MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)

DISABILITY APPLICATION CHECKLIST

PLEASE INCLUDE THE FOLLOWING WITH YOUR RETIREMENT APPLICATION. APPLICATIONS RECEIVED WITHOUT THE PROPER PAPERWORK WILL DELAY PROCESSING.

- ☐ Application for Disability Retirement*
- ☐ Authorization for Direct Deposit*
- ☐ W-4P*
- ☐ Salary Evaluation Form*
- ☐ Authorization to Request Information*
- ☐ Authorization to Release Information*
- ☐ Member Statement of Disabling Condition*
- ☐ Disability Report by Supervisor*
- ☐ Notification of Income from Other Sources*
- ☐ Copies of All Medical Records Pertaining to Disability*
- ☐ Letter from your Physician stating in their opinion you are disabled*
- ☐ Spousal Consent Form (Required if Legally Married) *
- ☐ Copy of Member's Birth Certificate and Social Security Card*
- ☐ Copy of Beneficiary's Birth Certificate and Social Security Card (Required if Option other than Maximum Chosen)*
- ☐ Copy of Certificate of Elected Service (Required for Elected Officials Only)
- ☐ Certified Copy of Death Certificate (Required if widowed)
- ☐ Certified Copy of Divorce Judgment (Required if divorced)
- ☐ Have final earnings and contributions been reported? Yes No (circle one)

*REQUIRED

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM of LOUISIANA (**MERS**)
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: (800) 820-1137 or (225) 925-4810 – Fax: (225) 925-4816

APPLICATION FOR DISABILITY RETIREMENT

Name: _____ Social Security # _____
Attach copy of card

Address: _____ Date of Birth: _____

_____ Employer: _____

Phone Number: _____ Marital Status – Circle One
Area Code + Number Never Married Legally Married Divorced Widowed

In accordance with the provisions of MERS, application is hereby made for Disability Retirement.

A. Selection is hereby made of the retirement benefit payment plan checked below:

(a) Maximum Allowance Plan ☐

(b) Option Plan Number _____ (Choice must be written in blank - Option No. 2, 3, 4, 4.2, or 4.3)

(Please see page 2 for explanation of benefit options)

B. Are you now receiving Worker's Compensation or other disability benefits for this disabling condition?

◯ Yes ◯ No

If yes, you must complete "Notification of Income from Other Sources" and submit it with this application.

C. Have you ever received Worker's Compensation or other disability benefits for this disabling condition?

◯ Yes ◯ No

If yes, give the dates you received Worker's Compensation: _____

D. Do you receive income from any sources other than the job for which this disability claim is made: Social Security Administration, Veteran's Administration, or outside employment? ◯ Yes ◯ No

I hereby designate my beneficiary to receive eligible survivor benefits should I predecease him/her.

Name of beneficiary: _____ Date of Birth _____

Address: _____ Relationship _____

_____ Social Security # _____
Attach copy of card

I, the undersigned, certify that I have had the above option chosen explained to me to my satisfaction.

_____ _____
Applicant's Signature Date

Member Name: _____ Social Security # _____

EMPLOYER'S CERTIFICATION

Has this member ever received Worker's Compensation (WC) or employer paid disability benefits? ◯ Yes ◯ No

The last day of service for which applicant will be paid is ____/____/_____

Date on which service of applicant will terminate is ____/____/_____

I have reviewed and certified correct to the best of my knowledge and belief:

Date: _____ Employer: _____

Signature: _____ Title: _____
Clerk or Designated Authority

EXPLANATION OF BENEFIT PAYMENT PLANS

MAXIMUM ALLOWANCE PLAN – The Maximum Plan pays the largest monthly benefit allowable to the retiree, but makes no provision for payments to a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement.

OPTION NO. 2 – The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 3 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit will continue throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 4 - The member receives a reduced retirement allowance payable throughout life, with the provision that some other benefit or benefits shall be either paid to the member, or to such person or persons designated by the member, provided such other benefits, together with the reduced retirement allowance, shall not exceed the actuarial equivalent of the regular retirement allowance. NOTE: If the member selects this Option, the proposed retirement plan must be outlined in a letter attached to this application.

OPTION NO. 4.2 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

OPTION NO. 4.3 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit payment will continue throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

IMPORTANT

If a retired member dies, without having received in retirement benefits an amount equal to their remaining accumulated contributions to the system at the date of their retirement, the balance remaining to their credit shall be paid to their designated beneficiary or, if none, their estate.

