

**MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM**

7722 OFFICE PARK BLVD., SUITE 200, BATON ROUGE, LA 70809-7601

(225) 929-7411 OR PH. (800) 443-4248 FAX (225) 929-6542

**REFUND OF ACCUMULATED CONTRIBUTIONS**

**TO MEMBER:**

If you are appealing your dismissal to the Civil Service Board, it is suggested that you do not accept a refund, pending the decision of the board, in order that you do not lose credit in the retirement system.

I hereby make application for refund of accumulated contributions standing to my account in the Municipal Police Employees' Retirement System. I do hereby waive and relinquish for myself, my heirs, and my assigns, all accrued rights in the Retirement System. I understand that all creditable service is forfeited by acceptance of said refund and that if re-employed after attaining age 50, I will not be eligible for membership, or if re-employed and eligible to become a member of the retirement system, that I cannot claim any prior service credit. I also understand that I can terminate my employment, and leave my funds in the retirement system for up to five years, and should I become employed within the five years, and continue to contribute to the retirement system, I will maintain all of my prior years credit.

I understand that once I terminate employment, I can leave my funds on deposit in MPERS for up to five years. If I become employed for an employer who is covered by another state, municipal or parochial retirement system, after six months of employment, I can apply to have my credit in MPERS combined or transferred to my current state, municipal or parochial retirement system.

I understand that the refund for which I am now applying SHALL NOT be paid to me until I have remained out of municipal police service for a minimum of sixty (60) calendar days and until all retirement contributions in my behalf have been remitted to the retirement system by my employing municipality.

Signature of Member	Date	Social Security No.
Witness	Date	Birthdate
Witness	Date	Employment Date

Applicant's Name and Mailing Address:

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Employed by the City or Town of:

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**Agency certification – certified true and correct**

Municipality	Date of Last Paycheck	Termination / Separation Date
Signed: <i>(Chief of Police or City Clerk)</i>	Title	Date