

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

RE-EMPLOYED RETIREE OF MERS

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
Last 4 digits

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

RETIREMENT DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DATE OF RE-EMPLOYMENT: \_\_\_\_\_

(Must be a minimum of one (1) month after retirement date.)

POSITION: \_\_\_\_\_

RETIREMENT TYPE:    REGULAR            EARLY            DISABILITY

If Early or Disability is checked, you are not eligible to return to work with an employer participating in MERS.

CHECK ONE:    FULL-TIME            PART-TIME

I \_\_\_\_\_, hereby acknowledge that by returning to work "full-time," my retirement benefit will be suspended. Should I work for at least twelve (12) months I shall receive a supplemental benefit for each year of service credit earned during my re-employment after retirement. The supplemental benefit will be calculated using my average salary earned during my re-employment and the payment option elected on my original retirement benefit. Further, that should I not be re-employed for the required minimum twelve (12) months, upon application, the system will return my contributions paid during re-employment without interest.

Should I return to work "part-time," (under 35 hours per week) I will be subject to earnings limits according to La. R.S. 11:1762. I shall not accrue additional service credit nor receive a supplemental benefit. Upon termination of my re-employment, and upon application, the system will return my contributions paid during re-employment without interest.

\_\_\_\_\_  
Signature of retired re-employed employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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**MERS Office Use Only**

Employee Number: \_\_\_\_\_ Retirement Type:     Regular     Disability     Early

Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_