



PEERS
of MISSISSIPPI

Employer Training

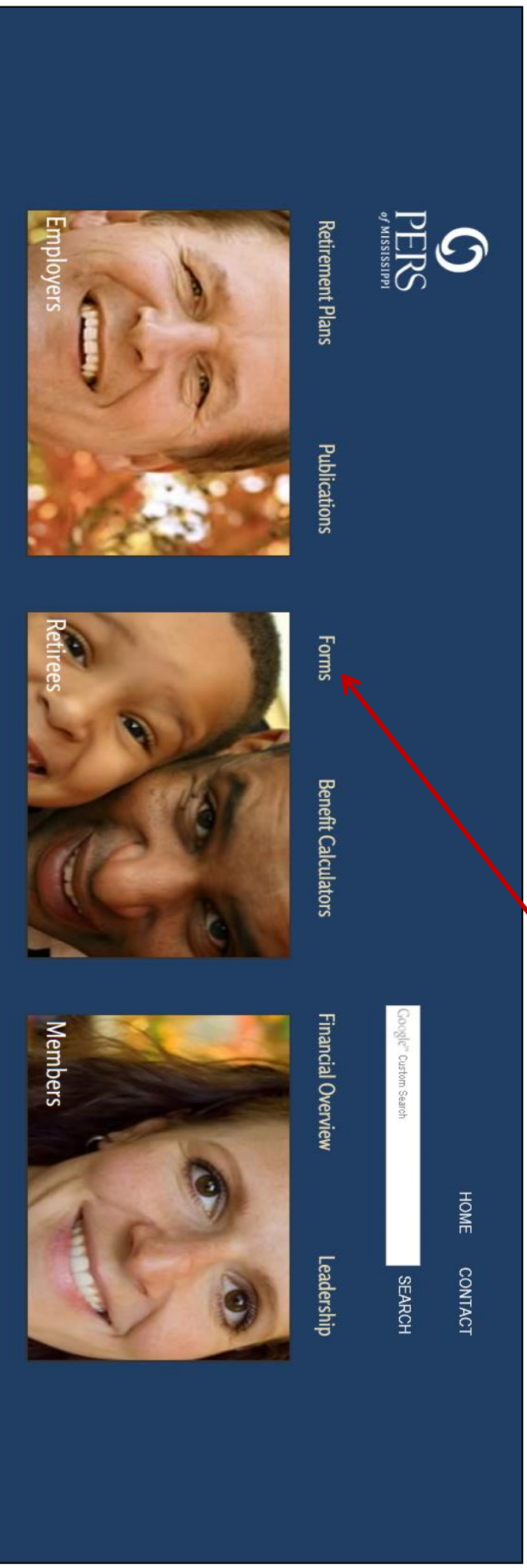
Providing Benefits for Life



Today's Topics

- **Employer Responsibilities**
- **Disability Retirement**
- **Explanation of Key Terms and Forms**
- **The Retirement Process – Before, During, and After**
- **Reemployment**
- **PERS Resources**

Where are the forms?



The screenshot shows the top navigation bar of the PERS of Mississippi website. It features the PERS of Mississippi logo on the left, a search bar with the text "Google Custom Search" and a "SEARCH" button, and navigation links for "HOME" and "CONTACT" on the right. Below the search bar, there are six menu items, each with a corresponding image and text label: "Retirement Plans" (image of a smiling man), "Publications" (image of autumn leaves), "Forms" (image of a man and a woman, with a red arrow pointing to it), "Benefit Calculators" (image of a man and a woman), "Financial Overview" (image of a woman), and "Leadership" (image of a woman). The label "Members" is positioned below the "Financial Overview" image.



Where are the regulations?

GENERAL INTEREST	EMPLOYERS	RETIRES	MEMBERS
<ul style="list-style-type: none">Board MeetingsBoard RegulationsDisclaimerEmployment OpportunitiesPERS-Related LegislationMultimediaNews ReleasesPublic Information RequestRequests for ProposalsTransparency Mississippi	<ul style="list-style-type: none">Employer Reporting ManualEmployer NewsEmployer ResourcesEmployer Request for InformationWEB-ERS	<ul style="list-style-type: none">Retiree HandbookRetiree NewsRetiree Resources	<ul style="list-style-type: none">Member HandbooksMember NewsMember ResourcesRetirement GuidesRetirement Education

Providing Benefits for Life
429 Mississippi Street, Jackson, MS 39201-1005
800.444.7377 or 601.359.3589
@2014



