

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)

ENROLLMENT CHECKLIST

PLEASE ATTACH THE FOLLOWING WITH ENROLLMENT FORMS. ENROLLMENT FORMS ARE TO BE COMPLETED ON THE FIRST DATE OF EMPLOYMENT.

Enrollment Form

Copy of Social Security Card

SSA-1945 – Social Security Acknowledgement - Only required for members not paying into Social Security

If hired by the Police or Fire Department – Verification letter from MPERS or FRS

If hired by the City Court or Marshal's office – Verification signature from City Court or Marshal of mandated contributions from all salary sources and fees/commissions.

Signature: _____ Date: _____

Printed name: _____ Phone: _____

THE ABOVE MUST BE COMPLETED AND SUBMITTED TO MERS BEFORE THE FIRST CONTRIBUTIONS ARE REPORTED. THERE IS NO PROBATIONARY OR WAITING PERIOD TO BEGIN CONTRIBUTING TO THE RETIREMENT SYSTEM.

Forfeiture of Benefits Attestation – **Do not submit to MERS – Must be filed in member's personnel file**

FOR RETIREMENT OFFICE USE ONLY

Approved by: _____

Entered by: _____

Scanned by: _____

Date: _____

Date: _____

Date: _____

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
 www.mersla.com

EMPLOYER NO.
 PLAN
 To be completed by MERS

MEMBER ENROLLMENT FORM

SECTION I. EMPLOYEE INFORMATION – Please type or print clearly

 Name (First, Middle Initial, Last) Social Security Number: _____
 Attach copy of Social Security Card

 Mailing Address Date of Birth: _____

 City, State, Zip Code Phone Number: _____
 Home or Cell

Email address: _____ Sex: Male Female

Marital Status (Check One): Married Widow(er) Single Divorced

If Married – Spouse's Name: _____ Date of Marriage: _____

Social Security Number Last 4 Digits _____ Date of Birth: _____

List Name and Date of Birth of all minor children, and/or children who are mentally or physically disabled regardless of age: (If no children, indicate NONE)

Name of Minor Child or Mentally or Physically Disabled Child	Date of Birth

Are you currently employed by any of the following departments?

Department	Yes	No
City Court		
Marshal's Office		
Fire Department		
Police Department		

SECTION II. PREVIOUS ENROLLMENT

If you were at any time a member of MERS? No Yes

Membership in MERS prior to January 1, 2013, even if refunded, will require member to remain enrolled in Tier 1.

If yes, give name under which your membership was reported and dates of employment.

_____ From (Mo./Yr.): _____ to (Mo./Yr.): _____
Print Name Status: Refunded Transferred Terminated or Resigned

Are you now or have you ever been a member of another Louisiana Public Retirement System? If yes, list system name(s). Yes No

_____ From (Mo./Yr.): _____ to (Mo./Yr.): _____
Retirement System Name

What is your present status in the above retirement system: Retired Active Refunded
Terminated or resigned and left contributions
on deposit with retirement system.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Member

Date

SECTION III. EMPLOYER CERTIFICATION (TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE)

Member's Position/Title: _____ Employer: _____

Date of Hire: _____ Department: _____

Begin withholding contributions on first date of hire. There is no probationary or waiting period.

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

Signature of Authorized Representative

Date

Print name of Authorized Representative

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Boulevard, Baton Rouge, LA 70809

DESIGNATION OF BENEFICIARY

MEMBER INFORMATION

Name: _____ Social Security Number: XXX-XX-_____

This designation supersedes all prior designations. You must include ALL beneficiaries that you wish to designate. The number of primary or contingent beneficiaries that you may name is not limited. "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. If you are not the member, you must submit a Certified copy of a "Power of Attorney" or other legal documents with this form.

PRIMARY BENEFICIARY (ies) - To enter up to four primary beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four primary beneficiaries, please contact the office at (225) 925-4810.

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Does the total combined percentage for your Primary Beneficiaries equal 100%?

Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

DESIGNATION OF BENEFICIARY

CONTINGENT BENEFICIARY (ies) – (optional – not required) - To enter up to four contingent beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four contingent beneficiaries, please contact the office at (225) 925-4810.

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

If they exist, does the total combined percentage for your Contingent Beneficiaries equal 100%? Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

I request that the Board of Trustees of the Municipal Employees' Retirement System pay, in the event of my death while an active contributing member before retirement, the total amount of my remaining contributions in the retirement system to the designated beneficiary(ies), otherwise, to my estate, unless benefits are payable to a surviving spouse and/or children in accordance with Title 11 of the Louisiana Revised Statutes.

MEMBER NAME: _____

MEMBER SIGNATURE: _____ **DATE:** _____

COMBINED FORFEITURE OF BENEFITS ATTESTATION FORM

Please type or print in ink all entries except signatures

In accordance with Act 479 of the 2012 Legislative Session (La. R.S. 11:293), all employees hired or rehired on or after January 1, 2013 must sign this form at time of enrollment certifying he or she has knowledge of this new law.

Section 1 – Member Information				
Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number

Section 2 – Provisions of Forfeiture Law
<ol style="list-style-type: none">1. As a public servant employed or reemployed on or after January 1, 2013, I understand the provisions of Louisiana Revised Statute (La. R.S.) 11:293 applies to me.2. If convicted or if I enter a plea of “guilty” or “no contest” of a public corruption crime meaning a state or federal felony committed on or after January 1, 2013, I understand the judge may order forfeiture of retirement benefits to the extent allowable by the law.3. If the judge applies the provisions of La. R.S. 11:293, then the public employee’s service credit attributable to employer contributions and interest including any funds in the deferred retirement option plan (DROP) account shall be forfeited to the retirement system and shall not be used to calculate a benefit for the convicted member.4. The statute contains many terms and conditions and can be read in its entirety on the Louisiana Legislature website at http://www.legis.state.la.us/lss/lss.asp?doc=814585.

Section 3 – Member Certification	
I certify I have read the provisions of the forfeiture law as outlined in Section 2 of this form.	
Signature of Member (Do not print or type)	Date Signed (MM/DD/YYYY)

Section 4 – Employer Witness	
Signature of Witness (Do not print or type)	Date Signed (MM/DD/YYYY)

This combined form is provided by the Municipal Employees’ Retirement System of Louisiana, Municipal Police Employees’ Retirement System and the Firefighters’ Retirement System.

This form should remain in the member’s employee file. Do not send to the retirement system.