



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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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

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

☐ Male

☐ Female

Mailing Address

City

State

Zip Code

Phone Number

Email Address

Date of Birth

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, 2025 and June 30, 2026.**

☐ 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