



LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816

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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
APPLICATION FOR MEMBERSHIP**

Fill in with ink or typewriter.

Personal History	
<p>Give Your Full Name:</p> <p>_____</p> <p>First Middle Last</p> <p>Social Security Number: _____/_____/_____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Home Phone No.: (_____) _____ -- _____</p> <p>Emergency Contact Name & Phone: _____</p> <p>_____</p>	<p>* Employer Parish: _____</p> <p>* Date of Employment or Election: _____</p> <p>* Job Title & Description: _____</p> <hr/> <p>* Average hours working per week: _____</p> <p>* Monthly Wage: \$ _____</p> <p>Have you ever worked for a Clerk of Court? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, give dates:</i> _____</p> <hr/> <p>* <i>Must be completed.</i></p>
<p>Sex: (<i>check one</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Did you previously contribute to the Clerks of Court Retirement and Relief Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Date of Birth: _____</p> <p style="text-align: center;">Month/Day/Year</p>	<p>Did you receive a refund of contributions at the time of your termination? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Martial Status: (<i>check one</i>) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p> <p>If Married: Spouse's Name: _____</p> <p style="padding-left: 40px;">Social Security Number: _____</p> <p style="padding-left: 40px;">Date of Birth: _____</p>	

Name and date of birth of all minor children, or children who are mentally or physically disabled regardless of age:

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

PROOF OF AGE MUST ACCOMPANY THIS APPLICATION

(OVER)

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.

DESIGNATION OF BENEFICIARY

I do hereby designate: Name of Beneficiary (ies): _____

Address: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____

Phone Number: (_____) _____

whose relationship to me is that of _____ as beneficiary to whom 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 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, the amount which otherwise would have been payable to the beneficiary shall be paid to my estate, or to such other beneficiary 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

I hereby certify that the foregoing statements are true to the best of my knowledge and belief.

Signature of Member

Date

Signature of Witness

Signature of Witness

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.

Signature of Clerk of Court

Date

Forms may be faxed to the office but the original signatures on documents are required by mail for the application to be valid. Thank you.

FOR RETIREMENT OFFICE USE ONLY

Date Entered: _____

(Received Stamp)