



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

Survivor Insurance Premium Deduction Authorization

Please type or print in ink all entries except signatures

Section 1 - SURVIVOR INFORMATION (must be completed by applicant)

Name: _____ SSN: _____
 (Last 4 digits)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Email Address: _____

Retiree: _____ 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.

Survivor's Signature **Date Signed** **Employer**

Section 2 – EMPLOYER CERTIFICATION

Monthly Premium to be Deducted: \$ _____ Effective Date: _____

Signature of authorized representative **Date**

Print name of authorized representative

FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

Survivor Effective Date: _____ Monthly Benefit: _____

Date of first payment: _____ First month deduction amount: _____

Reviewed by: _____ Checked by: _____

RETAIN A COPY FOR YOUR RECORDS