Rehired Retirees Information and Acknowledgment Form

The purpose of this form is to ensure that you, the ORP retiree, are aware of your retirement options upon returning to work and the potential impact this will have on your retirement benefits. In addition, the hiring department is acknowledging their responsibility when hiring an ORP retiree. Rehired ORP retirees fall into one of two categories:

I. Retirees rehired in a part-time or temporary Classified/Civil Service eligible position
Under this scenario, there would be no impact on the ORP retiree’s retirement benefit. The retiree will be automatically defaulted into no participation in a retirement plan. If they wish to elect the other option, they must contact a Benefits Service representative to complete the appropriate paperwork.

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Retiree can elect to participate in Louisiana Deferred Compensation plan (Retiree contributes 7.5% and LSU contributes 6.2%).</th>
</tr>
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<tbody>
<tr>
<td>Option 2 (Default)</td>
<td>Retiree can elect to not participate in any retirement plan and not pay any retirement contributions.</td>
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</table>

II. Retirees rehired in a part-time or temporary Professional/Academic position
Under this scenario, the retiree will be automatically enrolled in the ORP. Contributions will be remitted to same ORP carrier they participated in when they retired. Retirees will continue to pay 8% earnings into the ORP during their reemployment period. No paperwork is necessary.

** Please note that if the retiree wishes to withdraw funds out of their ORP accounts, there will need to be a 90 day break of service. TRSL will not authorize withdrawal forms if they retirees return to soon and contributions are constantly being reported.
Rehired Retiree Acknowledgment

As an ORP retiree, I acknowledge that I have read and understand the terms of my re-employment with Louisiana State University and I am aware that accepting employment through Louisiana State University may lead to not having access to funds in my ORP account.

_________________________________________   ________________________
Signature/SSN or LSU ID        Date

Hiring Department Section

As the hiring department, we have read and understand the requirements of Re-employment of Retirees and agree to abide by the guidelines.

____________________________________   ________________________
Hiring Department Signature      Date