Employer Responsibilities

- **Who should you report?**
See *PERS Regulation 36*.
 - Eligible, properly classified employees of a PERS-covered employer
 - Employees whose pay is reported on IRS Form W-2
 - Anyone treated as an employee – fringe benefits, payment of payroll related expenses, tax withholding, etc.
 - Employee who works and is paid for no less than 20 hours/week or 80 hours/month
 - Regular employee anticipated to work in excess of 4.5 months

Employer Responsibilities

- **Who should you report?**
See *PERRS Regulation 36*.
 - Any elected official whose position is not excluded from coverage by law or through a joinder agreement
 - Any employee in a covered position who is also employed by another covered agency – wages for additional employment to be reported as long as the position would be covered if full-time
 - Unless additional employment is specifically excluded by law or joinder agreement



Employer Responsibilities

- **Who should you report?**
See *PERS Regulation 36*.
 - Any active employee employed on 7/1/1992 in a covered position who is still employed in that position
 - Any active professional employee employed on 7/1/2002 performing professional services who is still employed in that position
 - Otherwise, professional employees are reported if they are treated as regular employees and follow the 20/80 rule

PERS Form 1


1. Member Information – documents required

2. Retirement Plan

3. Family Information – for statutory benefits

4. Member Certification

5. Employer Certification



Membership Application
Form 1 – Revised 07/01/2016
4/1/101839/1111

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Member Information – Attach a copy of the member's Social Security card.

First Name: _____ MI: Last Name: _____ Gender: M F
Provide previous name, if applicable. First Name: _____ MI: Last Name: _____
 Social Security No.: _____ Birth Date mmm/yyyy: _____ E-MAIL: _____
 Mailing Address: _____ City: _____ State: AL AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WY Other _____
 Phone: _____ Cellular Home Work Home Cellular Home Work

Have you ever been a member of the Optional Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi? Yes No
 Have you ever been a member of the Optional Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi? Yes No

2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan:
 Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSRPS)
 Supplemental Legislative Retirement Plan (SLRP)

3 Family Information – Use additional Membership Applications if listing more than four dependent children. Information is for determining statutory benefits only. Use Form 18 Beneficiary Designation to officially designate any and all beneficiaries.
 Marital Status - Select one. Add date for last three: Single Married Divorced Widowed Widowed
 Spouse's Full Name _____ Social Security No. _____ Birth Date mmm/yyyy _____ Wedding Date mmm/yyyy _____ Gender M F
 Dependent Child's Full Name - Up to age 18, or 23 if unmarried and a full-time student _____ Social Security No. _____ Birth Date mmm/yyyy _____ Relationship _____ Gender M F
 _____ Social Security No. _____ Birth Date mmm/yyyy _____ Relationship _____ Gender M F
 _____ Social Security No. _____ Birth Date mmm/yyyy _____ Relationship _____ Gender M F
 _____ Social Security No. _____ Birth Date mmm/yyyy _____ Relationship _____ Gender M F

4 Member Certification – If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member's Signature: _____ Date mmm/yyyy: _____

5 Employer Certification – This section must be completed by an authorized employer representative, not the member.

Member's Position Held/Job Title: _____ Member's Hire Date mmm/yyyy: _____
 Member's Status: Elected Official Yes No Fee Paid Official Yes No Public Safety Employee Yes No
 Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fac: _____ E-MAIL: _____
 As employer representative, I certify that employment in this position meets the eligibility requirements of PERS Board of Trustees Regulation 26, Eligibility of Part-time Employees for State Retirement Account, and PERS Board of Trustees Regulation 30, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

Employer Representative's Signature _____ Date mmm/yyyy: _____

Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3639 601.359.5242 fax: www.pers.ms.gov



PERS Form 1B

1. Member Information

2. Retirement Plan

3. Beneficiary Information

4. Member/Retiree Certification

5. Employer Certification

Beneficiary Designation
Form 1B – Revised 07/01/2016
Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

- 1 Member/Retiree Information**

First Name: _____ M Last Name: _____ Member Retiree

Social Security No.: _____ Birth Date mm/dd/yyyy: _____ Gender M F
- 2 Retirement Plan** - Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHCPRS)

Supplemental Legislative Retirement Plan (SLRP)
- 3 Beneficiary Information** - Use additional Form 1B, Beneficiary Designation, to designate additional beneficiaries. If more than one primary beneficiary is named, the primary beneficiary shall share equally unless otherwise indicated. Likewise, if more than one secondary beneficiary is named, the secondary beneficiaries shall share equally unless otherwise indicated. Total primary and secondary beneficiary percentages must equal 100 percent.

