

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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DROP END FORM

The DROP END FORM is the ONLY form required when a member retires while participating in DROP or retires the day after DROP ends.

DROP PARTICIPANT	CURRENT DROP END DATE
SOCIAL SECURITY NUMBER	LAST DATE OF ACTIVE SERVICE

Complete this section ONLY if remaining ACTIVE after your DROP END DATE:

_____ I desire to **continue employment after my DROP END DATE**, return to active
 Initials membership in the Retirement System and resume contributions to MPERS.

Complete the following ONLY if retiring prior to your DROP END DATE or the day after your DROP END DATE:

_____ I DESIRE TO TERMINATE EMPLOYMENT PRIOR TO or ON MY DROP END DATE AND WILL
 Initials OFFICIALLY RETIRE EFFECTIVE _____
(day after last date of active service)

_____ I ELECT TO BEGIN RECEIVING MONTHLY RETIREMENT BENEFITS EFFECTIVE _____
 Initials (day after last date of active service)

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

_____ IF I AM REINSTATED TO THE POLICE DEPARTMENT AND RECEIVE BACK PAY AS IF I WAS NEVER TERMINATED,
 Initials UPON REINSTATEMENT, I MUST REPAY TO MPERS, IN A LUMP SUM, THE TOTAL AMOUNT OF RETIREMENT
 BENEFITS AND DROP/IBO WITHDRAWALS RECEIVED.

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

	Member's Mailing Address
Member's Signature	Date
Member's Email Address	Member's Phone Number

AGENCY CERTIFICATION - CERTIFIED TRUE AND CORRECT

Authorized Signature:	Date	Member's Last Active Date	Member's Last Check Date
Phone Number	Email		