

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

**Retiree Insurance Premium Deduction Authorization** Please type or print in ink all entries except signatures

## Section 1 - RETIREE INFORMATION (must be completed by applicant)

Name:		SSN:	
Mailing Address:			(Last 4 digits)
City:	State:	Zip Code:	
Phone No	Email Address:		
Option Beneficiary		SSN: _	(Last 4 digits)

I hereby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount as may now or in the future be payable by me for insurance premiums.

Member's Signature	Date Signed	Employer	
Section 2 – EMPLOYER CERTIFICATIO	ON		
/onthly Premium to be Deducted: <u>\$</u>		_ Effective Date:	
Signature of authorized representative	 C	Date	
Print name of authorized representative	2		
FOR MERS OFFICE USE	ONLY – DO NOT CO	OMPLETE THIS SECTION	
Retirement Effective Date:	Monthly	Monthly Benefit:	
Date of first payment:	First mo	First month deduction amount:	
Reviewed by:	Checked	l by:	
RETAIN	A COPY FOR YOUR RE	CORDS	

RETAIN A COPY FOR YOUR RECORD