

Municipal Employees' Retirement System of Louisiana

7937 Office Park Boulevard, Baton Rouge, LA 70809

225-925-4810 / Toll Free 1-800-820-1137 / Fax 225-925-4816

REPAYMENT OF REFUND REQUEST

Name: _____

Social Security Number: _____

(Last 4 digits if emailing)

Dates of Service Refunded: _____ To _____

Date of Refund: _____

Employing Municipality: _____

Current Address: _____

Are you actively contributing to MERS? Yes No

If no, which LA Public Retirement System are you actively contributing to?

Is repayment being obtained to enter into a reciprocal recognition or transfer of creditable service to another Louisiana public retirement system?

Yes No

Member's Signature

Date

Instructions: Complete all blanks as accurately as possible. Mail completed form to the above address and please allow 2 -3 weeks for an invoice. **Please remit a check payable to MERS in the amount of \$50.00 for 1st request and \$100.00 for every request thereafter.**