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

R.S. 11:157 Membership-Termination Affidavit

MPERS does not recommend terminating your membership. This affidavit is required only if you choose to terminate your MPERS membership. MPERS strongly advises against doing so. Terminating your membership is permanent and forfeits valuable retirement, survivor, and disability benefits.

Your employer cannot require this. Executing this affidavit is not a condition of your employment. Louisiana law requires your employer to enroll you in MPERS and pay the required contributions. Your employer cannot terminate, threaten, discipline, or otherwise condition your job on whether you sign. If anyone has told you that you must sign this to keep your job, that is false. Contact MPERS.

If you choose to terminate anyway, it counts only if done correctly. A termination election is valid only if it satisfies all requirements of R.S. 11:157, including the chief/mayor signature and MPERS's receipt of all required documents within thirty days.

MARITAL STATUS REQUIREMENT **Are you married?** ☐ **Yes** ☐ **No**

IF MARRIED: If you are married, your spouse must complete a separate spousal acknowledgment confirming that he or she understands the financial impact of this decision on your family, including the loss of survivor benefits. MPERS will not process or give effect to a married employee's R.S. 11:157 election unless the completed spousal acknowledgment is included in the affidavit package.

Spouse's Name (if applicable): _____

AFFIDAVIT SECTION

STATE OF LOUISIANA, PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

Employee's First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Employed by Town/City/Village of: _____

Date of Hire: _____

SWORN STATEMENT

Who, upon being first duly sworn, did depose and state that:

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

☐ **NO EMPLOYMENT CONDITION:** I understand that my employer cannot terminate, threaten to terminate, discipline, or otherwise condition my employment on signing any affidavit related to MPERS membership. My employment status cannot lawfully depend on whether I choose to remain a member of MPERS.

☐ **NO EMPLOYER CONTROL:** I understand that my employer has no authority to approve, deny, or control my decision about MPERS membership. By hiring an eligible employee, my employer has accepted the legal obligation to budget for and pay all required MPERS contributions.

☐ **ILLEGAL EMPLOYER INDUCEMENTS:** I acknowledge that if my employer has offered or promised me any additional compensation, benefits, or contributions (whether in cash, to an IRA, to a defined contribution plan, or in any other form) in exchange for opting out of MPERS, such offers or promises are **illegal and void**. I certify that no such illegal inducements have been made to me.

☐ **BUDGETING REQUIREMENT:** I understand that under the Louisiana Local Government Budget Act, my employer is legally required to budget for the employer contributions owed to MPERS. These contributions are mandated by state law and are not optional or subject to employer discretion.

☐ **CONSTITUTIONAL MANDATE:** I understand that MPERS membership is mandated by the Louisiana Constitution and statutes. My employer has **NO INPUT** or influence over my decision to opt out - this is entirely my individual choice. These benefits are constitutionally protected employment compensation that I am choosing to forfeit.

☐ **RETIREMENT SAVINGS REALITY:** I understand that the average MPERS regular retiree receives an annual benefit of approximately $43,499 and, based on the system's average retirement age of 54, may collect this benefit for the remainder of a normal lifespan. I understand that privately replacing a lifetime benefit of this size — before accounting for the survivor and disability protections also being forfeited — could require well over $1 million in personal savings, and that replicating the survivor and disability coverage would cost substantially more.

☐ **LINE-OF-DUTY DEATH BENEFITS:** I understand that if I am killed in the line of duty, my valid R.S. 11:157 termination election will eliminate MPERS survivor benefits that otherwise could be payable to my surviving spouse and eligible children. Those benefits may include monthly payments based on up to 100%of my average final compensation. I understand that children's eligibility may depend on age, student status, disability status, and other legal requirements. I further understand that replacing this protection with private life insurance could require very large coverage amounts and may be extremely expensive or unavailable.

☐ **HANDBOOK REVIEW:** I have thoroughly reviewed the Member Handbook at www.lampers.org and understand all benefits I am forfeiting.

SWORN STATEMENT (cont.)

☐ **I acknowledge that MPERS STRONGLY ADVISES AGAINST executing this affidavit and recommends I remain in the system.**

☐ **I MUST SUBMIT THE DOCUMENTS TO MPERS AND CONFIRM RECEIPT:** I understand that my R.S. 11:157 termination election does not become valid unless MPERS receives all required documents within thirty days after I first become eligible for MPERS membership. I understand that I am responsible for submitting these documents to MPERS and for following up with the MPERS office to confirm that MPERS has actually received them. I understand that if MPERS does not receive these documents within that period, my termination election is invalid and I remain a member of MPERS.