Beneficiary Name	Social Security No.	Birth Date mm/dd/yyyy	Relationship	Beneficiary Percentage Primary / S-Secondary (Use whole numbers)	Gender
				P <input type="checkbox"/> S <input type="checkbox"/>	% M <input type="checkbox"/> F <input type="checkbox"/>
				P <input type="checkbox"/> S <input type="checkbox"/>	% M <input type="checkbox"/> F <input type="checkbox"/>
				P <input type="checkbox"/> S <input type="checkbox"/>	% M <input type="checkbox"/> F <input type="checkbox"/>
				P <input type="checkbox"/> S <input type="checkbox"/>	% M <input type="checkbox"/> F <input type="checkbox"/>
				P <input type="checkbox"/> S <input type="checkbox"/>	% M <input type="checkbox"/> F <input type="checkbox"/>
- 4 Member/Retiree Certification** - Check appropriate acknowledgment then sign. If an authorized representative signs this form, added a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Member - I acknowledge and understand that the PERS Board of Trustees is authorized to pay benefits in accordance with the statutory provisions that govern the retirement system in which I am a member. I do hereby permit my social security number to be shared with the PERS Board of Trustees for the purpose of determining my benefit eligibility. I further acknowledge and understand that certain benefits may be required by law to be paid that may limit, partially or totally, any payment to my designated beneficiary(ies).

Retiree - I hereby designate the above beneficiary(ies) to receive any residual amount payable by reason of my death and the death of my joint annuitant(s), if applicable.

Member/Retiree's Signature: _____ Date mm/dd/yyyy: _____
- 5 Employer Certification** - This section must be completed by an authorized employer representative, not the member. Only complete for active members.

Employer Name: _____ Employer No.: _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ E-Mail: _____

Employer Representative's Signature: _____ Date mm/dd/yyyy: _____

Public Employees' Retirement System of Mississippi
424 N. Washington Street, Jackson, MS 39201-4000 Fax: 601.353.4300 www.pers.ms.gov



Employer Responsibilities

- **Who should you NOT report?**
See *PERS Regulations 36 and 37.*
 - Anyone whose employment is not expected to exceed 4.5 months
 - Substitute employees – day-to-day employees who replace absent employees for no more than 4.5 months
 - Any local elected official whose position is specifically excluded by law or through a joinder agreement



Employer Responsibilities

- **Who should you NOT report?**
See *PERRS Regulations 36 and 37*.
 - Students employed for educational purposes by the institutions they attend
 - Students employed by non-educational institutions for less than 4.5 months
 - Students employed as part of a work-study, cooperative education, or graduate assistant program



PERS Form 4A

1. Employee Information

2. Employee Acknowledgement

3. Employer Certification with Signature of Employer Representative

PERS of MISSISSIPPI
Non-Covered Employment Acknowledgment
 Form 4A - Revised 12/17/2013
 Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer.
 Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Employee Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F
 Social Security No.: _____ Birth Date mm/dd/yyyy: _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS), and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. If an authorized representative signs this form, attach a copy of the durable power of attorney, co-stewardship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: _____ Date mm/dd/yyyy: _____

3 Employer Certification - This section must be completed by an authorized employer representative, not the employee.

Employer's Position Held/Job Title: _____
 Employee's Hire Date mm/dd/yyyy: _____ Employee's Termination Date mm/dd/yyyy: _____
 Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I understand that wages earned and paid to the above named individual during this period of employment will not be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a wage earned or paid to an individual in order to obtain the benefits of PERS shall be subject to the sanctions of PERS Board of Trustees, Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 26, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

Employer Representative's Signature: _____ Date mm/dd/yyyy: _____

Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1003 601.444.1317 601.392.3587 601.391.5924 Fax: www.pers.ms.gov



Employer Responsibilities

- **Reporting records using MyPERS**
 - MyPERS is the program for creating and transmitting wage and contribution records
 - Be careful about your wage codes – proper coding is required when reporting via MyPERS
 - Most frequently used wage codes: 01- Regular Wage, 02- Lump Sum Leave Pay, 07- Final Payment at Termination
 - PERS uses MyPERS data to maintain correct addresses for members
 - Got MyPERS questions? Contact PERS Employer Reporting



Employer Responsibilities

- **Maximum Covered Earnings**
 - Increases from \$290,000 to \$305,000 for PERS, ORP, and SLRP
 - The ORP Annual 415 Contribution Limit increases from \$58,000 to \$61,000
 - Effective July 1, 2022
- **Employer Contribution Rate**
 - 17.40 for PERS



