



APPLICATION FOR RECIPROCAL RECOGNITION OF SERVICE

R.S. 11: 142

MEMBER'S INFORMATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	

System Actively Contributing To:

Reciprocating System(s) to which member currently holds creditable service:

Reciprocal recognition of service allows your to combine service credit in two or more Louisiana state, or state-wide public retirement systems. Your contributions will be retained in each retirement system and, when eligible and upon application, you may receive benefits from each system. I request a reciprocal recognition of my creditable service currently held in the above named retirement system(s) under the provisions of R.S. 11:142. Any refunds received from the above named retirement system(s) have been repaid in full. I further certify that I have a minimum of six months of service credit with MERS.

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Signature of Member

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Date of Signature

APPROVED BY:

System:	
Signature and Title of Official	Date:

System:	
Signature and Title of Official	Date:

System:	
Signature and Title of Official	Date:

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