

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 OFFICE PARK BOULEVARD, BATON ROUGE, LA 70809-7601
(225) 925-4810 or TOLL FREE 800-820-1137 FAX (225) 925-4816

ENROLLMENT FORM

SECTION I. EMPLOYEE INFORMATION - Please type or print clearly

Name (First, Middle Initial, Last) _____

Social Security Number: _____
Attach copy of Social Security Card

Mailing Address _____

Phone No. (Home): _____

City _____ State _____ Zip Code _____

Marital Status (Check One): Married Widow(er)
 Single Divorced

Date of Birth: _____

Sex: Male Female

Are you a City or Deputy Marshal? Yes No

SECTION II. PREVIOUS ENROLLMENT

A. If you were at any time a member of MERS, give name under which your membership was reported and dates employed.

From (Mo./Yr.): _____ To (Mo./Yr.): _____

STATUS: Refunded Transfer Inactive

B. Are you now or have you ever been a member of another Louisiana Public Retirement System? If yes, list system name(s) below:

Yes No

From (Mo./Yr.): _____ To (Mo./Yr.): _____

WHAT IS YOUR PRESENT STATUS IN OTHER LA PUBLIC RETIREMENT SYSTEMS? Retired Active Refunded Inactive- left contributions on deposit

SECTION III. DESIGNATION OF PRIMARY BENEFICIARY(S)

I do hereby designate the following as my primary beneficiary: (include address if different from member)

Social Security Number: _____

Name: _____

Date of Birth: _____

(Note: Primary beneficiary may be changed at any time prior to retirement.)

Relationship to member: _____

I request the Board of Trustees of the Municipal Employees' Retirement System to pay, in the event of my death while an active contributing member before retirement, the total amount of accumulated contributions standing to my credit in the retirement system to the designated beneficiary(s), otherwise, to my estate, unless benefits are payable to surviving spouse and/or children in accordance with Title 11 of Louisiana Revised Statutes.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Member _____

Date _____

Signature of Witness _____

SECTION IV. EMPLOYER CERTIFICATION (TO BE COMPLETED BY MUNICIPALITY PERSONNEL)

Member's Position/Title: _____

Employer: _____
(Municipality)

Members Date of Full-Time Employment: _____

I HEREBY CERTIFY INFORMATION SHOWN HEREON AS TRUE AND CORRECT TO THE BEST OF MY

KNOWLEDGE: _____

Signature of Appointing Authority

Date

FOR RETIREMENT OFFICE USE ONLY

ENTERED BY: _____ DATE: _____ / _____ / _____