



## FORFEITURE OF BENEFITS ATTESTATION

R.S. 11: 293

**(For Employer Use Only - Do Not Return to MERS)**

This form must be completed upon employment of an eligible member of the Municipal Employees' Retirement System (MERS) hired on or after January 1, 2013.

### MEMBER'S INFORMATION

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

### MEMBER SIGNATURE AND CERTIFICATION

By accepting this position, I understand that I will be enrolled in MERS.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

- \* Public corruption crimes resulting in financial gain or attempted financial gain for myself or a third party.
- \* Public corruption crimes that involve sexual contact with a minor with whom I come in contact by virtue of my public employment.

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Signature of Member

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Date of Signature

**\*DO NOT RETURN TO MERS - EMPLOYER MUST KEEP ON FILE\***

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