

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

RETIREMENT/DROP ESTIMATE REQUEST

Check one: Retirement DROP Early Disability

Member's Name: _____

Social Security Number (last 4 digits only): _____

Member's Mailing Address: _____

Member's Phone Number: _____

Member's Email Address: _____

Retirement/DROP Date: _____

Effective date of estimate is always the 1st of the month and must be at least 2 months from today's date.

Employer: _____

Automatic COLA option calculation Yes No

If selected, member receives a reduced benefit amount to receive an annual 2.5% COLA each year, beginning at age 55, in addition to any COLAs declared by the Legislature or Board of Trustees, in very limited circumstances.

Did you participate in DROP? Yes No

If yes, date DROP participation ended: _____

Email: Yes No

Mail: Yes No

Send copy to employer: Yes No

Member's Signature

Date

I have read and understand this *Retirement/DROP Estimate Request*. I have completed this form and certify, that to the best of my knowledge, all information provided is true and correct.

Mail completed form to the above address or fax to 225-925-4816 and please allow two to four weeks for your estimate.