Required documents:

- Membership enrollment form;
- Birth certificate and Social Security card for me;
- Birth certificate and Social Security card for each beneficiary;
- Fully completed physical examination form, including labs;
- This R.S. 11:157 affidavit;
- Chief/mayor affidavit; and
- Spousal acknowledgment, if married.

☐ **I acknowledge that MPERS has strongly advised me to seek independent financial counseling before making this decision.**

☐ **DISABILITY PROTECTION LOSS:** I am forfeiting valuable disability benefits, including up to 100% of my average final compensation if injured in the line of duty, that would protect me if injured on or off duty - private disability insurance would be an additional significant expense. I understand that private disability insurance would be an additional significant expense, and that I have been encouraged to obtain a quote for equivalent coverage.

☐ **SOCIAL SECURITY AND WEP/GPO:** I understand that opting out of MPERS does not increase my Social Security benefits and that Social Security alone provides significantly less retirement security than MPERS. I understand that Congress has eliminated the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO) that previously reduced Social Security benefits for those receiving government pensions, which means there is no longer a Social Security penalty for remaining in MPERS, and Social Security spousal and survivor benefits remain subject to federal eligibility rules.

☐ **PERMANENT DECISION: I acknowledge that this decision is permanent for as long as I remain employed by a Social Security-covered municipality, and that I cannot rejoin MPERS while so employed.**

☐ **NO PURCHASE OF CREDIT FOR OPT-OUT PERIOD:** I understand that if I later work for an employer whose employees are not covered under Social Security, I may not purchase MPERS credit for the period during which I made an R.S. 11:157 termination election.

SWORN STATEMENT (cont.)

☐ I am employed by a municipality that has had its police employees covered under the federal Social Security program since before July 1, 1973, and under R.S. 11:157, I elect to terminate my existing membership in the Municipal Police Employees' Retirement System ("MPERS") and receive a refund of my employee contributions, if any, without interest. This election is made of my own free will and is my own voluntary act and deed.

FINAL ACKNOWLEDGMENT

Initial here: _____ I understand that I am giving up guaranteed retirement benefits, survivor and death benefits, and disability coverage that would be extremely expensive to replace privately.

Signature of Affiant: _____ Date: _____

NOTARIZATION REQUIREMENTS

MPERS strongly recommends that this affidavit be notarized by a notary who is not employed by the municipality, the mayor's office, or any related governmental entity, to avoid any appearance of undue influence.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the Parish and State aforesaid, this _____ day of _____, 20_____.

Notary Public's Signature: _____

Notary Public's Printed Name: _____

Notary ID Number: _____

CRITICAL REMINDERS

- **NOT EFFECTIVE UNTIL RECEIVED BY MPERS**
- **MEMBER SHOULD FAX OR EMAIL FORM TO MPERS ON THE SAME DAY AFFIDAVIT IS EXECUTED**
- **IF MARRIED, THE SPOUSAL ACKNOWLEDGMENT MUST BE INCLUDED FOR MPERS TO PROCESS THIS ELECTION**

- **RETAIN A COPY FOR YOUR RECORDS**
- **PROVIDE A COPY TO YOUR EMPLOYER**
- **SEEK CONFIRMATION FROM MPERS THAT THIS AFFIDAVIT HAS BEEN RECEIVED AND IS VALID**

AFFIDAVIT OF CHIEF OF POLICE OR MAYOR

MPERS strongly recommends that this affidavit be notarized by a notary who is not employed by the municipality, the mayor's office, or any related governmental entity, to avoid any appearance of undue influence.

STATE OF LOUISIANA, PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

Printed Name: _____

Title: ◯ Chief of Police ◯ Mayor

Municipality: _____

who, after being duly sworn, stated as follows:

