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Enrollment

To complete the enrollment, please make sure you have a copy of member's Social Security Card, Driver's License/State ID and signed [Form 2SS](#) which are required to be uploaded below. Title of Position is Retain, a copy of [Form 2B](#) is also required to be uploaded. Fields marked with * are required.

SSN*

Employer **Red River Parish School Board**

Last Name*	<input type="text"/>	Date of Birth*	<input type="text"/>	Home (must be physical address)	Mailing	Same as Home
First Name*	<input type="text"/>	Marital Status*	<input type="text"/>	Address 1*	Address 1	<input type="text"/>
Middle Name	<input type="text"/>	Cell Phone*	<input type="text"/>	Address 2	Address 2	<input type="text"/>
Suffix	<input type="text"/>	Alternative Phone	<input type="text"/>	City*	City	<input type="text"/>
Gender*	<input type="text"/>	Member Status	<input type="text"/>	State*	State	<input type="text"/>
		Current Service Credit	<input type="text"/>	Zip*	Zip	<input type="text"/>
		Email	<input type="text"/>			

Information is being requested in accordance with Act 952 of 2010 to determine appropriate retirement provisions for this hire. If the applicant has not refunded or retired from the other state systems, contribution rate will be 7.5%

Was applicant a previous member of a state retirement system in Louisiana? *

Employment Status*

Full-Time

Part-Time

Full-Time Hours Per Week *

Title of Position *

Date of Employment *

Months of Contract *