



RETIREE INSURANCE PREMIUM DEDUCTION AUTHORIZATION

R.S. 11: 1823(22)

RETIREE INFORMATION

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

I hereby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount shown below. The amount may be adjusted upon the employer's notification to MERS.

<div></div>	<div></div>
Member's Signature	Date of Signature

EMPLOYER CERTIFICATION

Monthly Premium to be Deducted \$ _____ Effective Date: _____

<div></div>	<div></div>
Signature of Authorized Representative	Date of Signature

FOR MERS OFFICE USE ONLY

Date of Retirement:	Date of First Payment:
Monthly Benefit:	Reviewed By:

RETAIN A COPY FOR YOUR RECORDS

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