1. I am the ◯ Chief of Police ◯ Mayor of the employing municipality identified above.
2. The employee named in this R.S. 11:157 affidavit is employed by the municipality.
3. To the best of my knowledge, the employee's execution of this R.S. 11:157 affidavit is the employee's own voluntary act and deed.
4. The municipality has not required the employee to execute this affidavit as a condition of employment.
5. The municipality has not terminated, threatened to terminate, disciplined, threatened to discipline, or otherwise conditioned the employee's employment on executing this affidavit.
6. The municipality has not offered or promised the employee any additional compensation, benefit, contribution, payment, or other thing of value in exchange for electing not to participate in MPERS.
7. I understand that the employer must enroll an eligible employee in MPERS at the time of employment and that the employee remains enrolled unless and until the employee satisfies the requirements of R.S. 11:157 and applicable MPERS regulations.
8. I sign this affidavit to satisfy the requirement that, for a police employee, the R.S. 11:157 affidavit be signed and notarized by the chief of police or mayor of the employing municipality.
9. I have read the employee's R.S. 11:157 affidavit, including all warnings regarding the retirement, survivor, and disability benefits the employee may forfeit or lose through the election.
10. I understand that the municipality remains obligated to enroll each eligible employee and to budget for and pay all employer contributions owed to MPERS under state law; that the employee's election does not relieve the municipality of any contribution obligation that accrued before the election became effective; and that the election does not relieve the municipality of any contribution obligation for any other employee.

Signature: _____

Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in the Parish and State aforesaid, this _____ day of _____, 20____.

Notary Public Signature: _____

Notary Public Printed Name: _____

Notary ID Number: _____

MPERS ADMINISTRATIVE SECTION

MPERS Use Only – R.S. 11:157 / LAC Section 1701 Checklist

☐ Membership enrollment form received

☐ Member birth certificate received

☐ Member Social Security card received

☐ Beneficiary birth certificate(s) received

☐ Beneficiary Social Security card(s) received

☐ Physical examination form received

☐ Laboratory work received

☐ R.S. 11:157 affidavit received

☐ Chief/mayor affidavit received

☐ Spousal acknowledgment received, if applicable

☐ All required documents received within 30 days of eligibility

Reviewed by: _____ Date: _____

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EMPLOYEES' RETIREMENT SYSTEM

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AUTHORIZATION FOR DIRECT DEPOSIT FOR REFUND OF EMPLOYEE CONTRIBUTIONS

Include copy of Social Security card

SECTION 1: CONTACT INFORMATION

Name

SSN **– INCLUDE COPY OF SOCIAL SECURITY CARD**

Mailing Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

E-mail Address

SECTION 2: ACCOUNT INFORMATION

Name and Address of Financial Institution

Type of Account:
☐ Checking ☐ Savings

Routing Number

Account Number (up to 17 digits)

SECTION 3: PAYEE SIGNATURE

I hereby authorize the Municipal Police Employees' Retirement System (MPERS) to direct the net amount of my Refund of Accumulated Contributions payment to my account at the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. If payments have been deposited to my account that are not due, or if funds are credited to my account in error for any reason, I authorize: 1) MPERS to initiate electronic funds transfer debit transactions to retrieve those payments and 2) The financial institution (bank or credit union) to release to MPERS the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney relevant to those payments to withdraw funds from my account. If my death should occur prior to the due date of any payment that is made by MPERS in compliance with the Authorization for Direct Deposit, the named financial institution shall refund such payments to MPERS. I certify that I am entitled to the payment identified herein.

By signing below, I certify that I have read the provisions of this form, and fully understand the obligations contained herein.

Payee's Signature

Date Signed

INSTRUCTIONS :: This form authorizes a direct deposit of a refund of accumulated contributions into your account and is to be used only for payments disbursed by the Municipal Police Employees' Retirement System (MPERS). Deposits will be made by way of electronic funds transfer (EFT) from MPERS account to your account. **Please fax or email the completed form to MPERS.**

COMPLETE FORM IN ITS ENTIRETY :: Provide the complete name and address of the financial institution to which payment will be sent. Identify the type of account in which this payment is to be deposited, either checking or savings. Enter the routing number for your bank (9 digits; can be found on the bottom of your check, usually the first set of numbers). Enter your account number (up to 17 digits; can be found on the bottom of your check, usually the second set of numbers).

PAYEE CANCELLATION INSTRUCTIONS :: This authorization remains in effect until cancelled by written notice from the payee (or the legal representative, in the event of the death of the payee). You may change the designation of your financial institution by completing and submitting a new authorization form.

HOLIDAYS AND WEEKENDS :: Direct Deposits for refund payments are made on the 5th and 20th of each month. Should your payment date fall on a weekend or holiday, deposits will be in your bank or credit union by the following Monday. If you have not received your direct deposit after 90 days from submitting all necessary documents, please contact MPERS at 225.929.7411 or toll free at 800.443.4248.

RETAIN A COPY FOR YOUR RECORDS AND
PROVIDE A COPY TO YOUR EMPLOYER