

PERSONAL DATA SHEET FOR RETIREES

PLEASE TURN THIS FORM INTO THE RETIREMENT PLAN OFFICE (JFB - ROOM 357)
DO NOT SUBMIT THIS FORM TO YOUR DIVISION

***** THIS FORM IS NOT AN APPLICATION FOR RETIREMENT*****

TARGETED EFFECTIVE RETIREMENT DATE:

Member – Job Information

Name:
Employee No.:
Civil Service Class:
Division:
Payroll No.:
Department Phone:

Member – Personal Information

Social Security Number: XXX - XX -
Birth Date:
Home Address:
(cont)
City, State Zip Code:
Home Phone:
Mobile Phone:
E-Mail Address:

Member – Service Information

Prior City service (check one)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If "Yes", do you have funds on deposit with LACERS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you applied to retire with LACERS?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Prior Department/Government Service?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Do you have any questions about purchasing time?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

Spouse or Domestic Partner – Information

Name _____

Date of Birth _____

Social Security # _____

Phone # _____

Date of Marriage/Partnership _____

City/State of Marriage/Partnership _____

Is Spouse/Domestic Partner a Department Employee ☐ No ☐ Yes

If yes, employee # _____

Member's Divorce History

Have you ever been divorced? ☐ No ☐ Yes

If yes, name of prior spouse _____

Member's Children – Information

Name _____

Date of Birth _____

Social Security # _____

Phone # _____

Address _____

City, State Zip _____

Relationship _____

Name _____

Date of Birth _____

Social Security # _____

Phone # _____

Address _____

City, State Zip _____

Relationship _____

Use an additional page for more than two children.

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If you have any questions, please call (213) 367-1715. Thank you.