

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 (White Form)
- Application for Early Retirement (Green Form)
- Application for Initial Benefit Option – IBO (Salmon Form)

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

MEMBER NAME (Print or Type)

SOCIAL SECURITY NUMBER

LAST DATE OF ACTIVE SERVICE

EFFECTIVE DATE OF RETIREMENT

Initials

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

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.

Initials

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

Member's Signature

Date

Member's Mailing Address

Member's City, State, Zip

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