

HR Pros PRINT MATERIAL ORDER

Date: _____

Name:	_____
Department:	_____
Address:	_____ _____
Email:	_____
Phone:	_____

Quantity: _____ **New Member Process flowchart**Quantity: _____ **Beneficiary Designation form**Quantity: _____ **Plan G brochure**Quantity: _____ **Plan D brochure**Quantity: _____ **Plan E brochure**Quantity: _____ **Plans A, B, C brochure**Quantity: _____ **Safety Plan C brochure**Quantity: _____ **Safety Plans A B brochure**Quantity: _____ **Employer Disability Retirement Folder**

Includes: Disability Retirement Plans A, B, C, & D, Application for Disability Retirement (For Department Filing on Behalf of Employee), Disability Retirement Eligibility & Application Instructions (For Department Filing on Behalf of Employee)

Quantity: _____ **Survivor (Service-connected Death) Package**Quantity: _____ **Q&A: Death & Continuing Benefits**Quantity: _____ **Survivor & Death Benefits Information Card**

Complete, save, and email this form to LACERA's Procurement Department: procurement@lacera.com.