

MEMBER ENROLLMENT FORM

SECTION I. EMPLOYEE INFORMATION – Please type or print clearly

Name (First, Middle Initial, Last) Social Security Number: _____
Attach copy of Social Security Card

Mailing Address Date of Birth: _____

City, State, Zip Code Phone Number: _____

Email address: _____ Sex: Male Female

Marital Status (Check One): Married Widow(er) Single Divorced

If Married – Spouse's Name: _____ Date of Marriage: _____

Social Security Number Last 4 Digits _____ Date of Birth: _____

List Name and Date of Birth of all minor children, and/or children who are mentally or physically disabled regardless of age: (If no children, indicate NONE)

Name of Minor Child or Mentally or Physically Disabled Child	Date of Birth

Are you currently employed by any of the following departments?

Department	Yes	No
City Court		
Marshal's Office		
Fire Department		
Police Department		

FOR RETIREMENT OFFICE USE ONLY

Approved by: _____ Entered by: _____ Scanned by: _____

Date: _____ Date: _____ Date: _____

SECTION II. PREVIOUS ENROLLMENT

If you were at any time a member of MERS? No Yes

If yes, give name under which your membership was reported and dates of employment.

_____ From (Mo./Yr.): _____ to (Mo./Yr.): _____
Print Name Status: Refunded Transferred Terminated or Resigned

Are you now or have you ever been a member of another Louisiana Public Retirement System? If yes, list system name(s). Yes No

_____ From (Mo./Yr.): _____ to (Mo./Yr.): _____
Retirement System Name

What is your present status in the above retirement system: Retired Active Refunded
Terminated or resigned and left contributions on deposit with retirement system.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Member Date

SECTION III. EMPLOYER CERTIFICATION (TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE)

Member's Position/Title: _____ Employer: _____

Date of Hire: _____ Department: _____

Begin withholding contributions on first date of hire. There is no probationary or waiting period.

If member is 50 years of age or older and employed by the Fire Department, a verification letter from FRS on their letterhead stating member is not eligible for membership in their system must be attached.

Enrollment forms must be submitted before contributions are reported for this member or interest will begin accruing on the contributions received that cannot be posted to the member's account beginning two (2) weeks from receipt of contribution report.

I HEREBY CERTIFY INFORMATION SHOWN HEREON AS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

Signature of Authorized Representative Date

Print name of Authorized Representative

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Boulevard, Baton Rouge, LA 70809

DESIGNATION OF BENEFICIARY

MEMBER INFORMATION

Name: _____ Social Security Number: XXX-XX-_____

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. The number of primary or contingent beneficiaries that you may name is not limited. "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. If you are not the member, you must submit a Certified copy of a "Power of Attorney" or other legal documents with this form.

PRIMARY BENEFICIARY (ies) - To enter up to four primary beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four primary beneficiaries, please contact the office at (225) 925-4810.

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Does the total combined percentage for your Primary Beneficiaries equal 100%?

Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

DESIGNATION OF BENEFICIARY

CONTINGENT BENEFICIARY (ies) – (optional – not required) - To enter up to four contingent beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four contingent beneficiaries, please contact the office at (225) 925-4810.

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

If they exist, does the total combined percentage for your Contingent Beneficiaries equal 100%? Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

I request that the Board of Trustees of the Municipal Employees' Retirement System pay, in the event of my death while an active contributing member before retirement, the total amount of my remaining contributions in the retirement system to the designated beneficiary(ies), otherwise, to my estate, unless benefits are payable to a surviving spouse and/or children in accordance with Title 11 of the Louisiana Revised Statutes.

MEMBER NAME: _____

MEMBER SIGNATURE: _____ **DATE:** _____



FORFEITURE OF BENEFITS ATTESTATION

R.S. 11: 293

(For Employer Use Only - Do Not Return to MERS)

This form must be completed upon employment of an eligible member of the Municipal Employees' Retirement System (MERS) hired on or after January 1, 2013.

MEMBER'S INFORMATION

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

MEMBER SIGNATURE AND CERTIFICATION

By accepting this position, I understand that I will be enrolled in MERS.

I further understand that my retirement benefits and the benefits payable to my spouse or children may be forfeited if I am convicted of a public corruption crime of either of the following types:

- * Public corruption crimes resulting in financial gain or attempted financial gain for myself or a third party. Public corruption crimes that involve sexual contact with a minor with whom I come in contact by virtue of my public
- * employment.

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Signature of Member

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Date of Signature

DO NOT RETURN TO MERS - EMPLOYER MUST KEEP ON FILE

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

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.