

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM
7722 OFFICE PARK BOULEVARD, SUITE 200 - BATON ROUGE, LA 70809-7601
TELEPHONE: (225) 929-7411 * TOLL FREE: 1-800-443-4248 * FAX: (225) 929-6542

RETIREMENT FORM

MUST BE COMPLETED PRIOR TO RECEIVING MONTHLY RETIREMENT BENEFIT

MEMBER NAME (Print or Type)

SOCIAL SECURITY NUMBER

LAST DATE OF ACTIVE SERVICE

EFFECTIVE DATE OF RETIREMENT

Initials I ELECT TO OFFICIALLY RETIRE AND BEGIN RECEIVING MONTHLY RETIREMENT BENEFITS EFFECTIVE _____.

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

Initials IF I AM REINSTATED TO THE POLICE DEPARTMENT AND RECEIVE BACK PAY AS IF 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.

Initials I UNDERSTAND THAT I MUST ALSO PAY EMPLOYEE CONTRIBUTIONS (IF APPLICABLE) DUE 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