



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.

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).

DROP PARTICIPANT

SOCIAL SECURITY NUMBER

ORIGINAL DROP END DATE

LAST DATE ON ACTIVE PAYROLL

EFFECTIVE DATE OF RETIREMENT

Initials

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 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:

Initials

I DESIRE TO TERMINATE EMPLOYMENT PRIOR TO or ON MY DROP END DATE AND WILL OFFICIALLY RETIRE EFFECTIVE _____
Effective date of retirement

Initials

I ELECT TO 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