

TO: DEPARTING EMPLOYEES

**FROM: ALLEN BLANCHARD, JR.
DIRECTOR OF HUMAN CAPITAL & OPERATIONS**

RE: EXIT INTERVIEW

Attached are the following forms:

RESIGNATION STATEMENT:	Please complete, sign and date.
APPLICATION FOR RETURN OF CONTRIBUTIONS FROM THE RETIREMENT SYSTEM:	If you wish to request the return of your contributions from the retirement system, please complete parts one and two and sign as the members signature. This form cannot be sent to TRSL/LSERS until <u>90 days</u> after your last date of employment.
COBRA GROUP INSURANCE COVERAGE:	Please read the information provided. If you wish to continue coverage please contact Tammie Graham at (225-906-1227).

RESIGNATION STATEMENT

I, _____, hereby resign my position as
_____, effective at the end of the day
_____. The reason for my resignation from
_____ school/site is as follows:

My forwarding address is:

My forwarding email address is:

Signature

Date

**ST. MARTIN PARISH SCHOOL BOARD
EXIT INTERVIEW**

This form is to be completed by all employees leaving the system. Within reason, a notice of at least two weeks is required. A letter will be accepted if this form is not sufficient.

Date _____

Name _____ Contact Number _____

Address _____
Street City State Zip

Position _____ School _____

Date Hired _____

What is your reason for leaving _____

How do you feel about your pay _____

How do you feel about your progress _____

Do you have another job () Yes () No

(If yes) How does this job compare with ours _____

(i.g., wages, hours, and working conditions, etc.)

What could we have done to prevent your leaving _____

When you were first employed here, were the duties and responsibilities of your job clearly defined to you? () Yes () No

Comments _____

What suggestions (if any) do you have that would make this a better place to work? _____

Effective date of my departure will be _____

Signature

NOTICE OF RIGHT TO CONTINUE HEALTH COVERAGE AFTER TERMINATION

Employee _____

Termination Date _____

In order to continue health insurance coverage, you must contact Tammie Graham at 225-906-1227.

Please sign to indicate that you have received this notice.

If you would like to request a refund of your retirement contributions and were employed in the capacity of a Bus Operator, Custodian or Maintenance Personnel, you need to complete the **LSERS Form 7**.

If you would like to request a refund of your retirement contributions and were employed in the capacity of a Director/Supervisor, Principal, Teacher, Teacher/LPN Aide, Nurse, Support (Social Worker, Psychologist, Speech Therapist, etc.), Secretary or School Nutrition Services, you need to complete the **TRSL Form 7**.



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4779
 www.TRSL.org

Form 7 (10/17)
 04-7

Application for Refund

Refunds cannot be processed until 90 days after you permanently terminate employment in all positions eligible for TRSL membership. If you have at least five years of service, you must also complete a *Request for Refund Rather than Retirement Benefit* (Form 7E), which will be mailed to you after TRSL receives this application. Members who change employment to another Louisiana public agency may be eligible to transfer their TRSL membership to the applicable Louisiana retirement system instead of refunding. Refunds of accumulated contributions paid directly to you are exempt from Louisiana income tax.

Section 1 — Member Information (must be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)	SSN	Last date of employment (mm-dd-yyyy)
Mailing address	City, state, zip	
Telephone number(s)	Email address:	

Please select one: U.S. Citizen Resident Alien Non-Resident Alien

For U.S. Citizens and Resident Aliens: If refund is mailed to an address in a foreign country, you must also attach a properly completed IRS Form W-9 to this form; otherwise TRSL must withhold 30% instead of 20% for federal taxes.

For Non-Resident Aliens: Federal tax withholding of 30% will apply unless you are claiming tax treaty exemption/rates. You must attach a properly completed IRS Form W-8BEN to this application if tax treaty rates are claimed; otherwise TRSL must withhold 30% for federal taxes. Please complete:

Country of Citizenship: _____ Visa Type: _____

Section 2 — Distribution Option (must be completed by applicant)

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by TRSL into an IRA or transferred to another qualified plan. **Please select one:**

- I want my total distribution paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.
- I want my total distribution rolled over into an IRA or transferred to the qualified plan named below.
- I want my unsheltered (after-tax) contributions sent to me and the tax-sheltered portion rolled over to an IRA or transferred to a qualified plan below.
- I want \$ _____ of my contributions sent to me and the remaining amount rolled over to an IRA or transferred to a qualified plan below.

Additional Federal Income Tax Withholding

- I want TRSL to withhold an additional 10% in federal income tax withholding from all tax-sheltered distributions paid directly to me.

