



REQUEST FOR RETIREE PART-TIME RETURN TO WORK EARNINGS LIMIT

R.S. 11:1762

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 REQUEST AND SIGNATURE

I am requesting the amount I am allowed to earn should I accept employment with _____ without offsetting my monthly retirement benefit.

I acknowledge the following:

The waiting period before I can accept employment with a participating employer in MERS is a minimum of one (1) month after my effective date of retirement.

I am not allowed to return to employment with a participating employer in MERS if I retired with a disability or actuarially reduced benefit.

If my part-time monthly earnings exceed the amount provided by MERS, that my monthly retirement benefit will be offset dollar for dollar.

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Signature of Member

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Date of Signature

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