

(11/2011)

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 OFFICE PARK BLVD., SUITE 200 - BATON ROUGE, LA 70809-7601
TELEPHONE: (225) 929-7411 * TOLL FREE: 1-800-443-4248 * FAX: (225) 929-6542

DROP END FORM

DROP PARTICIPANT

CURRENT DROP END DATE

SOCIAL SECURITY NUMBER

Complete this section **ONLY** if remaining **ACTIVE** after your **DROP END DATE**:

_____ I desire to **continue employment after my DROP ending date**, return to active
Initials membership in the Retirement System and resume contributions to MPERS.

Complete the following ONLY if retiring prior to your DROP END DATE or the day after your DROP END DATE:

_____ I **DESIRE TO TERMINATE EMPLOYMENT PRIOR TO or ON MY DROP ENDING DATE AND WILL**
Initials **OFFICIALLY RETIRE EFFECTIVE** _____.

_____ I **ELECT TO BEGIN RECEIVING MONTHLY RETIREMENT BENEFITS EFFECTIVE** _____.

_____ I **UNDERSTAND THAT BY SIGNING THIS FORM, I WILL BEGIN RECEIVING MONTHLY**
Initials **RETIREMENT BENEFITS.**

_____ IF I AM **REINSTATED TO THE POLICE DEPARTMENT AND RECEIVE BACK PAY AS IF**
Initials **I WAS NEVER TERMINATED, UPON REINSTATEMENT, I MUST REPAY TO MPERS, IN A**
LUMP SUM, THE TOTAL AMOUNT OF RETIREMENT BENEFITS AND DROP/IBO
WITHDRAWALS RECEIVED.

_____ I **UNDERSTAND THAT I MUST ALSO PAY EMPLOYEE CONTRIBUTIONS (IF APPLICABLE) DUE**
Initials **TO MPERS BASED ON BACK PAY RECEIVED.**

Member's Signature

Date

Member's Full Address

Member's Email Address

Member's Phone Number

AGENCY CERTIFICATION – CERTIFIED TRUE AND CORRECT

Authorized Signature
(If Chief, Mayor's Signature Required)

Date

Member's
Last Active Date

Member's
Last Check Date