

**ALADS RETIRED MEMBER APPLICATION**  
**(and LACERA PAYROLL DEDUCTION FORM)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date Hired By Department \_\_\_\_\_ Date of Retirement \_\_\_\_\_

County Employee No. \_\_\_\_\_

Type of Retirement (check which):     Regular         Disability

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**PLEASE COMPLETE THE LACERA PAYROLL DEDUCTION FORM BELOW**

AGENCY CODE: 81		AGENCY NAME: ALADS	
Retiree Name (Last, First):		Soc. Sec. #:	
<input type="checkbox"/> NEW RETIRED	New Amt. \$ _____ (include \$7.50 dues)		
<p>I hereby authorize the Board of Retirement to cancel the deduction, or to deduct monthly from my retirement warrants issued by Los Angeles County Employees Retirement Association, the amount shown hereon and to pay the same to the proper agent. This authorization cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled by me, by written notice. However if all or any portion of this deduction authorization includes insurance premiums and or organization dues, I hereby authorize LACERA to adjust from time-to-time the amount of this deduction as may be required to comply with adjustments in premiums under existing contracts with said insurance plans or to comply with changes in dues schedules determined by said organization's constitution, charter by-laws, or other applicable legal requirements.</p> <p>It is expressly understood and agreed that the Board of Retirement or other disbursing officer acting under this authorization shall not be liable in any manner for failure or delay on his part in making the deductions or payments here authorized and I agree to save the Board of Retirement or other disbursing officer harmless from any loss sustained by me for his failure or delay in making any such deductions or payments.</p>			
Signature			Date