

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

RETIRE FROM FULL-TIME RE-EMPLOYMENT

NAME: _____

SSN: _____ EMPLOYER: _____

FINAL TERMINATION DATE: _____

PLEASE ATTACH AN UPDATED DIRECT DEPOSIT FORM AND A BLANK, VOIDED CHECK.

Retiree Signature

DATE: _____

Signature of Authorized Representative

DATE: _____