

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA (MERS)

## SURVIVOR BENEFITS APPLICATION CHECKLIST

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

Survivor Benefits Application

Salary Evaluation Form

Direct Deposit Form - Mandatory

Certified Copy of Member's Death Certificate

Copy of Spouse's Birth Certificate and Social Security Card (If applicable)

Copy of Minor Child(ren)'s Birth Certificate(s) and Social Security Card(s) (If applicable)

Copy of Marriage Certificate

Copy of Member's Certificate of Elected Service (Required for Elected Officials Only)

Copy of legal document designating guardianship and copy of IRS document designating tax number for guardianship (If applicable)

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 Survivor Benefits

Please type or print in ink all entries except signatures

The applicant must complete Sections 1, 2, and 3 and forward to the deceased member's employer.

The employer must complete Section 4 and forward directly to the Municipal Employees' Retirement System.

Section 1 - Deceased Member Information				
Member's Last Name	First Name	Middle Name	Suffix (Jr., III, etc.)	Member's Social Security Number
Member's Date of Birth			Member's Date of Death (attach certified copy of death certificate)	
Section 2 - Survivor Information				
Survivor's Last Name	First Name	Middle Name	Suffix(Jr., III, etc.)	Survivor's Social Security Number (attach copy of card)
Survivor's Mailing Address			Survivor's Daytime Telephone Number(with area code)	
Survivor's Address (City, State, and Zip Code)			Survivor's Date of Birth	
<p>In accordance with the provisions of Louisiana retirement law R.S. 11:1732, R.S. 11:1720, R.S. 11:1729, and R.S. 11:1785 (Plan A) or R.S. 11:1805 (Plan B), pertaining to survivor benefits, I hereby make application for survivor benefits as a (check all that apply):</p> <p>Surviving spouse with no minor child(ren) (under age 18). <b><u>PLAN A OR PLAN B</u></b>                      (Attach: Copy of marriage certificate, Birth Certificate, and Social Security card)</p> <p>If above selected choose one of the following:                      Immediate Survivor Benefits      Deferred Survivor Benefits      Automatic Option 2 (member was eligible for retirement                      (at age 60 and older)</p> <p>Surviving spouse with minor child(ren) (under age 18). <b><u>PLAN A ONLY</u></b>                      (Attach: Copy of marriage certificate, Birth Certificate, and Social Security card for spouse/child(ren))</p> <p>Surviving minor child(ren) (under age 18). <b><u>PLAN A ONLY</u></b>                      (Attach: Birth Certificate and Social Security card for child(ren)).</p> <p>Surviving spouse with mentally or physically handicapped child(ren). <b><u>PLAN A ONLY</u></b>                      (Attach: Copy of marriage certificate, Birth Certificate, and Social Security card for spouse/child(ren))</p> <p>Court-appointed guardian of an minor child(ren) (under age 18). <b><u>PLAN A ONLY</u></b>                      (Attach: Copy of legal document designating guardianship; Copy of IRS document designating tax number for guardianship (if applicable); Birth Certificate, and Social Security card for child(ren))</p>				
Signature of Applicant (Do not print or type) 			Date Signed (MM/DD/YYYY)	
Signature of Witness (Do not print or type) 			Signature of Witness (Do not print or type) 	
Address (Street/P. O. Box)			Address (Street/P. O. Box)	
City, State, and Zip Code			City, State, and Zip Code	

## Application for Survivor Benefits - Cont'd

Deceased Member's Name	Social Security Number
Applicant's Name	Daytime Telephone Number (with area code)

### Section 3 - Eligible Child(ren) Information

Complete the following information for all eligible children for which application of benefits is being made. If additional space is needed, you may write the information on a separate sheet of paper and attach it to this application.

Is additional space needed? Yes      No


Child's Name: Last, First, MI, Suffix (Jr., III, etc.)	Child's Social Security Number (Attach copy of card)	Child's Date of Birth
Child's Name: Last, First, MI, Suffix (Jr., III, etc.)	Child's Social Security Number (Attach copy of card)	Child's Date of Birth
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### Section 4 - Employer Certification

This section must be completed and signed by Clerk or Designated Authority.

Member's date of termination: \_\_\_\_\_

I hereby certify the following information pertaining to the member named on this Application for Survivor Benefits and further certify that the member was employed by this municipality on the date of death.

<b>Signature of Clerk or Designated Authority (Do not print or type)</b> 	Title
Municipality	Date Signed (MM/DD/YYYY)