



# MUNICIPAL EMPLOYEES'

RETIREMENT SYSTEM  
OF LOUISIANA

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## MEMORANDUM

TO: MERS EMPLOYERS  
FROM: SUSITA SUIRE, RETIREMENT BENEFITS ADMINISTRATOR  
RE: EMPLOYER INSURANCE PREMIUM DEDUCTIONS  
DATE: NOVEMBER 4, 2021

Effective with the January 1, 2022, retirement payroll MERS will be able to deduct insurance premiums from retiree and survivor benefit payments to send to employers to pay their insurance vendors. The retiree or survivor must sign either a 'Retiree or Survivor Insurance Premium Deduction Authorization' form before insurance deductions are withheld from their monthly benefit payments. Payments to the employer will be made electronically directly to the checking account instructions on the 'Employer Direct Deposit Agreement Form' or a check will be mailed. The preferred method is electronic deposit.

Employer responsibilities and requirements:

1. Complete and return an 'Employer Request to Withhold Insurance Premiums' form.
2. Complete and return the 'Employer Direct Deposit Agreement Form' for electronic deposit of funds deducted.
3. Submit 'Retiree or Survivor Insurance Premium Deduction Authorization' forms for all retirees or survivors that want their insurance premiums withheld from their monthly benefit.
4. Submit Excel spreadsheet that contains the retiree's social security number, payee's social security number, first and last name of the payee, and the monthly amount to be withheld. The last line should have a total amount to be deducted and submitted.
5. Ensure that the retiree or survivor's insurance premium is not higher than their monthly benefit.

All the above required forms and files need to be submitted preferably through the 'Employer Portal' but can be faxed to 225-925-4816 or emailed by requesting a secure link from the MERS office. The deadline to have deductions made on January 1, 2022, is no later than Monday, December 15, 2021.

Call our office at 800-820-1137 or 225-925-4810 if you need assistance.

Enclosures

7937 OFFICE PARK BOULEVARD • BATON ROUGE, LOUISIANA 70809  
TELEPHONE 225-925-4810 • 800-820-1137  
FACSIMILE 225-925-4816 • WWW.MERSLA.COM



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

## Employer Request to Withhold Insurance Premiums

### EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

I hereby authorize the Municipal Employees' Retirement System of Louisiana to submit monthly insurance premiums deducted from retired employees or their survivors by mailing a check to the above address made payable to \_\_\_\_\_ or electronically as per the attached 'Employer Direct Deposit Agreement' form.

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

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of authorized representative

### **FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

Employer Number: \_\_\_\_\_ Plan \_\_\_\_\_

Date of first payment: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

**RETAIN A COPY FOR YOUR RECORDS**

Employer Request to Withhold Insurance Deductions 11-2021

# Municipal Employees' Retirement System of LA

7937 Office Park Boulevard, Baton Rouge, LA 70809  
225-925-4810 or 800-820-1137

## Employer Direct Deposit Agreement Form

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### Authorization Agreement

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I hereby authorize Municipal Employees' Retirement System of LA to initiate automatic deposits to the account at the financial institution named below for insurance premiums deducted from retired employees' or their beneficiaries' monthly benefit payments. I also authorize Municipal Employees' Retirement System of LA to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Municipal Employees' Retirement System of LA responsible for any delay or loss of funds due to incorrect or incomplete information submitted or due to an error on the part of the financial institution in depositing funds to this account.

This agreement will remain in effect until Municipal Employees' Retirement System of LA receives a written notice of cancellation, or until a new direct deposit form is submitted.

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### Account Information

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Employer Name: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_

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### Signature

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Authorized Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Alternate Authorized Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the MERS.**



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**Retiree Insurance Premium Deduction Authorization**  
Please type or print in ink all entries except signatures

**Section 1 - RETIREE INFORMATION (must be completed by applicant)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Option Beneficiary \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

I hereby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount as may now or in the future be payable by me for insurance premiums.

\_\_\_\_\_  
**Member's Signature**                      **Date Signed**                      **Employer**

**Section 2 – EMPLOYER CERTIFICATION**

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

\_\_\_\_\_  
**Signature of authorized representative**                      **Date**

\_\_\_\_\_  
**Print name of authorized representative**

**FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

Retirement Effective Date: \_\_\_\_\_ Monthly Benefit: \_\_\_\_\_

Date of first payment: \_\_\_\_\_ First month deduction amount: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

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**Survivor Insurance Premium Deduction Authorization**  
Please type or print in ink all entries except signatures

**Section 1 - SURVIVOR INFORMATION (must be completed by applicant)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Retiree: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last 4 digits)

I hereby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount as may now or in the future be payable by me for insurance premiums.

\_\_\_\_\_  
**Survivor's Signature**                      **Date Signed**                      **Employer**

**Section 2 – EMPLOYER CERTIFICATION**

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

\_\_\_\_\_  
**Signature of authorized representative**                      **Date**

\_\_\_\_\_  
**Print name of authorized representative**

**FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

Survivor Effective Date: \_\_\_\_\_ Monthly Benefit: \_\_\_\_\_

Date of first payment: \_\_\_\_\_ First month deduction amount: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Checked by: \_\_\_\_\_

**RETAIN A COPY FOR YOUR RECORDS**

**Deduction File Layout Example**

<b>Member SSN</b>	<b>Payee SSN</b>	<b>Payee Name</b>	<b>Deduction Amount</b>
#####	#####		0.00
#####	#####		0.00
#####	#####		0.00
#####	#####		0.00

**Note: The last record will only have the total of all deductions on the file.**