MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA
7937 Office Park Blvd., Baton Rouge, LA 70809
225-925-4810 or 800-820-1137 Fax 225-925-4816

Application for Refund of Survivor Contributions
EMPLOYER CERTIFICATION

Member's name: _____ SSN: _____
(Last 4 digits)

I certify that the above-named member terminated with _____
Employer
on _____ (date of termination).

Date of last paycheck from which MERS contributions were withheld (do not include lump sum accrued leave) is _____ and will be reported to MERS on the _____
Payroll Date Month/Year
report.

_____ _____
Signature of authorized representative **Date**

_____
Print name of authorized representative

FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

5 or more years of service credit: Y or N Survivor Option Form Received Y or N

Vested Release form received if applicable Y or N

Eligible for refund: Y N Checked By: _____ Date: _____

Refund Eligibility Date: _____ Approved: _____