



# MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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## REPAYMENT OF REFUND REQUEST

Date:

Name:

Social Security Number:

Dates of Service Refunded:  To:

Date of Refund:

Municipality Refunded From:

Current Address:

Daytime Phone Number:  Email Address:

Are you actively contributing to MPERS?  
 Yes  No

If no, which LA Public Retirement System are you actively contributing to?

Is repayment being obtained to enter into a reciprocal recognition or transfer of creditable service to another LA Public Retirement System?  
 Yes  No

Member's Signature  Date

**Instructions:** Complete all blanks as accurately as possible. Please allow 3 - 4 weeks for an invoice.