MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY RETIREMENT APPLICATION

R.S. 11: 1758, 218

MEMBER'S INFORMATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	

☐ Single ☐ Married ☐ Divorced ☐ Widowed | Have you ever been divorced? ☐ YES ☐ NO

GENERAL INFORMATION

The effective date of your retirement will be the first day of the month following termination.

MERS requires the following documents to complete the processing of your application:

1. Member Statement of Disabling Condition
2. Disability Report by Supervisor
3. Authorization to Request and Release Information
4. Authorization for Direct Deposit
5. W4-P, Withholding Certificate for Pension or Annuity Payements
6. Retiree Insurance Premium Deduction Authorization, if applicable
7. Copies of all Medical Records Pertaining to Disability
8. Letter from your Physician stating their opinion of your disabling condition
9. Copy of Social Security Cards for member and beneficiary
10. Copy of Birth Certificate for member and beneficiary
11. Copy of current marriage license, if applicable
12. Judgment of Divorce, if applicable
13. Copy of death certificate of former spouse, if applicable
14. Spousal Consent Form, if applicable
15. Certificate of Elected Service (For Tier 1 Elected Officials Only)

NO RETIREMENT BENEFITS WILL BE PAID UNTIL MERS HAS RECEIVED ALL OF THE REQUIRED DOCUMENTS.

EMPLOYER CERTIFICATION AND SIGNATURE

Name of Employer:	
Has this member ever received worker's compensation or employer paid disability benefits? ☐ **YES** ☐ **NO**	
Last Day of Service for which applicant will be paid:	**Date of Termination:**

Authorized Signature & Title

Date of Signature

CONTINUE ON NEXT PAGE

Name:	Last 4 Digits of SSN:

SELECTION OF RETIREMENT PLAN OPTION

RESTRICTION FOR MARRIED MEMBERS: If you are married and do not have a separate property agreement, you may not select the Maximum Plan unless your spouse agrees and signs MERS *Spousal Consent Form* in the presence of a Notary Public.

Initials	**Maximum Option** pays the highest monthly benefit allowable to the retiree and makes no payments to a beneficiary at the retiree's death. Exception: If benefits paid to the retiree are less than the contributions made to MERS by the retiree while working, a refund is made to the beneficiary or the retiree's estate.
Initials	**Option 2** The retiree receives a reduced monthly benefit for their lifetime and a beneficiary receives the same monthly benefit for their lifetime at the retiree's death. The beneficiary may not be changed and if the beneficiary dies before the retiree, payments stop when the retiree dies.
Initials	**Option 3** The retiree receives a reduced monthly benefit for their lifetime and a beneficiary receives one half of that benefit for their lifetime at the retiree's death. The beneficiary may not be changed and if the beneficiary dies before the retiree, payments stop when the retiree dies.
Initials	**Option 4.2** The retiree receives a reduced monthly benefit for their lifetime and a beneficiary receives the same monthly benefit for their lifetime at the retiree's death. If the beneficiary dies before the retiree, the monthly benefit of the retiree is increased to what their Maximum benefit would have been. The beneficiary may not be changed.
Initials	**Option 4.3** The retiree receives a reduced monthly benefit for their lifetime and a beneficiary receives one half of that benefit for their lifetime at the retiree's death. If the beneficiary dies before the retiree, the monthly benefit of the retiree is increased to what their Maximum benefit would have been. The beneficiary may not be changed.

RETIREMENT BENEFICIARY INFORMATION

You may have multiple beneficiaries ONLY if you choose the MAXIMUM OPTION. If you have multiple retirement beneficiaries, do NOT complete this section. You must complete the Designation of Beneficiary form to name multiple beneficiaries.

Full Name of Beneficiary:		Social Security Number:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Relationship to Member:	Date of Marriage (if applicable):	

Signature of Member	**Date of Signature**

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

MEMBER STATEMENT OF DISABILING CONDITION

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:
Last 4 Digits of SSN:	Job Title:	

MEMBER'S JOB INFORMATION

Date your disability began:	Is your condition due to an accident? ☐ YES ☐ NO
Date of accident:	Location of Accident:
If the condition was due to an accident, describe how the accident occurred:	
Have you made a worker's compensation claim? If yes, provide insurance carrier of claim.	

In your own words, please describe the usual job duties. (If additional space is needed, please attach separate sheet.)

Has your illness or injury caused you to change:

job duties? ☐ YES ☐ NO hours worked? ☐ YES ☐ NO attendance? ☐ YES ☐ NO

If yes, please identify the changes and their effective dates:

In your own words, briefly describe the illness or accident that prevents, or prevented, you from working:

CONTINUE ON NEXT PAGE

Name:	Last 4 Digits of SSN:

MEMBER'S ATTENDING PHYSICIAN INFORMATION

Regarding your disability, what is your consulting physician's major area of specialty? **Mark only one.**

Internal Medicine ☐ Orthopedics ☐ Cardiology ☐ Psychiatry ☐ Oncology ☐ Neurology ☐

Other specify:

Name of Attending Physician:		Date First Visited Doctor:
Mailing Address:		Date Last Visited Doctor:
City:	State:	Zip Code:
Phone Number:	Email Address:	

Provide any other physician(s) you have seen related to your disability. If more, attach additional sheets.

