

PLAN A

Municipal Employees' Retirement System of LA (MERS)

7937 Office Park Boulevard

Baton Rouge, LA 70809

Phone: 225-925-4810 * Toll Free: 800-820-1137 * Fax: 225-925-4816

MERS' RETIREES RETURNED TO WORK

THIS FORM IS TO BE USED FOR MERS' RETIREES WHO FIRST RETURN TO WORK ON OR AFTER 7/01/2016.

RATES EFFECTIVE 7/01/16 THROUGH 6/30/17

REPORT DUE BY 10TH OF MONTH

Municipality Name and Address

Month Reported: _____

Pay Period Dates Included in Report

to _____

Total Employees Reported: _____

SUMMARY OF DETAILED PAGE(S)

1. Total Covered Wages (COLUMN 8)
Covered wages include regular earnings, paid holidays, and leave. Do not include overtime, bonuses, workmen's compensation or lump sum leave payments. _____
2. **9.50%** of Total Wages - **Employee** Contributions (COLUMN 9) _____
3. **22.75%** of Total Wages - **Employer** Contributions _____
4. Adjustment for overpayment or underpayment of **Employee** Contributions (Must remit a copy of MERS' approval letter) _____
5. Adjustment for overpayment or underpayment of **Employer** Contributions (Must remit a copy of MERS' approval letter) _____
6. **TOTAL** - Lines 2, 3, 4, & 5 ACH Check _____

I HEREBY CERTIFY THAT THE INFORMATION SHOWN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature of Clerk or Designated Authority: _____

RETURN TO WORK EARNINGS form must be attached to this report.

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Municipal Employees' Retirement System of LA (MERS)

RATES EFFECTIVE 7/01/16 THROUGH 6/30/17

| | 6. SOCIAL SECURITY NUMBER | 7. EMPLOYEE NAME (Alphabetical-Last Name First) | 8. COVERED WAGES | 9. EMPLOYEE CONTRIBUTION 9.50% |
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| TOTAL FOR THIS PAGE | | | | |

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

RETURN TO WORK AFTER RETIREMENT
GROSS MONTHLY EARNINGS FROM 1ST OF MONTH THROUGH 31ST

DATE: _____

RETIREE NAME: _____ SSN: _____

MUNICIPALITY _____ MONTH OF: _____

MONTHLY GROSS EARNINGS: _____

Do not use pay periods. Use 1st through 31st of month only

Signature of Designated Authority _____

For Office Use Only

Date Retired: _____

FAC at Retirement: _____

Current FAC: _____

Monthly Earnings Limit: _____

Current Benefit: _____

Benefit Adjustment: _____

Offset Amount: _____

Adjusted Benefit: _____

Effective Date: _____

End Date: _____

Calculated By: _____

Checked By: _____