

Retirement Incentive Plan Application

Name: _____ Employee ID# (S or U) _____

Department: _____ Select One: Faculty Staff

I hereby elect to participate in the Southern University at Shreveport (SUSLA) Retirement-Incentive Plan (Plan). I certify that I have reviewed the Plan and that I understand the guidelines. I further certify that I meet all eligibility requirements as stated by the various Louisiana Retirement Systems (Louisiana State Employees Retirement System (LASERS), Teachers Retirement System of Louisiana (TRSL), or the Optional Retirement Plan (ORP)).

If the Human Resource Department finds I am ineligible for retirement, I understand that I will not receive the retirement incentive payment but may remain employed with SUSLA with no break in service.

Upon official notification from the Human Resource Department, I will voluntarily retire from SUSLA on the appropriate effective date.¹ I understand that this decision is irreversible once the seven (7) day grace period ends on May 31, 2022. I will not receive the retirement incentive payment if:

- I elect not to separate by retirement,
- I fail to comply with applicable retirement system plan application procedures or rules (e.g., completion of supporting forms)
- I fail to become a retiree from SUSLA without a break in service.

By signing this document, I agree to abide by all provisions of the Plan. My decision to participate in the Plan is completely voluntary and free from threat, duress, intimidation, or other inappropriate or unlawful influence. I have made the decision to participate in the Plan only after careful personal consideration. I acknowledge that the Human Resource Department at SUSLA has afforded to me a reasonable period of time in which to consult with others prior to electing to participate in the Plan.

I understand that the retirement incentive being offered by SUSLA is in addition to any and all retirement benefits to which I may be entitled under the Teachers' Retirement System of Louisiana ("TRSL"), the Louisiana State Employees Retirement System ("LASERS"), the Optional Retirement Plan ("ORP") or other applicable federal or state plans. I understand that the Plan does not in any way affect either my eligibility for retirement or the amount of any retirement benefits to which I am entitled.

Done this _____ day of _____ of 2022.

Signature _____

Date: _____

Witness _____

Date: _____

¹ Applicant shall submit an intent to retire letter by June 1, 2022.