

# PLAN B

Municipal Employees' Retirement System of Louisiana

7937 Office Park Boulevard

Baton Rouge, Louisiana 70809

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

## MONTHLY REPORT OF EARNINGS AND CONTRIBUTIONS

*RATES EFFECTIVE 7/01/15 THROUGH 6/30/16*

*REPORT DUE BY 10TH OF MONTH*

1. Name and Address of Municipality

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reporting Month \_\_\_\_\_

Month/Year

3. Pay Period Dates Included in this Report

From \_\_\_\_\_ to \_\_\_\_\_

4. Total Employees Reported: \_\_\_\_\_

Monthly

Supplemental

Monthly & DROP

## SUMMARY OF CONTINUATION FORMS

1. Total Covered Wages (TOTAL OF ALL PAGES- COLUMN 8)	\$ _____
2. <b>5% of Total Earnings- Employee Contributions (COLUMN 9)</b>	\$ _____
3. <b>9.50% of Total Earnings- Employer Contributions</b>	\$ _____
4. Adjustment for overpayment or underpayment of <b>Employee</b> Contributions (To be used only upon instructions from MERS Office)	\$ _____
5. Adjustment for overpayment or underpayment of <b>Employer</b> Contributions (To be used only upon instructions from MERS Office)	\$ _____
5. <b>Total of Lines 2, 3, 4 &amp; 5 .....CHECK ENCLOSED</b>	\$ _____

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

SIGNATURE: \_\_\_\_\_

Clerk or Designated Authority

# PLAN B

Municipal Employees' Retirement System of Louisiana  
 RATES EFFECTIVE 7/01/15 THROUGH 6/30/16

6. EMPLOYEES' SOCIAL SECURITY NUMBER	7. NAME OF EMPLOYEE (ALPHABETIZE) LAST NAME FIRST	8. COVERED WAGES	9. EMPLOYEE CONTRIBUTION 5.0%
TOTAL FOR THIS PAGE.....		\$	\$