I have reviewed and Certify that the above applicant is an "Employee" as defined in La. R.S. 11:1503, who is a regular full time employee of the Clerk of Court (not a part-time or temporary employee) and works more than an average of twenty (20) hours per week.

Date	Signature of Clerk of Court
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FOR RETIREMENT OFFICE USE ONLY

Date Entered: _____	(Received Stamp)
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Louisiana Clerks of Court Retirement and Relief Fund

BENEFIT FORFEITURE

(For Employer Use Only - Do Not Return to Clerks' Retirement and Relief Fund)

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

This form will be completed upon employment of Clerks' Retirement and Relief Fund eligible members hired on or after January 1, 2013. La. R.S. 11:293: **The employing agency will keep the form for their records.**

MEMBER'S INFORMATION

First Name:	Middle Initial	Last Name:
Address:		
City:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
State:	Zip Code:	Social Security #:
Daytime Phone Number:	Date of Birth:	
Evening Phone Number:	Email Address:	

MEMBER SIGNATURE AND CERTIFICATION

By accepting this position, I understand that I will be enrolled in the Louisiana Clerks' of Court Retirement and Relief Fund.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

- * Public corruption crimes resulting in financial gain or attempted financial gain for myself or a third party.
- * Public corruption crimes that involve sexual contact with a minor with whom I come in contact by virtue of my public employment.

[Signature Line]

Signature of Member

[Date Line]

Date of Signature

PLEASE RETAIN FOR YOUR RECORDS