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Forfeiture of Benefits Attestation

(For Employer Use Only - Do Not Return to LSERS)

Section 1 - Employee Information

Last Name	First Name	MI	Suffix	Social Security Number
Position Title				Date of Employment / /

Section 2 - Provisions of Forfeiture Law

In accordance with La R.S. 11:293E, all individuals employed on or after January 1, 2013 are required to read and sign this attestation form.

By accepting this position, I understand that I will be enrolled in the Louisiana School Employees' Retirement System.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

1. Public corruption crime resulting in financial gain or attempted financial gain for myself or a third party.
2. Public corruption crime that involves sexual contact with a minor and there was a direct association by virtue of my public employment.

The statute contains many terms and conditions and can be read in its entirety on the Louisiana Legislature website at <https://legis.la.gov/Legis/Law.aspx?d=814585>.

Section 3 - Attestation

I certify I have read the provisions of the forfeiture law as outlined in Section 2 of this form.

Signature of Employee (Do not print or type)

Date Signed (MM/DD/YYYY)