

# MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)

## ENROLLMENT CHECKLIST

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PLEASE ATTACH THE FOLLOWING WITH ENROLLMENT FORMS. ENROLLMENT FORMS ARE TO BE COMPLETED ON THE FIRST DATE OF EMPLOYMENT.

Enrollment Form

Copy of Social Security Card

SSA-1945 – Social Security Acknowledgement - Only required for members not paying into Social Security

If hired by the Police or Fire Department – Verification letter from MPERS or FRS

If hired by the City Court or Marshal's office – Verification signature from City Court or Marshal of mandated contributions from all salary sources and fees/commissions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE ABOVE MUST BE COMPLETED AND SUBMITTED TO MERS BEFORE THE FIRST CONTRIBUTIONS ARE REPORTED. THERE IS NO PROBATIONARY OR WAITING PERIOD TO BEGIN CONTRIBUTING TO THE RETIREMENT SYSTEM.**

**Forfeiture of Benefits Attestation – Do not submit to MERS – Must be filed in member's personnel file**

### FOR RETIREMENT OFFICE USE ONLY

Approved by: \_\_\_\_\_

Entered by: \_\_\_\_\_

Scanned by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## MEMBER ENROLLMENT FORM

### SECTION I. EMPLOYEE INFORMATION – Please type or print clearly

\_\_\_\_\_  
Name (First, Middle Initial, Last) Social Security Number: \_\_\_\_\_  
Attach copy of Social Security Card

\_\_\_\_\_  
Mailing Address Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code Phone Number: \_\_\_\_\_  
Home or Cell

Email address: \_\_\_\_\_ Sex: Male Female

Marital Status (Check One): Married Widow(er) Single Divorced

If Married – Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Social Security Number Last 4 Digits \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List Name and Date of Birth of all minor children, and/or children who are mentally or physically disabled regardless of age: (If no children, indicate NONE)

Name of Minor Child or Mentally or Physically Disabled Child	Date of Birth

Are you currently employed by any of the following departments?

Department	Yes	No
City Court		
Marshal's Office		
Fire Department		
Police Department		

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## SECTION II. PREVIOUS ENROLLMENT

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If you were at any time a member of MERS?      No      Yes

If yes, give name under which your membership was reported and dates of employment.

\_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ to (Mo./Yr.): \_\_\_\_\_  
Print Name      Status:      Refunded      Transferred      Terminated or Resigned

Are you now or have you ever been a member of another Louisiana Public Retirement System? If yes, list system name(s).      Yes      No

\_\_\_\_\_ From (Mo./Yr.): \_\_\_\_\_ to (Mo./Yr.): \_\_\_\_\_  
Retirement System Name

What is your present status in the above retirement system:      Retired      Active      Refunded  
Terminated or resigned and left contributions on deposit with retirement system.

**I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Member      Date

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## SECTION III. EMPLOYER CERTIFICATION (TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE)

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Member's Position/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department: \_\_\_\_\_

**Begin withholding contributions on first date of hire. There is no probationary or waiting period.**

If member is 50 years of age or older and employed by the Fire Department, a verification letter from FRS on their letterhead stating member is not eligible for membership in their system must be attached.

Enrollment forms must be submitted before contributions are reported for this member or interest will begin accruing on the contributions received that cannot be posted to the member's account beginning two (2) weeks from receipt of contribution report.

I HEREBY CERTIFY INFORMATION SHOWN HEREON AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Print name of Authorized Representative

# MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Boulevard, Baton Rouge, LA 70809

## DESIGNATION OF BENEFICIARY

### MEMBER INFORMATION

Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. The number of primary or contingent beneficiaries that you may name is not limited. "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. If you are not the member, you must submit a Certified copy of a "Power of Attorney" or other legal documents with this form.

**PRIMARY BENEFICIARY (ies)** - To enter up to four primary beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four primary beneficiaries, please contact the office at (225) 925-4810.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

\_\_\_\_\_  
Address City State Zip Code

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

\_\_\_\_\_  
Address City State Zip Code

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

\_\_\_\_\_  
Address City State Zip Code

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

\_\_\_\_\_  
Address City State Zip Code

Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_ %

**Does the total combined percentage for your Primary Beneficiaries equal 100%?**

Yes No

Total Percentage: \_\_\_\_\_ %

If not, please correct the combined distribution percent before submitting this form.

## DESIGNATION OF BENEFICIARY

**CONTINGENT BENEFICIARY (ies)** – (optional – not required) - To enter up to four contingent beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four contingent beneficiaries, please contact the office at (225) 925-4810.

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Address City State Zip Code

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_ %

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**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Address City State Zip Code

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_ %

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**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Address City State Zip Code

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_ %

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**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Address City State Zip Code

**Social Security Number:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_ %

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**If they exist, does the total combined percentage for your Contingent Beneficiaries equal 100%?** Yes No

**Total Percentage:** \_\_\_\_\_ %

**If not, please correct the combined distribution percent before submitting this form.**

I request that the Board of Trustees of the Municipal Employees' Retirement System pay, in the event of my death while an active contributing member before retirement, the total amount of my remaining contributions in the retirement system to the designated beneficiary(ies), otherwise, to my estate, unless benefits are payable to a surviving spouse and/or children in accordance with Title 11 of the Louisiana Revised Statutes.

**MEMBER NAME:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# COMBINED FORFEITURE OF BENEFITS ATTESTATION FORM

Please type or print in ink all entries except signatures

In accordance with Act 479 of the 2012 Legislative Session (La. R.S. 11:293), all employees hired or rehired on or after January 1, 2013 must sign this form at time of enrollment certifying he or she has knowledge of this new law.

## Section 1 – Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
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## Section 2 – Provisions of Forfeiture Law

1. As a public servant employed or reemployed on or after January 1, 2013, I understand the provisions of Louisiana Revised Statute (La. R.S.) 11:293 applies to me.
2. If convicted or if I enter a plea of “guilty” or “no contest” of a public corruption crime meaning a state or federal felony committed on or after January 1, 2013, I understand the judge may order forfeiture of retirement benefits to the extent allowable by the law.
3. If the judge applies the provisions of La. R.S. 11:293, then the public employee’s service credit attributable to employer contributions and interest including any funds in the deferred retirement option plan (DROP) account shall be forfeited to the retirement system and shall not be used to calculate a benefit for the convicted member.
4. The statute contains many terms and conditions and can be read in its entirety on the Louisiana Legislature website at <http://www.legis.state.la.us/lss/lss.asp?doc=814585>.

## Section 3 – Member Certification

I certify I have read the provisions of the forfeiture law as outlined in Section 2 of this form.

Signature of Member (Do not print or type)

Date Signed  
(MM/DD/YYYY)

## Section 4 – Employer Witness

Signature of Witness (Do not print or type)

Date Signed  
(MM/DD/YYYY)

**This combined form is provided by the Municipal Employees’ Retirement System of Louisiana, Municipal Police Employees’ Retirement System and the Firefighters’ Retirement System.**

**This form should remain in the member’s employee file. Do not send to the retirement system.**