MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM
OF LOUISIANA

EMPLOYER REQUEST TO WITHHOLD INSURANCE PREMIUMS

R.S. 11: 1823(22)

EMPLOYER INFORMATION

Employer:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

I hearby 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 address listed above made payable to _____ or electronically as per the attached ***Employer Direct Deposit Agreement*** form.

Effective Date Insurance Withholdings Begin: _____

Signature of Authorized Representative	**Date of Signature**

FOR MERS OFFICE USE ONLY

Employer Number:	Plan:	Date of First Payment:
Reviewed By:		Checked By:

RETAIN A COPY FOR YOUR RECORDS

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