

APPLICATION FOR PURCHASE OF MILITARY SERVICE CREDIT

R.S. 11:152-153

MEMBER'S INFORMATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	
Have you ever been a member of any other L f yes, please give name of system(s) & dates		nt System? 🗌 YES 🗌 NO
Have you purchased military service credit w	ith any other LA Pu	iblic Retirement System? 🗌 YES 🗌 NO
Are you retired from the military?	NO	
miliary service cannot be used to meet the m	iinimum eligibility r nt points awarded	by the military branch for Reserve, National Guard or
have read and understand this application a correct.	nd certify, to the b	est of my knowledge, all information provided is true and

Signature of Member

Date of Signature

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