MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

REEMPLOYMENT OF RETIREE

R.S. 11:1762 & R.S. 11:1762.1

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:	

RETURN TO WORK CERTIFICATION

If original retirement from MERS was a disability or actuarially reduced retirement benefit you are not eligible to return to work with a participating employer of MERS.

Employer:	
Date of Re-Employment:	Position:

Select One:

Full-Time

☐ I acknowledge that by returning to work full-time, my retirement benefit will be suspended. I shall receive a supplemental benefit for the service credit earned during my reemployment after retirement if I work for at least twelve (12) months. The supplemental benefit will be calculated using my final average salary earned during my reemployment and the payment option elected on my original retirement benefit. If I am not reemployed for at least twelve (12) months, upon application, the system will return my contributions paid during reemployment without interest.

Part-Time

☐ I acknowledge that by returning to work part-time (under 35 hours per week) I will be subject to an earnings limit according to LA R.S. 11:1762. I shall not accrue additional service credit nor receive a supplemental benefit. Upon termination of my reemployment, and upon application, the system will return my contributions remitted to MERS during reemployment without interest.

Retired Reemployed Employee Signature	**Date of Signature**
Authorized Representative Signature	**Date of Signature**

FOR MERS OFFICE USE ONLY

Member Number:	Original Retirement Type: ☐ Regular ☐ Early ☐ Disability	Original DOR:
Initiated By:	Reviewed By:	

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