



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 Office Park Boulevard Suite 200 Baton Rouge, Louisiana 70809-7601
Phone 800.443.4248 / 225.929.7411 Fax 225.929.6542 Web lampers.org

Annual Statement of Marital Status of Surviving Spouse

Effective July 1, 2021: This form must be completed and submitted to MPERS by October 1st according to Louisiana R.S. 11:2220B(1)(a)(i).

If not timely submitted, the benefit shall be discontinued, WITHOUT RETROACTIVE REIMBURSEMENT, until the statement is submitted. If not submitted by the end of the current calendar year, the MPERS board of trustees may revoke a surviving spouse's rights in and to survivor benefits.

Deceased Member's Information

First Name	Middle Name	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: SURVIVING SPOUSE'S INFORMATION

NOTE: If you have not already done so, please provide copies of Social Security cards & birth certificates to MPERS.

First Name	Middle Name	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Male Female

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Email Address	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: SURVIVING SPOUSE'S MARTIAL STATUS CHANGE INFORMATION

INSTRUCTIONS: Attach copies of appropriate documents (i.e., Marriage License, Certified Judgment of Divorce, or Death Certificate) to verify any marital status changes which occurred **between July 1, 2022 and June 30, 2023.**

My marital status has not changed, I am still: Single/Widowed Married Divorced

My marital status has changed, I am now: Single/Widowed Married Divorced

My marital status changed on:

My previous spouse's name was (if none, indicate "None")

My current spouse's name is (if none, indicate "None")

Annual Statement of Marital Status of Surviving Spouse (cont.)

SECTION 3: CERTIFICATION

I attest that I am the survivor of the named deceased member of MPERS.

I certify that the foregoing statements are true to the best of my knowledge and belief. I further certify that I will advise MPERS of any future change in my marital status (i.e., marriage, divorce, etc.) within 30 days of the change.

If applicable, I have attached the appropriate documents to verify my marital status change.

I understand that an incomplete form will be returned to me to be completed, which may result in my benefits being suspended without retroactive reimbursement.

I acknowledge that any person who shall knowingly make false statement(s) or shall falsify or permit to be falsified any record(s) of this retirement system in any attempt to defraud such system as a result of such act shall be guilty of a misdemeanor, and on conviction thereof by any court of competent jurisdiction shall be punished by a fine not exceeding five hundred dollars (\$500.00) or imprisonment in the parish jail not exceeding six (6) months, or both such fine and imprisonment at the discretion of the court.

Surviving Spouse's Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the Parish/County of _____ and State of _____, this _____ day of _____, 20_____.

Notary Public's Signature

Notary Public's Printed Name

Notary ID Number