

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, ROOM 1E12
NEW ORLEANS, LOUISIANA 70112

ENROLLMENT APPLICATION/PERSONAL HISTORY

INSTRUCTIONS: This form is designed for multipurpose use and for automated data input by the City of New Orleans Employees' Retirement System. PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES.

SECTION I - TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

FIRST NAME MIDDLE INITIAL LAST NAME

DATE OF BIRTH

STREET ADDRESS/P. O. BOX

MONTH DAY YEAR

CITY STATE ZIP

MARTIAL STATUS

SINGLE MARRIED DIVORCED WIDOWED

PREVIOUS EMPLOYMENT AND MEMBERSHIP INFORMATION

- 1. Have you ever contributed to the Employees' Retirement System of City of New Orleans, Sewerage & Water Board of the City of New Orleans and/or any other Louisiana Public Retirement System?

YES NO

Name of System

- 2. Did you withdraw your contributions when you left previous employment from the above System? YES NO

- 3. Are you receiving a pension from the Employees' Retirement System of the City of New Orleans, Sewerage & Water Board of the City of New Orleans and/or any other Louisiana Public Retirement System?

YES NO

Name of System

- 4. If you contributed to S&WB or any other LA Public Retirement System do you wish to apply for a reciprocal recognition of retirement credit between systems or actuarial transfer of funds and retirement credit from another LA Public Retirement System to the City Retirement System?

YES NO

EMPLOYEE SIGNATURE

SECTION II - TO BE COMPLETED BY THE DEPARTMENT

Department/Agency

ORGN.CODE

Employment Status:

Full time Full time equals hours per pay period.

DATE OF EMPLOYMENT

Part time Employee works hours per pay period.

MO DAY YEAR

NOTE: DATE ENTERED IN ADP

DATE SIGNED

AUTHORIZED REPRESENTATIVE SIGNATURE/TITLE