Direct Deposit (available for distributions paid directly to you)

- Check here if direct deposit, instead of a paper check, is desired. *NOTE: A Direct Deposit for Refund of Contributions (Form 7D), which is available at www.trsl.org, or by calling 225-925-6477 or 6449, must also be completed. If Form 7D is not received by TRSL at least three days prior to your refund being issued, then payment will be mailed to the address in Section 1 above.*

Financial Institution Information (provide only when requesting a rollover or transfer)

Indicate which of the following plans you have chosen to receive a rollover or trustee-to-trustee transfer. Check only one.

Traditional IRA Roth IRA Qualified plan, specify type: _____

Name of institution	Name and title of contact person
Mailing address	City, state, zip
Telephone number	Account number

I hereby make application for the distribution of all employee contributions to my credit held at TRSL. By this application for refund, I do hereby waive for myself, my heirs, and my assigns all my rights, title, and interest in TRSL. I have received and read the *Special Tax Notice* brochure concerning rollovers. I understand that failure to complete Section 2 above will result in payment made directly to me less the mandatory 20% withholding from the taxable distribution. I understand that if I have five or more years of service credit, I must also complete a *Request for Refund Rather Than Retirement Benefit* (Form 7E). I hereby certify the information entered on this form is true, correct, and complete.

Member's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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Section 3 — Agency Certification (must be completed by employer)

I certify that the above named person is no longer employed by _____ as of ____/____/____, which was either the last day of work for which the member received pay or was the member's last day of leave.

Employer signature (authorized representative)	Title	Date signed (at least 90 days after termination date)
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8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516
 Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lservers.net

LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

Application for Refund of Member Contributions

Please type or print in ink all entries except signatures.

Directions: You must complete Sections 1, 2 and 5 of this application. Your employer must complete Section 6. If you have worked for more than one employer in the last 90 days, you must complete a separate application for each employer. In accordance with state law your employer must hold the application for 90 days after your last day of work before certifying the information on this application. Refund payments are issued on the 15th of each month.

Section 1 - Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P.O. Box)				Primary Telephone Number
City, State, and Zip Code				Secondary Telephone Number

Section 2 - Payment Distribution

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by LSERS into an IRA or transferred to another qualified plan. **Select all that apply:**

- A. I want my total distribution paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.
- B. I want my total distribution rolled over into an IRA or transferred to the qualified plan named below. Complete Section 4.
- C. I want \$ _____ of my contributions sent to me and the remaining amount rolled over to an IRA or transferred to a qualified plan named below. Complete Section 4.
- D. I want my distribution method to be: Check Direct Deposit (Complete Section 3 and attach a voided check)
- E. I want LSERS to withhold an additional 10% for federal income tax from all tax-sheltered distributions paid directly to me.

Section 3 - Direct Deposit (available for distribution paid directly to you)

Name of Institution	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name and Title of Contact Person	Routing Number
Telephone Number	Account number

Section 4 - Rollover

Roth IRA Traditional IRA Qualified plan, specify type: _____ Account number _____

Name of Institution	Mailing Address, City, State, Zip
Name and Title of Contact Person	Telephone Number

Section 5 - Member Certification

I hereby make application for the return of the contributions to my credit in LSERS. I do hereby waive for myself, my heirs and assigns all my rights, title and interest in the funds held in my name with LSERS. I have read Special Tax Notice, Fact Sheet 20.

Member's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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Section 6 - Agency Certification (must be completed by employer) 90 days after termination date.

I certify that the above named person is no longer employed by _____, employer ID: _____ as of ____/____/____, and all salary and contributions have been reported.

Employer signature (authorized representative)	Title	Date signed (mm-dd-yyyy)
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Remember to attach a voided check to the back of this form if you elect direct deposit.

Important Information Regarding the Refund of Your Contributions

If you are ending your employment because you are totally and permanently disabled, and are no longer able to perform the duties for which you were hired, you may be eligible for a disability benefit from this system. For more information, refer to Disability Retirement Fact Sheet 16. You must have 10 years of service credit in order to apply for disability retirement if you joined LSERS after June 30, 2006. Otherwise, you only need 5 years of service credit.

If you were injured on the job and are receiving worker's compensation benefits, you are eligible to continue your membership in this system. You must make contributions based on your worker's compensation benefit in order to continue receiving service credit in the retirement system.

If you are transferring to employment covered by the Teachers' Retirement System of Louisiana or the Louisiana State Employees' Retirement System, and have five years of credit in LSERS, you can choose to remain a member of LSERS. If you are transferring to employment covered by any other public retirement system in Louisiana, you have the option of transferring your service credit and money from LSERS to the other public retirement system or executing a reciprocal recognition of credit.

Transfers of Service Credit and Reciprocal Agreements, see Fact Sheet - 5

Important Information Regarding Taxes, see Fact Sheet - 20

Attach voided check here

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