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

UNCLAIMED CONTRIBUTIONS APPLICATION

Member Name: _____

Beneficiary Name: _____
(If Applicable)

Relationship to Member:
_____

Address: _____

_____

Phone Number: _____ Municipality: _____

Person making application: Member Beneficiary
(Circle One)

Remit the following for identification:

1. Copy of Social Security Card
2. Copy of Picture ID
3. Certified Original Death Certificate of Member (If applicable)

_____ _____
Member/Beneficiary Signature Date

You will be contacted by our office after receipt of this completed application and the required documents. Once your eligibility to receive funds held in our system has been approved, then further instructions and forms will be forwarded.