



MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM

APPLICATION FOR DEFERRED SERVICE STATUS

<p>RETURN TO:</p>	<p>Monroe County Employees Retirement System 125 East Second Street Monroe, MI 48161 Phone: 734-240-7264 · Fax: 734-240-7266</p>
-------------------	--

PLEASE TYPE OR PRINT. SEND COMPLETED APPLICATION TO ADDRESS ABOVE.

Name (Last, First, Middle)		Social Security No.*		Date of Birth (MM,DD,YYYY)	
Street Address			City, State, Zip Code		Home Phone No.
Department Name	Member No.	Last Day Paid For	Union Affiliate	Years of Service Credit	
<p>In accordance with Section 7.5 of the MCERS Plan Document, I wish to remain a member of the Monroe County Employees' Retirement System for the exclusive purpose of applying for and receiving a service retirement allowance upon satisfaction of the requirements in effect at the time of my termination of employment.</p> <p>I understand it is my responsibility to keep MCERS informed of address changes. I understand MCERS will attempt to contact me before I am eligible to begin receiving a retirement allowance to have the required documents completed. I understand it is my responsibility to make certain that these documents are completed and my allowance begins when I am eligible.</p>					
Signature of Member			Date		
Signature of Witness			Date		
<p>PLEASE ENCLOSE COPY OF BIRTH CERTIFICATE, SPOUSE BIRTH CERTIFICATE AND MARRIAGE LICENSE (IF APPLICABLE)</p> <p>NOTE: IF YOU HAVE A CHANGE OF ADDRESS, NOTIFY THE RETIREMENT OFFICE IMMEDIATELY.</p>			Date Approved by Retirement Board		

*Protected information required for tax and actuarial purposes.