

TO: DEPARTING EMPLOYEES

**FROM: JULIE LAVIOLETTE
SUPERVISOR OF HUMAN CAPITAL**

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 Stacey Bienvenu at (337-266-5695).

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 Stacey Bienvenu at 337-266-5695.

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

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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Direct Deposit for Refund of Contributions (Form 7D)

04-7D
rev. 04/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	Form may not be altered.
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779	

Section 1 — Recipient information

Name: Last, first, MI, suffix (Jr, III, etc.)	Social Security number (###-##-####)
Daytime telephone (include area code)	Email address
Mailing address	City, state, zip

I authorize and request TRSL to credit my account at the financial organization designated below with the net amount of my refund of accumulated contributions. This authorization is not an assignment of my right to receive payment, and it revokes all prior payment direction notifications applicable to these payments. This authorization is a one-time payment agreement.

I authorize the bank to release to TRSL, on request, my current mailing address, the names and mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.

I authorize the financial organization designated below to release to TRSL, upon request, any and all information regarding my bank account designated below.

I further authorize TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent in error to the account listed below.

Recipient's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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Section 2 — Financial institution agreement

Name of financial organization	ACH routing number
Address: street / PO box	<input type="text"/>
City, state, zip	Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	<input type="text"/>



LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

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.lasers.net

01-07

Form 7
01/19

Application for Refund of Member Contributions

Print Reset

- 1. Carefully read page 2 of the application for possible options in lieu of refunding.
2. Complete this form only if you are no longer employed in a position that mandates membership with LSERS.
3. If you have at least 5 years of retirement credit but are not at retirement age, additional forms may be required before payment is issued. Please consult with your employer or contact LSERS to avoid delays.
4. If all required information/paperwork is provided, payments are processed bi-weekly; on Wednesday or the next business day if a holiday.

Section 1 - Member Information

Form fields for Section 1: 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 - Federal Tax Withholding (Consult with your tax advisor if choosing NOT to rollover funds)

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions paid directly to you require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over. Please mark below if you'd like an additional 10% withheld.
I want LSERS to withhold an additional 10% federal income tax from all tax-sheltered distributions paid directly to me.

Section 3 - Payment Distribution

- I choose to directly receive all my funds (minus applicable federal income tax)
I choose to directly receive a portion of my funds (minus applicable federal income tax) in the amount of \$_____ and have the remainder rolled over (Must complete Section 5)
I choose to rollover my funds and defer federal income tax withholding (Must complete Section 5)

Section 4 - Direct Deposit (Attach a voided check to assist with accuracy)

Failure to complete this section, distribution issued directly to you will default to a paper check.

I direct LSERS to deposit funds into the below referenced account according to my distribution selection. Additionally, I authorize LSERS to electronically retrieve any funds determined not due to me, either before or after my death. I further authorize the financial institution to release to LSERS any and all information requested for the purpose of this business relationship to include, but not limited to, contact information for any joint account holders or power of attorney documentation and their related contact information:

Form fields for Section 4: Name of Institution, Account type: Checking Savings, Name and Title of Contact Person, Routing Number, Telephone Number, Account number.

Section 5 - Rollover (Distribution will be issued as a paper check. Attach financial institution's documentation to ensure accuracy)

- Roth IRA Traditional IRA Qualified plan, specify type:

Form fields for Section 5: Name of Institution, Account Number, Mailing Address, Name and Title of Contact Person, City, State, and Zip Code, Telephone Number.

Section 6 - Member Certification

I acknowledge that I have read the provisions of this form and fully understand that I am withdrawing my retirement contributions thereby cancelling any rights for me, my heirs, and assigns, all my rights, title and interest for future monthly benefits. I accept full responsibility for this decision.

Form fields for Section 6: Member's signature (Do not print or type), Date signed.

Last Name

First Name

Social Security Number

Section 7 - Employer Certification (This section cannot be completed until 90 days after the employee's last day of employment)
***NOT REQUIRED FOR EX-MEMBERS**

I certify that the above named person is no longer employed by _____, employer ID: _____ as of ____/____/____, all salary and contributions have been correctly reported per La R.S.11:1201; we accept responsibility for distributions resulting from erroneous information.

Employer's signature (authorized representative)	Title	Date signed
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*Ex-members: LSERS membership inactive for 5 or more years; contributions still on account.

All referenced Forms and Fact Sheets are available online at www.lasers.net

Below are possible options in lieu of refunding (Depending on your circumstances - Please consult with your employer)

In the event you become disabled and unable to perform the job duties of the position that mandated membership in this retirement system, you may be eligible for a monthly disability benefit. The disability did NOT have to occur on the job. Refer to Fact Sheet 16 - Disability Retirement and Form 12 - Disability Retirement Application.

If you are receiving worker's compensation and remain employed by the employer who hired you in the position that mandates membership here in LSERS, you may continue earning service credit by submitting payments of your contributions to your employer.

If you have at least 5 years of retirement service with LSERS and are still employed in a position that mandates membership in Teachers' Retirement System of Louisiana (TRSL) or Louisiana State Employees' Retirement System (LASERS), you may choose to remain a member of LSERS; i.e., retain your LSERS membership.

If you have changed to a position that mandates membership in ANY public retirement system in Louisiana, the value of your current service can count toward future retirement benefits. Refer to Fact Sheet 5 - Transfer of Service Credit and Reciprocal Agreements and Form 9 - Application for Transfer or Reciprocal Recognition of Service.

If you have refunded and become a public employee in the future, you may be able to purchase the refunded service.

Additional Tax Information regarding your refund:

Your refund is NOT subject to La. State Income Tax per La. R.S. 11:1003.

Your refund may be subject to Federal Income Tax. Refer to Fact Sheet 20 - Special Tax Notice.

Attach voided check here

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