



MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA
7937 Office Park Blvd., Baton Rouge, LA 70809
225-925-4810 or 800-820-1137 Fax 225-925-4816

Employer Request to Withhold Insurance Premiums

EMPLOYER INFORMATION

Employer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____

I hereby authorize the Municipal Employees' Retirement System of Louisiana to submit monthly insurance premiums deducted from retired employees or a surviving beneficiary via ACH payment as per the attached *Employer Direct Deposit Agreement* form.

Effective Date Insurance Deductions Begin: _____

Signature of authorized representative

Date

Print name of authorized representative

FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

Employer Number: _____ Plan _____

Date of first payment: _____

Reviewed by: _____

Checked by: _____

RETAIN A COPY FOR YOUR RECORDS

Employer Request to Withhold Insurance Deductions 11-2021