



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 Office Park Boulevard Suite 200 Baton Rouge, Louisiana 70809-7601

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EMPLOYER CERTIFICATION for REFUND OF ACCUMULATED CONTRIBUTIONS :: LA R.S. 11:2220(C)

Member's Information:

FIRST NAME MIDDLE INITIAL LAST NAME TODAY'S DATE SOCIAL SECURITY NUMBER

The above-named member has applied for a refund of accumulated employee contributions with this system. Please complete the below verification of employment and payroll dates. **Date of separation should reflect the last day the member was (or will be) paid through for Full-Time employment.**

Chief of Police or Municipal Clerk to complete:

MUNICIPALITY:

Date of Full-Time employment with PD (30 hours or more/week)

Date of separation from Full-Time employment (last day of Full-Time employment)

Date of Last Paycheck from which MPERS contributions were (or will be) withheld

*including pending SSP payments

PRINTED NAME OF OFFICIAL COMPLETING THIS FORM TITLE

SIGNATURE

Please provide copy of member's social security card