

EMPLOYEE CENSUS



Municipality/Court Name: _____

Division Name: _____

Total Employees per Division: _____

Wages listed reflect: W-2 wages

(please select one) Base wages

Municipal Employees' Retirement System of Michigan

1134 Municipal Way

Lansing, MI 48917

Tel: (800) 767-6377

Fax: (517) 703-9704

(Please type or print)

Name	Sex	DOB	DOH	SSN*	W-2 Annual Wages**

Authorized Signature: _____ Title: _____ Date: _____

* Protected information required for tax and actuarial purposes.

** W-2 wages are defined as "compensation" in the Plan Document, Section 2A(6). If wages are provided above, **said wages reflect annual wages.**

Note: MERS Plan Document may be found at MERS' website: www.mersofmich.com. Under Legal and Legislation, select Plan Document, and then [Section 2A](#).