

**MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM
APPLICATION FOR RECIPROCAL RECOGNITION OF SERVICE
R.S. 11:142**

PART I:

Name of Applicant _____ Social Security _____

Mailing Address _____
_____ Date of Application _____

System Actively
Contributing to Municipal Police Employees' Retirement System

Reciprocating System(s) _____
in which member currently
holds creditable service _____

I request a reciprocal recognition of my creditable service currently held in the above named retirement system(s) under R.S. 11:142 and under the rules and regulations adopted by the above retirement system(s). (Provisions of R.S. 11:142 may be obtained from the system in which the applicant is currently enrolled and applicable retirement system rules and regulations may be obtained from each system named above upon request. Applicants are urged to read, and obtain explanations if needed, both the provisions of the Act and the applicable retirement system rules and regulations).

Any refunds received from the above systems have been repaid in full.

Signature of Applicant

PART II:

APPROVED BY:

System _____

Signature and Title of Official Date

System _____

Signature and Title of Official Date

System _____

Signature and Title of Official Date