



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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APPLICATION FOR SURVIVOR BENEFITS

Section 1 - Deceased Member Information

Member's First Name	Middle Initial	Last Name	Suffix (Jr. III, etc.)	Member's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Social Security Number	Date of Death (Please attach copy of death certificate)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="text"/>	<input type="text"/>			

Section 2 - Survivor Information

Survivor's First Name	Middle Initial	Last Name	Suffix (Jr. III, etc.)	Survivor's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Survivor's Social Security Number	Daytime Telephone Number	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="text"/>	<input type="text"/>			
Mailing Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Survivor's Signature	Date Signed		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

In accordance with the provisions of Louisiana retirement laws: R.S. 11:2220(B) and (D), R.S. 11:2224, R.S. 11:2241.8, & R.S. 11:2242.8

TYPE OF SURVIVOR BENEFIT

- Optional "Survivor Benefit" – member retired
- Survivor Benefit – member active (NOT in line of duty) Survivor Benefit – member active (in line of duty)
- Child Benefit – member active (NOT in line of duty) Child Benefit – member active (in line of duty)
- DROP Funds Rollover Withdrawal Rollover & Withdrawal
- Refund of Employee Contributions Rollover Withdrawal Rollover & Withdrawal

MPERS MUST RECEIVE THE FOLLOWING DOCUMENTS: ORIGINAL APPLICATION FOR SURVIVOR BENEFITS, COPY OF MEMBER'S DEATH CERTIFICATE, COPY OF BIRTH CERTIFICATE & SOCIAL SECURITY CARD FOR SURVIVOR & MEMBER, COPY OF MARRIAGE LICENSE (IF MARRIED TO MEMBER), DIVORCE DECREES (IF APPLICABLE), DIRECT DEPOSIT AUTHORIZATION, AND W-4P.
W-4P not required for DROP Funds or Refund of Employee Contributions.

On this _____ day of _____, 20____, in and for the Parish/County of _____, and State of _____, the above-named survivor personally appeared before me and made oath that the above statements are true.

Notary ID Number / Affix Seal

Signature of Notary Public

Printed Name of Notary Public