

**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

**PERSONAL HISTORY FORM**

**SECTION I. EMPLOYEE INFORMATION**

\_\_\_\_\_  
Name (First, Middle Initial, Last)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Home 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

Are you an elected official?  Yes  No

**SECTION II. PREVIOUS ENROLLMENT**

A. If you were at any time a member of this system, 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: \_\_\_\_\_

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 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)

Member's Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

I HEREBY CERTIFY INFORMATION SHOW HEREON AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**FOR RETIREMENT OFFICE USE ONLY**

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_