



# MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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## RETIREMENT FORM

**MUST BE COMPLETED PRIOR TO RECEIVING MONTHLY RETIREMENT BENEFIT**

The RETIREMENT FORM must accompany one of the following applications:

▶ Application for Regular Retirement

▶ Application for Initial Benefit Option – IBO

The RETIREMENT FORM is also required when a member retires with active service after DROP.

MPERS must receive the following as soon as possible: Birth Certificate and Social Security Card for Member, Spouse and all children under age 23, Marriage License, All Divorce Decree(s), Death Certificate(s) (if applicable), and any Community Property Settlement(s).

MEMBER NAME (Print or Type)

SOCIAL SECURITY NUMBER

LAST DATE ON ACTIVE PAYROLL

EFFECTIVE DATE OF RETIREMENT

Initials

I ELECT TO OFFICIALLY RETIRE AND BEGIN RECEIVING MONTHLY RETIREMENT BENEFITS EFFECTIVE \_\_\_\_\_  
Effective date of retirement

Initials

I UNDERSTAND THAT BY SIGNING THIS FORM, I WILL BEGIN RECEIVING MONTHLY RETIREMENT BENEFITS.

Initials

IF I AM REINSTATED TO THE POLICE DEPARTMENT AND RECEIVE BACK PAY AS IF I WAS NEVER TERMINATED, UPON REINSTATEMENT, I MUST REPAY TO MPERS, IN A LUMP SUM, THE TOTAL AMOUNT OF RETIREMENT BENEFITS AND DROP/IBO WITHDRAWALS RECEIVED. I MUST ALSO PAY INTEREST CALCULATED AT THE LEGAL RATE (FOR THE APPLICABLE YEARS) FROM THE DATE OF PAYMENT UNTIL REPAID.

Initials

I UNDERSTAND THAT I MUST ALSO PAY EMPLOYEE CONTRIBUTIONS (IF APPLICABLE) DUE TO MPERS BASED ON BACK PAY RECEIVED.

Initials

I WILL NOTIFY MPERS IN WRITING IMMEDIATELY IF I APPLY FOR REINSTATEMENT OR OTHERWISE APPEAL MY TERMINATION.

Member's Mailing Address

City

State

Zip Code

Member's Email Address

Member's Phone Number

Member's Signature

Date

### MUNICIPALITY CERTIFICATION – CERTIFIED TRUE AND CORRECT

Does or will the above member have a pending civil service appeal?

Yes  No

Authorized Signature:

Date

Member's Last Date on Active Payroll

Email

Phone Number

Member's Last Check Date