



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

FORFEITURE OF BENEFITS ATTESTATION

(For Employer Use Only - Do Not Return to MPERS)

In accordance with R.S. 11:293, all employees hired or rehired on or after January 1, 2013 must sign this form at time of enrollment certifying he or she has knowledge of this law.

SECTION 1 - MEMBER INFORMATION

Last Name:	First Name:	Middle Initial:	Suffix (Jr., III, etc.):	Social Security Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 - PROVISIONS OF FORFEITURE LAW

- As a public servant employed or re-employed on or after January 1, 2013, I understand the provisions of R.S. 11 :293 applies to me.
- If convicted or if I enter a plea of "guilty" or "no contest" of a public corruption crime (meaning a state or federal felony committed on or after January 1, 2013), I understand the judge may order forfeiture of retirement benefits to the extent allowable by the law.
- If the judge applies the provisions of R.S. 11 :293, then my service credit attributable to employer contributions and interest, including any funds in my deferred retirement option plan (DROP) account, shall be forfeited to the retirement system and shall not be used to calculate a benefit for me.
- The statute contains many terms and conditions and can be read in its entirety on the Louisiana Legislature's website at legis.la.gov/legis/law.aspx?d=814585

SECTION 3 - MEMBER CERTIFICATION

I certify that I have read the provisions of the forfeiture law as outlined in Section 2 of this form.

Signature of Member (Do not print or type)	Date Signed:
<input type="text"/>	<input type="text"/>

SECTION 4 - EMPLOYER WITNESS

Signature of Witness (Do not print or type)	Date Signed:
<input type="text"/>	<input type="text"/>

DO NOT RETURN TO MPERS - EMPLOYER MUST KEEP ON FILE