I understand that no changes in the Option elected by the member, other than to correct administrative error, shall be permitted after sixty days from date of receipt of retirement application by the board and, if an Optional plan of benefit payments is selected, the Option beneficiary may not be changed.

I have read and understand the above statement. Applicant's Signature: _____

MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM
OF LOUISIANA

AUTHORIZATION FOR DIRECT DEPOSIT

BENEFIT RECIPIENT'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:	Phone Number:	
Email Address:		

ACCOUNT INFORMATION

Name of Financial Institution:		
Type of Account: ☐ Checking ☐ Savings **Must attached VOIDED check or Direct Deposit Authorizaton Form from the Financial Institution**		
Account Number:	Routing Number: (Must Be 9 Digits)	
Address of Financial Institution:		
City:	State:	Zip Code:
If Joint Account, Name of Joint Signer:		

I hereby authorize Municipal Employees' Retirement System (MERS) to deposit my net benefit payment to my account at the financial institution designated above and, if necessary, to initiate withdrawals to correct erroneous deposit entries to my account listed above. I understand that it is my responsibility to notify MERS should any changes occur to the above account specified. This authorization remains in effect until another signed Authorization for Direct Deposit is completed and received by MERS terminating or changing payment instructions. By signing below, I certify the following: 1) that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S.; 2) that I am entitled to the payment identified herein; and 3) that I understand the provisions and obligations contained herein.

Signature of Benefit Recipient	**Date of Signature**

7937 OFFICE PARK BOULEVARD •BATON ROUGE, LOUISIANA 70809
TELEPHONE 225-925-4810 • 800-820-1137
FACSIMILE 225-925-4816 • WWW.MERSLA.COM

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/ annuities. Otherwise, enter "-0-"..... $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here..... $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500..... $

Add other credits, such as foreign tax credit and education tax credits $

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Bob also has a job that pays $25,000 a year. Bob has no other pensions or annuities. Bob will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Carol does not have a job, but she also receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Carol will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has $1,000 of interest income, then she will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Don does not have a job, but he receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Don will not enter any amounts in Step 2.

If Don also has $1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Ann also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Ann will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Ann also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

CAUTION ***Multiple sources of pensions/annuities or jobs.*** *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions *(continued)*

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income	**1**	$
2	Enter: • $29,200 if you're married filing jointly or a qualifying surviving spouse • $21,900 if you're head of household • $14,600 if you're single or married filing separately	**2**	$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	**3**	$
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • $1,950 if you're single or head of household. • $1,550 if you're married filing separately. • $1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	**5**	$
6	**Add** lines 3 through 5. Enter the result here and in **Step 4(b)** on Form W-4P	**6**	$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA
7937 OFFICE PARK BOULEVARD, BATON ROUGE, LOUISIANA 70809

SALARY EVALUATION FORM
USE THIS FORM TO REQUEST ONE OF THE FOLLOWING
THIS FORM MUST BE ATTACHED TO APPLICATION

◯ RETIREMENT BENEFIT
◯ DEFERRED RETIREMENT OPTION PLAN (DROP)
◯ SURVIVOR BENEFIT
◯ DISABILITY BENEFIT

_____
Name of Member Social Security Number

Employer _____ Is member a Marshal or Deputy Marshal? ◯ Yes ◯ No

Termination Date (N/A for DROP) _____ Retirement/DROP Effective _____

Employee's Highest **60** Consecutive or Joined Months of Earnings

Start Date	End Date	No. Of Months	Regular Earnings-**Excluding Overtime**
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

Did the member have any breaks in service credit since the date of hire?

◯ **Yes** ◯ **No** If yes, list any breaks in service below.

_____

_____

_____ _____
Signature of Member Date

_____ _____
Signature of Appointing Authority Date

Municipal Employees' Retirement System (MERS)

Authorization to Request Information

I, _____, social security number (last 4 digits only) _____ understand that if approved for Disability retirement benefits, by way of this release, I give my permission and authorization to the Municipal Employees' Retirement System (MERS) to request information related to documentation or forms regarding earned income and/or benefit(s) I may be receiving now or in the future from the following sources: Internal Revenue Service, Department of Labor and/or the Social Security Administration.

_____ _____

Signature Date

Municipal Employees' Retirement System

7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: 225-925-4810 Fax: 225-925-4816

AUTHORIZATION TO RELEASE INFORMATION

I authorize any employer, insurance company, Medical Insurance Bureau, Workers' Compensation Board, Social Security Administration, physician, practitioner, hospital, or health care institution to release to the Municipal Employees' Retirement System (MERS) any medical information, which may be required to establish the validity of this claim. I also authorize such company, person, or organization to disclose any relevant claim information required for the review of this claim. I agree that a photocopy shall be as valid as the original.

