MUNICIPAL POLICE
EMPLOYEES' RETIREMENT SYSTEM

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Spousal Acknowledgment for R.S. 11:157 Membership-Termination

REQUIRED FOR ALL MARRIED EMPLOYEES WHO ELECT TO TERMINATE MPERS MEMBERSHIP UNDER R.S. 11:157

MPERS does not recommend that your spouse terminate MPERS membership. This acknowledgment is required only if your spouse chooses to terminate. MPERS strongly advises against it. Termination is permanent and forfeits benefits that could protect your family, including survivor benefits if your spouse is killed in the line of duty.

Your spouse's employer cannot require this. Your spouse's job cannot lawfully depend on whether your spouse terminates membership or whether you sign this acknowledgment. If anyone has suggested otherwise, contact MPERS.

SPOUSE INFORMATION

Spouse's Full Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____
State: ____ Zip: _____

Phone: _____ Email: _____

EMPLOYEE INFORMATION

Employee's Full Name: _____

Employee's Social Security Number: _____

Employed by Town/City/Village of: _____

Employee's Date of Hire: _____

ACKNOWLEDGMENT SECTION

STATE OF LOUISIANA, PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared the above-named spouse, who, upon being first duly sworn, did depose and state:

SWORN STATEMENT

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING:

☐ **MARRIAGE CONFIRMATION:** I am legally married to the above-named police officer who is eligible for membership in the Municipal Police Employees' Retirement System ("MPERS").

☐ **VOLUNTARY DECISION:** My spouse's decision to opt out of MPERS is entirely voluntary and has not been influenced or coerced by their employer, municipality, or any other party.

☐ **LINE-OF-DUTY DEATH BENEFITS:** I understand that if my spouse is killed in the line of duty, a valid R.S. 11:157 termination election will eliminate MPERS survivor benefits that otherwise could protect our family. Those benefits may include monthly payments based on up to 100% of my spouse's average final compensation, payable to a surviving spouse and, depending on age, student status, disability status, and other legal requirements, eligible children.

☐ **LIFE INSURANCE REPLACEMENT COST:** I understand that to replace the survivor benefits we are giving up, we would need to purchase extremely expensive life insurance coverage privately, which could cost thousands of dollars annually.

☐ **RETIREMENT BENEFITS LOSS:** 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.

☐ **DISABILITY BENEFITS LOSS:** I understand that we are giving up valuable disability benefits that would protect our family if my spouse is injured on or off duty, including up to 100% of their final average compensation if injured in the line of duty, and that private disability insurance would be an additional significant expense.

☐ **SOCIAL SECURITY AND WEP/GPO:** I understand that the Windfall Elimination Provision and Government Pension Offset have been repealed, so remaining in MPERS no longer creates a WEP/GPO reduction. Social Security benefits remain subject to federal eligibility rules.

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

SWORN STATEMENT (cont.)

☐ **CONSTITUTIONAL RIGHTS:** I understand that MPERS membership is mandated by the Louisiana Constitution and statutes, and that these benefits are constitutionally protected employment compensation that we are choosing to forfeit.

☐ **ILLEGAL EMPLOYER INDUCEMENTS:** I acknowledge that if my spouse's employer has offered or promised 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 my spouse opting out of MPERS, such offers or promises are **illegal and void**. I certify that no such illegal inducements have been made to my spouse.

☐ **MPERS RECOMMENDATION:** I understand that MPERS **STRONGLY ADVISES AGAINST** this decision and recommends that my spouse remain in the system.

☐ **FINANCIAL COUNSELING:** I acknowledge that we have been strongly advised to seek independent financial counseling before making this decision, and I understand the financial impact this will have on our family's future.

☐ **HANDBOOK REVIEW:** I have reviewed the MPERS Member Handbook at www.lampers.org and understand the benefits we are forfeiting.

☐ **FAMILY IMPACT:** I understand that this decision will affect not only my spouse and myself, but also our children and their future financial security.

☐ **INFORMED CONSENT:** I have discussed this decision thoroughly with my spouse and understand all the financial consequences outlined above.

☐ **NO EMPLOYER PRESSURE:** I confirm that no employer, municipality, mayor, police chief, or other official has pressured, coerced, or improperly influenced this decision in any way.

☐ **BUDGETING REQUIREMENT**: I understand that under the Louisiana Local Government Budget Act, my spouse’s 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.

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

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

☐ **INDEPENDENT DECISION:** This acknowledgment is being executed of my own free will and represents my informed consent to my spouse's decision to opt out of MPERS.

SWORN STATEMENT (cont.)

☐ **FAMILY BENEFITS LOST:** I acknowledge that my spouse's valid R.S. 11:157 termination election will eliminate MPERS benefits that otherwise could have been payable to me, and may also eliminate benefits that otherwise could have been payable to eligible children or other statutory beneficiaries. I sign this acknowledgment for myself, and I understand that this decision may affect the financial security of our entire family.

FINAL ACKNOWLEDGMENT

Initial here: _____ I have read and understood every provision above. I acknowledge that my spouse and I are potentially making a financially devastating decision for our family. I understand that we are giving up guaranteed retirement benefits, survivor and death benefits, and disability coverage that would be extremely expensive to replace privately. I make this acknowledgment freely and voluntarily.

Spouse's Signature: _____ Date: _____

NOTARIZATION

MPERS strongly recommends that this form 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

This spousal acknowledgment must be included for a married employee's R.S. 11:157 affidavit package to be complete, and MPERS will not process the election without it.

- **MPERS strongly recommends that the spouse fax or email this acknowledgment to MPERS on the same day it is executed.**
- **The employee's R.S. 11:157 election is not effective unless MPERS receives all required documents within the time required by law and MPERS regulations.**
- **Retain a copy for your records. Provide a copy to your spouse's employer. Confirm with MPERS that this acknowledgment has been received and is valid.**