

TO: DEPARTING EMPLOYEES

FROM: ANTHONY G. POLOTOZLA
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 90 days after your last date of employment (the retirement systems require that we send the original form, therefore please return the original form when completing the packet).

**COBRA GROUP
INSURANCE COVERAGE:** Please read the information provided. If you wish to continue coverage, please contact Stacey Bienvenu at (337-266-5695).

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.

**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

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**.



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.lservers.net

01-07

Form 7
04/16

Application for Refund of Member Contributions

Please type or print in ink all entries except signatures.

Print

Reset

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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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: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> 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.

<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 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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Portability vs. conversion

Group Term Life Insurance coverage



Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). Generally the term of this coverage is one year and renews on an annual basis.

When you are no longer eligible for life insurance coverage, you will be given the opportunity to continue or “port” that coverage. Rates will be provided to you at that time. You will also have the option to convert Term Life Insurance coverage to an Individual Whole Life policy, instead of porting. **

Why should I continue my life insurance coverage?

It’s important to consider how your loved ones would be affected if you passed away and they were left without your financial resources. Would they be able to pay their everyday expenses or would they need to make sacrifices?

Below are a few examples of how life insurance benefits could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

What is portability?

If you leave your job or your hours are reduced, you may lose your eligibility for Group Term Life Insurance coverage through your employer. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company (age limitations may apply).

What is conversion?

Conversion allows you to convert all or a portion of your Group Term Life Insurance to an Individual Whole Life Policy when you are no longer eligible for coverage under the group policy. Only Group Term Life Insurance is available for conversion. Minnesota employees may have the option of electing Term Life continuation in place of conversion; contact your employer for more information.

Please contact the Benefits Department at 337-909-2861 if you are interested in porting or converting your basic life and/or voluntary life coverage(s). The Benefits Department can assist with factoring rates and help facilitate application for desired coverage based on the criteria set forth in the Certificate.

ReliaStar Life Insurance Company, a member of the Voya® family of companies

Portability		Conversion
Do I need to answer health questions?	Depending on the terms and conditions of your employer's group policy, you may or may not need to answer health questions.	You do not need to answer health questions.
What are the coverage amount limits?	Coverage amounts* are limited to the amount of insurance you had in force prior to applying for portability. You have the option to decrease the total amount of coverage you wish to continue.	You may convert any amount of coverage up to the amount you previously held.
Can I increase my coverage?	No.	No.
Can I also keep coverage on my spouse and/or child?	Spouse and Child coverage may only be ported if Employee coverage is ported.	Yes, you may convert Spouse and Child coverage.
Can my spouse and/or child keep coverage if I pass away?	No.	Yes, your spouse and children can convert their insurance in the event you pass away.
Can my spouse keep coverage if we divorce?	No.	Yes, a spouse can convert coverage if they are no longer considered an eligible spouse under the plan. Children would still be considered eligible under your coverage and thus could not convert.
Will my rates change over time?	Five-year, age-banded rates apply. Your rates will increase when you reach the next age band. Rates are included with the application. The insurer also has the right to increase rates in the future.	When you convert, you lock your premiums in and will pay the same rate for life with no increase in premium due to health or age. Rates and any fees are included with the application.
What are the age limits for applying?	Please refer to your certificate of coverage for age limits that apply.	You may convert coverage at any age.
When does my continued coverage end?	Please refer to your certificate of coverage for confirmation of any termination age*.	Your Whole Life policy is payable to age 121.
Are additional benefits included?	Your coverage generally includes the same benefits you had previously. Refer to your certificate for more details.	Only life insurance is included.
How are premiums paid?	The insurer bills premiums directly to you on a quarterly basis.	
How long do I have to apply?	The application is generally due within 31 days of your life insurance ending. Refer to your certificate for more details.	Application and payment are generally due within 31 days of your life insurance ending. Refer to your certificate for more details.
How do I apply?	Send in your completed application form with premium within 31 days following the date any part of your group life insurance ends. Contact your employer's Human Resources Department for further instructions and forms or call 1-855-ONE-VOYA for additional information.	

*Age reductions may apply. Please see your certificate of coverage for more information.

Basic Life and Voluntary Life Coverages are eligible for Porting and Converting options as stated in the criteria above if coverage was in place at the time of termination of employment.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Group Life Policy form #: LP00GP. Form numbers and product provisions may vary by state.

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