I acknowledge that I am responsible for the cost of duplication of records.

I have read and understand all pages of this application and certify that, to the best of my knowledge, all information provided on this document is true and correct.

_____ _____

Signature Date

Municipal Employees' Retirement System of Louisiana
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: 225-925-4810, Toll-free:1-800-820-1137, Fax: 225-925-4816

Member Statement of Disabling Condition

Please type or print in ink all entries except signatures

Describe, in detail, the nature of your disabling condition and how the condition affects current job performance. If additional space is needed, you may attach additional sheets. This statement must be submitted to the Municipal Employees' Retirement System (MERS) with the *Application for Disability Retirement*. Both pages of this form must be completed.

Section 1 - Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number

Address (Street/P. O. Box)	Primary Telephone Number
City, State, and Zip Code	Secondary Telephone Number
Title of Position	

Section 2 - Member Description of Condition

1. When did your disability begin? _____/_____/_____ (Enter as MM/DD/YYYY)
2. Were you treated for this condition prior to your employment with your current employer? ◯ Yes ◯ No

   If yes, date first treated: _____/_____/_____ (Enter as MM/DD/YYYY)

Information on treating physician:

Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	

3. Describe the nature of your disabling condition:

4. Describe your job duties and how your disabling condition affects your ability to perform your job:

Member Statement of Disabling Condition - Continued

Member Name _____ Social Security Number _____

Section 2 - Member Description of Condition - Continued

5. Reports regarding my disability condition will be submitted by the following physicians who have examined me prior to submitting my Retirement Application to MERS (you may attach additional sheets if needed). One physician must be a specialist in the same area you are claiming disability. Copies of all available medical records, especially typed reports from lab tests, x-rays, MRIs, CT scans, etc., must also be submitted.

Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	
Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	
Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	
Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	
Name of Physician	Primary Telephone Number
Address (Street/P. O. Box)	Area of Specialty
City, State, and Zip Code	

6. Mark the major area of specialty of the physician you consult for your disability. This will determine which LA State Medical Board physician will review your medical records. Mark only one box.

- ○ Internal Medicine (Gastroenterology, Nephrology, Pulmonary, Urology)
- ○ Neurology
- ○ Orthopedics (Rheumatology)
- ○ Cardiology
- ○ Oncology
- ○ Psychiatry
- ○ Other (Specify): _____

I understand that my application will not be submitted to the LA State Medical Board until all required information, including copies of all medical records pertaining to my disabling condition, is received from all physicians listed on this form.

Signature of Member (Do not print or type)	Date Signed (MM/DD/YYYY)
☞	

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: 225.925.4810, Toll-free: 1.800.820.1137, Fax: 225.925.4816, www.mersla.com

Disability Report by Supervisor

Please type or print in ink all entries except signatures.

This form must be completed by the employee's immediate supervisor. A copy of the employee's official job description must accompany this report when submitted to Municipal Employees' Retirement System (MERS). All responses to information requested should be complete and made to the best of your knowledge and ability. If additional space is required, you may use the reverse side or attach additional sheets. This form must be submitted along with Form 12 "Application for Disability Retirement".

Section 1 - Member Information

Name: Last, First, MI, Suffix (Jr., III, etc.)

Title of Position	Social Security Number

Section 2 - Supervisor's Statements

1. Do you have any specific knowledge of the cause of the disabling condition? Yes ◯ No ◯ If yes, please describe.

2. In your opinion, when did the disabling condition begin to affect the applicant's performance or job duties?

_____ /_____/_____(month/day/year)

3. Specifically list the duties stated in the attached official job description that the applicant can no longer perform because of the disabling condition.

4. Specifically list the duties under your supervision that the applicant can still perform.

5. Did this applicant have any physical or mental handicap upon employment? Yes ◯ No ◯ If yes, briefly describe each.

Section 3 - Leave and Workers' Compensation

7. How many days of sick leave has this applicant taken since the onset of this disabling condition? _____

8. Was this an increase in the use of sick leave? Yes ◯ No ◯ If yes, please explain.

9. Is this applicant currently receiving or has he or she ever received Worker's Compensation or any other disability benefits because of the disabling condition? Yes ◯ No ◯ If yes, please provide information below:

Name of Worker's Compensation Provider	Telephone Number ( )

Address (Street/P. O. Box)	City, State, and Zip Code

Section 4 - Supervisor's Certification

I certify that the information contained in this form is true and correct to the best of my knowledge.