Name of Physician:		Date first Visited Doctor:
Mailing Address:		Date last visited Doctor:
City:	State:	Zip Code:
Phone Number:	Email Address:	

Name of Physician:		Date first Visited Doctor:
Mailing Address:		Date last visited Doctor:
City:	State:	Zip Code:
Phone Number:	Email Address:	

Signature of Member	**Date of Signature**

RETAIN A COPY FOR YOUR RECORDS

7937 OFFICE PARK BOULEVARD •BATON ROUGE, LOUISIANA 70809
TELEPHONE 225-925-4810 • 800-820-1137
FACSIMILE 225-925-4816 • WWW.MERSLA.COM

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DISABILITY REPORT BY SUPERVISOR

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:
Last 4 Digits of SSN:	Job Title:	

SUPERVISOR'S STATEMENTS

In your own words, briefly describe the disability applicant's job duties.		
Was the disability a result of an injury or accident on the job?	☐ YES	☐ NO
If yes, was the injury sustained in the official performance of official duties?	☐ YES	☐ NO
Are Worker's Compensation payments being received by disability applicant?	☐ YES	☐ NO
Name of Worker's Compensation Provider:	Phone Number:	
Mailing Address/City/State/Zip:		

Specifically list the above stated duties that the applicant can no longer perform because of disability:

In your opinion, when and how did the disabling condition begin to affect the applicant's performance of job duties?

Name:	Last 4 Digits of SSN:

SUPERVISOR'S STATEMENTS (continued)

How many days of sick leave has this applicant taken since the onset of the disability condition?		
Was this an increase in the use of sick leave?	☐ YES NO ☐	If yes, further explanation, if needed:

SUPERVISOR'S CERTIFICATION

Employer Name:	
Name of Supervisor:	Title:
Signature of Supervisor:	Date:

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MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM
OF LOUISIANA

AUTHORIZATION TO REQUEST and RELEASE INFORMATION

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:
Last 4 Digits of SSN:		Date of Birth:

AUTHORIZATION AND SIGNATURE

I authorize any employer, insurance company, Medical Insurance Bureau, Workers' Compensation Board, Social Security Administration, physician, practitioner, hospital, or health care institution to release to the Municipal Employees' Retirement System (MERS) any medical information, which may be required to establish validity of this claim. I also authoiize such company, person, or organization to disclose any relevant claim information required for the review of this claim. I agree that a photocopy shall be as valid as the original. I acknowlege that I am responsible for the cost of duplication of records.

I understand that if approved for disability retirement benefits, by way of this release, I give my permission and authorization to the Municipal Employees' Retirement System (MERS) to request information related to documentation or forms regarding earned income and/or benefit(s) I may be receiving now or in the future from the following sources: Internal Revenue Service, Department of Labor and/or the Social Security Administration.

Signature of Member

Date of Signature

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MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM
OF LOUISIANA

AUTHORIZATION FOR DIRECT DEPOSIT

BENEFIT RECIPIENT'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:	Phone Number:	
Email Address:		

ACCOUNT INFORMATION

Name of Financial Institution:		
Type of Account: ☐ Checking ☐ Savings **Must attached VOIDED check or Direct Deposit Authorizaton Form from the Financial Institution**		
Account Number:	Routing Number: (Must Be 9 Digits)	
Address of Financial Institution:		
City:	State:	Zip Code:
If Joint Account, Name of Joint Signer:		

I hereby authorize Municipal Employees' Retirement System (MERS) to deposit my net benefit payment to my account at the financial institution designated above and, if necessary, to initiate withdrawals to correct erroneous deposit entries to my account listed above. I understand that it is my responsibility to notify MERS should any changes occur to the above account specified. This authorization remains in effect until another signed Authorization for Direct Deposit is completed and received by MERS terminating or changing payment instructions. By signing below, I certify the following: 1) that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S.; 2) that I am entitled to the payment identified herein; and 3) that I understand the provisions and obligations contained herein.

Signature of Benefit Recipient	**Date of Signature**

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Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . . **3(b)** $

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . . **3(c)** $

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

No withholding — I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 . . . . . ☐

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;

3. Receive these payments or pension and annuity payments for only part of the year; or

4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding* section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Taylor also has a job that pays $25,000 a year. Taylor has no other pensions or annuities. Taylor will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Casey does not have a job, but receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Casey will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has $1,000 of interest income, then he will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Sam does not have a job, but receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has $1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Alex also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Alex will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Alex also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

CAUTION ***Multiple sources of pensions/annuities or jobs.*** *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

CAUTION ***Social security number and other requirements for credits and deductions.*** *You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.*

Specific Instructions *(continued)*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MUNICIPAL EMPLOYEES'
RETIREMENT SYSTEM
OF LOUISIANA

RETIREE INSURANCE PREMIUM DEDUCTION AUTHORIZATION

R.S. 11: 1823(22)

RETIREE INFORMATION

First Name:	Middle Initial:	Last Name:	Last 4 Digits of SSN:
Mailing Address:			
City:		State:	Zip Code:
Phone Number:		Email Address:	
Name of Former Employer:			

I hearby authorize the Municipal Employees' Retirement System of Louisiana to deduct from my monthly retirement check the amount shown below. The amount may be adjusted upon the employer's notification to MERS.

Member's Signature **Date of Signature**

EMPLOYER CERTIFICATION

Monthly Premium to be Deducted $_____ **Effective Date: _____**

Signature of Authorized Representative **Date of Signature**

FOR MERS OFFICE USE ONLY

Date of Retirement:	Date of First Payment:
Monthly Benefit:	Reviewed By:

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