

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)

RETIREMENT APPLICATION CHECKLIST

PLEASE INCLUDE THE FOLLOWING WITH YOUR RETIREMENT APPLICATION. APPLICATIONS RECEIVED WITHOUT THE PROPER PAPERWORK WILL DELAY PROCESSING.

Retirement Application

Salary Evaluation Form

Direct Deposit Form - Mandatory

Copy of Member's Birth Certificate and Social Security Card

Copy of Beneficiary's Birth Certificate and Social Security Card (Required if Option other than Maximum Chosen)

Copy of Certificate of Elected Service (Required for Elected Officials Only)

Spousal Consent Form (Required only if Maximum chosen and Legally Married)

Certified Copy of Spouse's Death Certificate (Required if widowed)

Copy of Divorce Judgment (Required if divorced)

Have final earnings and contributions been reported? Yes No (circle one)

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM of LOUISIANA (**MERS**)
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: (800) 820-1137 or (225) 925-4810 – Fax: (225) 925-4816

APPLICATION FOR RETIREMENT

Name: _____ Social Security # _____
Attach copy of card

Address: _____ Date of Birth: _____
_____ Employer: _____

Phone Number: _____ Marital Status – Circle One
Area Code + Number Never Married Legally Married Divorced Widowed

In accordance with the provisions of MERS, application is hereby made for:

- A. Regular Retirement Early Retirement (Plan A Only-must sign before termination date)
- B. Selection is hereby made of the retirement benefit payment plan checked below:
- (a) Maximum Allowance Plan _____
- (b) Option Plan Number _____ (Choice must be written in blank - Option No. 2, 3, 4.2, or 4.3)

(Please see page 2 for explanation of benefit options)

- C. Termination date of member's active municipal service: _____
- D. Effective Date of Retirement: _____

I hereby designate my beneficiary to receive eligible survivor benefits should I predecease him/her.

Name of beneficiary: _____ Date of Birth: _____

Address: _____ Relationship: _____
_____ Social Security # _____
Attach copy of card

Witness (cannot be named beneficiary)

I, the undersigned, certify that I have had the above option chosen explained to me to my satisfaction.

Witness (cannot be named beneficiary)

Applicant's Signature

Date

I hereby acknowledge that I have read and approve this application.

Spouse's Signature

Member Name: _____ Social Security # _____

EMPLOYER'S CERTIFICATION

I have reviewed and certified correct to the best of my knowledge and belief:

Date: _____ Municipality: _____

Signature: _____ Title: _____
Clerk or Designated Authority

EXPLANATION OF BENEFIT PAYMENT PLANS

MAXIMUM ALLOWANCE PLAN – is the result of the retirement formula. The Maximum Plan pays the largest monthly benefit allowable to the retiree, but makes no provision for payments to a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement.

OPTION NO. 2 – The member receives a reduced retirement allowance payable throughout life, with the provisions that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 3 - The member receives a reduced retirement allowance payable throughout life, with the provisions that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit will continue throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 4 - The member receives a reduced retirement allowance payable throughout life, with the provisions that some other benefit or benefits shall be either paid to the member, or to such person or persons designated by the member, provided such other benefits, together with the reduced retirement allowance, shall not exceed the actuarial equivalent of the regular retirement allowance. NOTE: If the member selects this Option, the proposed retirement plan will be outlined in a letter attached to this application.

OPTION NO. 4.2 - The member receives a reduced retirement allowance payable throughout life, with the provisions that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

OPTION NO. 4.3 - The member receives a reduced retirement allowance payable throughout life, with the provisions that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit payment will continue throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

IMPORTANT

If a retired member dies, without having received in retirement benefits an amount equal to his accumulated contributions standing to his credit at the date of his retirement, the balance remaining to his credit shall be paid to his designated beneficiary or, if none, his estate.

I understand that no changes in the Option elected by the member, other than to correct administrative error, shall be permitted after sixty days from date of receipt of retirement application by the board and, if an Optional plan of benefit payments is selected, the Option beneficiary may not be changed.

I have read and understand the above statement. Applicant's Signature: _____