



FIREFIIGHTERS' RETIREMENT SYSTEM

3100 Brentwood Drive
Baton Rouge, Louisiana 70809
Telephone (225) 925-4060 • Fax (225) 925-4062



REQUEST FOR WITHDRAWAL FROM FIREFIIGHTERS' RETIREMENT SYSTEM UNDER R.S. 11:157

Applicant's Name _____ SSN# _____

Mailing Address _____

Date of Request _____

LSA - R.S. 11:157 allows members of the Firefighters' Retirement System (FRS) who are also required by law to contribute to the federal Social Security program to permanently withdraw from membership in FRS 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 FRS while the person is employed by the same municipality, parish, or fire protection district or any other such employer that is required by law to participate in the federal Social Security program.
5. If, after withdrawal, your membership in Social Security is cancelled by the federal Social Security Administration, then you are **required** to rejoin 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/she is employed by _____, a municipality, parish, or fire protection district in the state of Louisiana which has its employees covered under the Federal Social Security program and that under the provisions of LSA R.S. 11:157 he/she does hereby elect to not be a member of the Firefighters' Retirement System (FRS); that this election not to be a member is of his/her own free will and is his/her voluntary act and deed; that he/she understands that he/she shall be refunded his/her employee contributions, if any, which have been received by the retirement system, without interest, for any period for which he/she contributed to the system; and that he/she hereby relinquishes for himself/herself, his/her heirs, and his/her assigns, all accrued rights and forfeits all creditable service in FRS 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