

**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

RETIREMENT/DROP ESTIMATE REQUEST

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Retirement/DROP Date (s): \_\_\_\_\_

\_\_\_\_\_

Employing Municipality: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Automatic COLA option calculation  Yes  No

Did you participate in DROP?  Yes  No

If yes, date DROP participation ended: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Mail to above address:  Yes  No

Mail to municipality:  Yes  No

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Instructions: Complete all blanks as accurately as possible. Mail completed form to the above address or fax to 225-925-4816 and please allow 4-6 weeks for your estimate.