

Municipal Employees' Retirement System of Louisiana
7937 Office Park Boulevard, Baton Rouge, LA 70809
225-925-4810 Toll Free 1-800-820-1137
Fax 225-925-4816

RE-EMPLOYED RETIREE OF MERS

NAME: _____ SOCIAL SECURITY NO. _____

Last 4 digits

ADDRESS: _____

NAME OF EMPLOYER: _____

DATE OF RE-EMPLOYMENT: _____

POSITION: _____

CIRCLE ONE: FULL-TIME PART-TIME

I _____, hereby acknowledge that by returning to work "full-time", my retirement benefit will be suspended. Should I work for twelve (12) months that I shall receive a supplemental benefit for each year of service credit earned during my re-employment after retirement. The supplemental benefit will be calculated using my average salary earned during my re-employment and the payment option elected on my original retirement benefit. Further, that should I not be re-employed for the required minimum twelve (12) months, that upon application, the system will return my contributions paid during re-employment without interest.

Further, should I return to work "part-time", I will be subject to earnings limits according to LA R.S. 11:1762 (2). I shall not accrue additional service credit nor receive a supplemental benefit. Upon termination of my re-employment, and upon application, the system will return my contributions paid during re-employment without interest.

Signature of retired re-employed employee

Date

Signature of Authorized Representative

Date