Employer Name	Supervisor's Name (Print in ink or type)	
Supervisor's Signature (Do not print or type)	**Title**	**Date Signed (MM/DD/YYYY)**

Municipal Employees' Retirement System
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: 225-925-4810, Toll-free: 1-800-820-1137, Fax: 225-925-4816

Notification of Income from Other Sources

Please type or print in ink all entries except signatures.

This form must be completed and submitted along with an Application for Disability Retirement if the applicant answered "yes" to questions in the application regarding workers' compensation and other sources of income.

Member Name:_____ Social Security Number: _____

Section 1 - Worker's Compensation

Note: Please have the Workers' Compensation insurance carrier provide MERS with a written statement verifying the information provided below:

Name of insurance carrier:	Address of insurance carrier:	
Phone number of insurance carrier:	Amount of monthly benefit:	Date first eligible to receive Workers' Compensation benefits:

Section 2: Income from other employment

Are you self-employed? Yes ◯ No ◯ **If yes:** Attach a separate sheet giving the name of the business, the type of business, an explanation of the type of work performed and the amount of annual income received from self-employment. MERS may contact you to request documents for verification of income reported.

Do you receive income from any source for which you receive a W-2 or 1099? Yes ◯ No ◯
If yes, please explain:

_____

Do you have a job other than the job for which this disability claim is made? Yes ◯ No ◯
If yes, complete the information below and attach a copy of two (2) recent pay stubs.

Do you plan to continue this employment? ◯ Yes ◯ No

Employer's name:	Employer's address:	
Employer's phone number:	Monthly Salary:	Job Title:

Section 3 – Member's Certification and Signature

I hereby certify that the information provided herein is true and correct. I agree to provide additional documents as may be required by MERS to verify the accuracy of this information. I understand that income I receive from sources not defined as "allowable income" by MERS could decrease the amount of my disability retirement benefit.

Signature of Member:	Date:
Print Name:	

*MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM of LOUISIANA (**MERS**)*
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: (800) 820-1137 or (225) 925-4810 – Fax: (225) 925-4816

Spousal Consent for Disability Retirement

Please type or print in ink all entries except signatures.

This form must be completed whenever a Disability Retiree has not designated their spouse to receive at least 50 percent of the Disability Retirement Benefit. The Disability Retiree must complete Sections 1 and 2. Section 3 must be completed in the presence of a notary.

Section 1 - Disability Retiree Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number

Section 2 - Spouse Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number

Section 3 - Spousal Consent Information

State of _____

Parish/County of _____

BEFORE ME, the undersigned authority, personally came and appeared _____ (spouse) who, after being duly sworn, deposed and said:

That spouse acknowledges that he/she is fully aware that the above-named Disability Retiree has designated someone other than the spouse as beneficiary(ies) of the Disability retiree's benefit with Municipal Employees' Retirement System (MERS), and that spouse hereby consents to such designation(s) and expressly consents to any subsequent change(s) of designation(s) by the Disability Retiree without any requirement of further consent by spouse. Spouse acknowledges that he/she has the right to limit this consent to a specific beneficiary designation, and spouse expressly waives that right.

That, pursuant to the above consent, the spouse understands that, upon Disability Retiree's death, MERS will pay all funds in the aforesaid Disability Retirement account to the beneficiary(ies) designated as of the date of death, and that such payment shall discharge all obligations of MERS with regard to these funds, and shall constitute a release of accrued rights of every kind and nature against MERS.

That spouse acknowledges that he/she is fully aware that his/her spouse, the above-named Disability Retiree, may select a method of withdrawal from Disability retiree's benefit other than an annual or monthly amount over Disability Retiree's life expectancy; that spouse hereby consents to Disability Retiree's selection of any withdrawal method not based upon their life expectancy and expressly consents to any subsequent change(s) in the method of withdrawal by Disability retiree, including a total withdrawal of the balance of the Disability Retirement benefit at any time, without the requirement of further consent by the spouse. The spouse acknowledges that he/she has the right to limit this consent to the specific withdrawal method, and the spouse expressly waives that right.

An important purpose of the above consent is to comply with applicable provisions of the Internal Revenue Code.

That spouse hereby agrees to notify MERS or its successor immediately in the event of Disability Retiree's death. The spouse further agrees to refund any payment received from the Disability Retirement benefit to which the spouse was not entitled.

_____

Signature of Spouse

SWORN TO AND SUBSCRIBED before me, Notary Public, in and for the parish/county and state aforesaid,

this _____ day of _____, _____.

_____

Notary Public