

**APPLICATION FOR RECIPROCAL RECOGNITION OF SERVICE
(R.S. 11:142)**

Name of Applicant _____ Social Security # _____

Mailing Address _____

System Actively Contributing to _____

Reciprocating System(s) _____

To which member currently

Holds creditable service _____

I request a reciprocal recognition of my creditable service currently held in the above named retirement system(s) under the provisions of R.S. 11:142 and under the rules and regulations adopted by the above retirement system(s). (A copy of R.S. 11:142 may be obtained from the system in which the applicant is currently enrolled and applicable retirement system rules and regulations may be obtained from each system named above upon request. Applicants are urged to read, and obtain explanations if needed of both the provisions of the statute and the applicable retirement system rules and regulations.)

Any refunds received from the above systems have been repaid in full. I further certify that I have a minimum of six months of service credit in the system that I am actively contributing to.

Date

Signature of Applicant

APPROVED BY:

System _____

Signature and Title of Official

Date

System _____

Signature and Title of Official

Date

System _____

Signature and Title of Official

Date