



Louisiana Clerks of Court Retirement and Relief Fund

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809
Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

APPLICATION FOR DISABILITY BENEFITS

Under R. S. 11:1522(B)(1)

Name:		
Address:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
City:		Social Security #:
State:	Zip Code:	Employer Parish:
Home Number:		Date of Birth:
Work Number:		Date of Employment:
Cell Number:		Email Address:

In accordance with the provisions of the Louisiana Clerks' of Court Retirement and Relief Fund, request is hereby made for Disability Retirement Benefits:

- A) That he/she has served for a period of _____ years as Clerk of Court/Deputy Clerk of Court/Employee of Clerk of Court, or a combination of two or more of said positions; that the applicant is now permanently disabled by reason of injury caused, or illness incurred, while in the performance of his/her duties; and is no longer able to perform his/her duties in said office, and it is his/her desire to be placed on retirement in order that he/she may receive benefits to which he/she is entitled under the law.
- B) That the applicant attaches hereto full statement of his/her physical condition from his/her physician, who is a resident and practicing in Louisiana; and that he/she is willing and ready to have his/her disability passed on by a physician to be named by the Board of Trustees of the Louisiana Clerks of Court Retirement and Relief fund; and further agrees, in the event retirement is granted to furnish reports of his/her condition at any time requested; and should his/her disability cease to exist, or becomes cured to the extent that he/she is able to perform work of a reasonable nature, will immediately notify the Board.
- C) Benefit Options: *(Choose below)*

SELECTION OF DISABILITY RETIREMENT *(Choose One)*

<input type="checkbox"/>	MAXIMUM PLAN - pays the largest monthly benefit allowable to the retiree, but makes no provision for a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement. I hereby apply for retirement under the Maximum plan. (If married, a spouse must complete the spousal consent section below)
<input type="checkbox"/>	OPTION NO. 1 - if the retiree dies before he/she has received, in annuity payments purchased by his/her contributions, the amount his/her contributions accumulated at the time of his/her retirement, the balance thereof shall be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board of trustees at the time of his/her retirement, or, if none, to his/her estate. I hereby apply for retirement under Option 1. (If married, a spouse must complete the spousal consent section below)
<input type="checkbox"/>	OPTION NO. 2 - upon his/her death, the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement. I hereby apply for retirement under Option 2. (If married and if you have not selected your spouse as the designated beneficiary, then your spouse must complete the spousal consent form below.)
<input type="checkbox"/>	OPTION NO. 3 - upon his/her death, one-half (1/2) of the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement. I hereby apply for retirement under Option 3. (If married, a spouse must complete the spousal consent form below.)
<input type="checkbox"/>	OPTION NO. 4 - other benefit or benefits shall be paid either to the retiree or to the person he/she shall have nominated, provided such other benefit or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be of equivalent actuarial value to the retirement allowance and shall be approved by the board. I hereby apply for retirement under Option 4. \$_____ is designated for my beneficiary at my death. (If married, a spouse must complete the spousal consent section below)
<input type="checkbox"/>	OPTION NO. 5 - the retiree may elect to receive ninety percent (90%) of his maximum retirement and upon death, if he/she is survived by a spouse to whom he/she was married at the time of his/her retirement, fifty percent (50%) thereof shall be paid to the surviving spouse during his/her lifetime. I hereby apply for retirement under Option 5.

SPOUSAL CONSENT/NOTARY *(If Applicable) (Spouse Signature must be Notarized)*

I am legally married to the applicant and I consent to the option selected above.

Signature of Spouse _____	Printed Name of Spouse _____	Date _____
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SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, Parish of _____, this _____ day of _____, 20____.

Notary ID # or Bar Roll _____	Notary Public Name (Printed) _____	Notary Public Name (Signature) _____
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SPOUSAL/BENEFICIARY INFORMATION

I hereby designate my beneficiary under said Option Plan, to receive benefits should I predecease him/her.	
Name of Beneficiary:	Sex:
Relationship to Member:	Date of Birth:
Social Security Number:	<i>Proof of age of beneficiary must accompany this application if an option 2, 3, 4 or 5 is elected.</i>

*****IMPORTANT*****

SIGNATURES OF MEMBER and WITNESSES *(This section must be signed by member and witnesses)*

- Any member may cancel his or her application for retirement prior to the effective date of said retirement; however a member cannot cancel his application for retirement once payment for benefit has commenced.
- Should you become re-employed after your retirement in any capacity in any office of a Clerk of Court, you and the Clerk are required by law to report such re-employment to the retirement office immediately.
- It is the responsibility of the member to submit a Federal Income Tax Withholding Certificate (W4-P) to instruct the retirement office as to whether you do or do not want taxes withheld from your benefit.
- If a retired member dies, without having received an amount of retirement benefits equal to his/her accumulated contributions at the date of his/her retirement, the balance remaining shall be paid to his/her designated beneficiary or, if none, his/her estate.
- No changes in the options elected or the selection of the option beneficiary shall be permitted after the retiree has received his/her initial monthly benefit payment.

Witness

Witness

Date

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.

Signature of Applicant

CERTIFICATE OF THE CLERK

Having read the above request for Disability Retirement Benefits, I hereby certify that he/she has notified me of his/her desire to apply for Disability Retirement Benefits.

I, further certify that if the retiree is re-employed in any capacity in my office, I will immediately notify the Board of the dates of re-employment.

Date

Signature of Clerk of Court

Parish of : _____

FOR RETIREMENT OFFICE USE ONLY

Monthly Benefit: _____ Option Benefit to Beneficiary: _____ Date Benefits are to Commence _____ Date Approved: _____	(Received Stamp)
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Forms may be faxed to the office but the original documents are required by mail for the application to be valid. Thank you.