



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

Application for Refund of Member Contributions EMPLOYER CERTIFICATION

Name: _____ SSN: _____
(Last 4 digits)

I certify that the above-named member terminated with _____
Employer
on _____ (date of termination).

Date of last paycheck from which MERS contributions were withheld (do not include lump sum accrued
leave) is _____. This payroll date will be on the _____ report to MERS.
Payroll Date Month/Year

Signature of authorized representative

Date

Print name of authorized representative

FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

VESTED: Y or N If Yes, Release Received: Y or N

Eligible for refund: Y N Checked By: _____ Date: _____

Refund Eligibility Date: _____ Approved: _____