



## MEASURE FF TIER 1–ENHANCED REFUND REQUEST FORM

Pursuant to Los Angeles Administrative Code Section 4.1002(h), Tier 1–Enhanced LACERS Members who elected to transfer to LAFPP Tier 6 under the LACERS Peace Officer Transfer Program (Eligible Member) shall receive an interest-free refund of the \$5,700 post-tax contributions paid from personal funds for enhanced benefits.

If you are an Eligible Member, to receive the non-taxable (already taxed) \$5,700 refund, you must complete and submit this Measure FF Tier 1–Enhanced Refund Request Form along with a copy of a valid government-issued identification to LACERS by **Friday, May 1, 2026**.

By placing an “X” in the box next to your selection, please select whether you want LACERS to hold your refund check at our office for you to pick up in-person or want LACERS to mail your refund check to the specific address you are verifying on this form.

### I AUTHORIZE THAT LACERS: (Choose one)

**Hold my Refund Check** at LACERS so that I can pick it up **in person**.

By signing below, I acknowledge that LACERS must receive this form and review the information before my refund check is issued. I hereby authorize LACERS to hold the check that is payable to me until I **personally** retrieve it. I commit to retrieving the check within one (1) month of LACERS’ notifying me that it is available and acknowledge that I will must present valid government-issued identification to prove my identity when I pick up my check. I also authorize LACERS to contact me by automated voice or text messages.

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

**OR**

**Mail my Refund Check** to the Address in the “Mailing Information” area below.

By signing below, I acknowledge that LACERS must receive this form and review the information before my refund check is issued. I hereby authorize LACERS to send a check payable to me to the address I provided below. I understand that I am responsible for providing LACERS with the correct address and information, as well as a copy of a valid government-issued identification. I acknowledge that if the address I submit differs from the one in the City’s payroll system, I will be required to provide LACERS with valid government-issued identification and other documentation to verify my identity and address, to ensure my refund is issued securely. I also authorize LACERS to contact me by automated voice or text messages.

\_\_\_\_\_  
Signature – Member

\_\_\_\_\_  
Date

If you elected “**Mail my Refund Check**”, you must complete the “Mailing Information” section on Page 2 of this form.

**MAILING INFORMATION**

(Please Print)

Last Name	First Name		Middle
Mailing Address	City	State	Zip Code
Telephone	Email Address		
Department	Last 4 Digits of Your SS #		

The deadline to submit the Measure FF Tier-1 Enhanced Refund Request Form is:

**Friday, May 1, 2026**

You may submit this form by along with a copy of a valid government-issued identification:

- Using the Secure Upload link provided on LACERS' website at [lacers.org](http://lacers.org).
- Mailing the form to: Attn: Measure FF Refund Request, 977 N. Broadway, Los Angeles, CA 90012-1728
- Delivering the completed form in person to: 977 N. Broadway, Los Angeles, CA 90012-1728

LACERS is open from 7:00 a.m. to 4:00 p.m., Monday through Friday, excluding City of Los Angeles Holidays. Parking is not provided. If you have any questions, you may contact LACERS staff at 800-779-8328.

**ADA Notice**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.