



# FIREFIGHTERS RETIREMENT SYSTEM

3100 Brentwood Drive  
Baton Rouge, Louisiana 70809  
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## REQUEST FOR WITHDRAWAL FROM FIREFIGHTERS' RETIREMENT SYSTEM UNDER R.S. 11:157

Applicant's Name \_\_\_\_\_ SSN# \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Date of Request \_\_\_\_\_

LSA – R.S. 11:157 allows members of this retirement system who are also contributing to the Social Security program to withdraw from membership in the retirement system if they so desire.

Each applicant for withdrawal under these provisions must be notified of the following:

1. You must be a member of **both** FRS and Social Security in order to be eligible to withdraw.
2. Your decision to withdraw must be of your own free will and you must sign an affidavit attesting to the fact. SEE BACK OF THIS FORM.
3. If you decide to withdraw, your accumulated employee contributions will be returned to you, without interest.
4. Any person who signs such an affidavit shall not be eligible to rejoin the system while the person is employed by the same municipality, parish, or fire protection district unless the person repays their previously refunded employee contributions, within 60 days of reenrollment in the system.
5. If, after withdrawal, your membership in Social Security is cancelled for any reason, you are **required** to rejoin the FRS.

If you have any questions at all, contact the retirement office **immediately.** This request is not valid unless you sign below and complete the affidavit on the back of this form.

### CERTIFICATION:

I certify that I have read the above information and fully understand the conditions of my withdrawal from the FRS under the provisions of R.S. 11:157. I hereby make application for withdrawal effective on the first day of the month following the date of request shown above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person in Charge of Payroll

**AFFIDAVIT**

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared \_\_\_\_\_, Social Security No. \_\_\_\_\_, who upon being first duly sworn, did depose and state that he is employed by \_\_\_\_\_, a municipality, parish, or fire protection district in the state of Louisiana which has its firefighters covered under the Federal Social Security program and that under the provisions of LSA R.S. 11:157 he does hereby elect to not be a member of the Firefighters' Retirement System; that this election not to be a member is of his own free will and is his voluntary act and deed; that he understands that he shall be refunded his employee contributions, if any, which have been received by the retirement system, without interest, for any period for which he contributed to the system; and that he hereby relinquishes for himself, his heirs, and his assigns, all accrued rights and forfeits all creditable service in the Firefighters' Retirement System upon acceptance of said refund.

\_\_\_\_\_  
AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the parish and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC