

June 22, 2020

«FIRST_NAME» «LAST_NAME»
«ADDRESS_1»
«CITY», «STATE» «POSTAL_CODE»

RE: Disability Income Review – Pension Suspension Notice

Dear «FIRST_NAME» «LAST_NAME»:

On April 30, 2020, we sent a request to you for verification of your income for 2019. Our records indicate we have not yet received your response.

The MERS Plan Document Section 36(6) indicates if the requested information is not received within 60 days of the original request, payment of the retirement allowance will be suspended until the information is received. Please complete and submit page 2 of this letter **by July 24, 2020**. Documents can now be uploaded through your *myMERS* account, returned in the enclosed self-addressed stamped envelope, or faxed to our office at 517.703.9706.

Failure to respond to this request will result in a suspension of your pension benefit effective with your August payment.

If you have returned the requested information, you may disregard this notice.

If you have any questions regarding this notice, please contact our Service Center at 800.767. 6377. To properly direct your call, please inform our representative that your call is regarding the *Disability Income Review*.

Sincerely,

Municipal Employees' Retirement System

Enclosure

REF: «MUNI» / «INDIVIDUAL_ID»

Name: _____ «FIRST NAME» «LAST NAME» _____

Ref. #: «MUNI» / «INDIVIDUAL ID»

I am currently receiving a Disability Pension Benefit. A requirement of my benefit is to provide verification of my income until I reach normal retirement age. I am verifying income received in addition to my MERS pension benefit for 2019.

Check all that apply:

- I received Social Security Disability Insurance Benefits
- I received Worker's Compensation Benefits (Weekly or by Redemption Order)
- I received Short/Long Term Disability Benefits and/or Sick & Accident Benefits
- I had other employment, or Self-Employment
- I received only my MERS pension

I understand it is my responsibility to keep MERS informed. Any changes to my income should be reported promptly to allow for review. I understand that failure to respond may result in a suspension of my retirement benefit.

(email address)

(Phone Number)

(Signature)

(Date)