



Missouri Local Government Employees Retirement System  
P.O. Box 1665, Jefferson City, MO 65102  
P: 1-800-447-4334 F: 573-636-9671

**Please send this form with  
payment separate from regular  
monthly contributions.**

## UNFUNDED LIABILITY PAYMENT FORM

EMPLOYER INFORMATION (PLEASE PRINT)	
Employer Name	Employer #
<b>The LAGERS system is directed to deposit this check into the Employer Accumulation Fund for:</b>	
<input type="checkbox"/> General	\$
<input type="checkbox"/> Police	\$
<input type="checkbox"/> Fire	\$
Total Payment:	\$
<b>The LAGERS system is directed to update the employer contribution rate(s):</b>	
<input type="checkbox"/> As soon as possible <input type="checkbox"/> Effective on the 1 <sup>st</sup> day of: _____ (month) <input type="checkbox"/> With the next annual actuarial valuation	
AUTHORIZATION INFORMATION	
Printed Name of Employer Official	Title
Signature of Employer Official	Date