



CHANGE OF MEMBER STATUS

This form should be used to report the change in a member's status.

Examples:

- * List last day of work or last day of paid leave for a person who is no longer employed due to resignation, retirement or death.
- * List when a member returned to active service from workman's comp or leave without pay.

Employer:

Member Name	Last 4 Digits SSN	Status Code	Effective Date	Return Date (if applicable)	Reason

Status Codes:

T - Termination / **L** - Leave without pay or Workmans Comp / **A** - Returned to work

Signature of Authorized Representative

Date of Signature

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