Employer Responsibilities

- **Reporting due dates and penalties for late reporting**
 - **See PERS Regulation 14**
 - Reports of wages and applicable employee and employer contributions are due to PERS by the 5th working day of the month
 - Late reporting of wages = 2% penalty, annual, of wages reported
 - Late reporting of contributions = 10% penalty, annual, of contributions paid



Employer Responsibilities

- **Compliance Audits**
 - PERS may perform on-site compliance audits of employers to determine compliance with PERS statutes and regulations
 - Maintain accurate records for possible audit
 - PERS may assess penalties for the employer's failure to comply with such an audit
 - PERS has the right to correct any reporting errors made regardless of the length of time the reporting error and will make adjustments if necessary (§ 25-11-131)



Talking PERS with Employees

- Discuss basics of PERS at enrollment
- The greatest benefit – lifetime benefits for vested members upon retirement
- Explain that PERS is a *defined benefit* plan, a “retirement account” that doesn’t run out
 - Many retirement plans they hear about are *defined contribution* plans (401K, IRAs) – those are limited by what the employee contributes



New Members's Guide

- Review PERS Welcome to PERS *Guide* with employee
- Available on Publications page of PERS website



A New Member's Guide
Welcome to PERS
 Public Employees' Retirement System of Mississippi



Welcome Aboard
 Congratulations on your new job! Among the benefits offered in your employer's human resources package is the promise of a monthly benefit at retirement with the Public Employees' Retirement System of Mississippi (PERS), which covers employees of state agencies, public schools, community colleges, universities, and participating political subdivisions like cities and counties.



Your Membership
 Participation in PERS is mandatory, which means you are required to contribute a set percentage of your salary toward your retirement while you are employed in PERS-covered service. Additionally, your employer pays contributions on your behalf so that, once you retire, you will receive monthly benefits for life. Furthermore, the money you contribute



Never Too Early to Plan
 Contributing toward your retirement may not be your top priority right now, or even something you want to do. But making this small sacrifice now could mean greater peace of mind and stability later. Your best starting point for planning for your future is to understand the benefits offered to you and your loved ones by PERS. While this guide can equip you with a general overview about your retirement plan, we encourage you to read through the PERS Member Handbook (found online) or contact us directly any time you have a question.



Providing Benefits for Life



Talking PERs with Employees

- **Explain the employee and employer contribution rates**
 - Employee – 9%
 - Employer – 17.40%
- **Explain PERs retirement “tiers”**
 - Vesting requirement
 - Retirement eligibility



Talking PERS with Employees

- **When was the employee hired?**
 - **Tier 1 (6/30/92, or earlier)**: 4-year vesting; retirement eligibility at 25 years of credit or age 60 and vested
 - **Tier 2 (7/1/92 to 6/30/07)**: 4-year vesting; retirement eligibility at 25 years of credit or age 60 and vested; *disability option changed*
 - **Tier 3 (7/1/07 to 6/30/11)**: *8-year vesting*; retirement eligibility at 25 years of credit or age 60 and vested
 - **Tier 4 (7/1/11, or after)**: 8-year vesting; *retirement eligibility at 30 years of credit or age 60 and vested; retirement formula changed*



Talking PERS with Employees

- **Additional financial benefits available through participation in the Deferred Compensation Plan**
 - MDC website link, with contact info, on PERS website
- **Covered from first day of employment for:**
 - Duty-related disability
 - Duty-related death benefits for survivors
- **Non-duty related Disability coverage upon vesting**

Disability Retirement

— Review PERS
Disability
Retirement Guide
with employee

— Available on
Publications page
of PERS website



Disability Retirement Guide

Public Employees' Retirement System of Mississippi





Disability retirement benefits available through the Public Employees' Retirement System of Mississippi (PERS) provide you with a secure income if you become permanently sick or injured while employed in a PERS-covered position and can no longer perform the job's essential duties.

If you are an inactive member, disability retirement coverage is only extended to you upon proof that the qualifying disability occurred within six months of termination and that the disability was a direct cause for termination from covered employment. Your membership is considered inactive if you are no longer working in any PERS-covered position and have not retired or received a refund of your contributions.

PERS provides two types of disability retirement benefits: non-duty-related and duty-related.

Non-Duty-Related Disability

To qualify for non-duty-related disability retirement, you must meet the vesting requirement for your Retirement Tier. Members are covered for non-duty-related disability retirement in one of two plans:

- **Age-Limited Disability Plan** - Applicable to members employed before July 1, 1992, who did not elect the Tiered Disability Plan and who have not received a refund of contributions since July 1, 1992. (See page 6.)
- **Tiered Disability Plan** - Applicable to members employed before July 1, 1992, who elected the Tiered Disability Plan, offered as sole plan selection to new members who enter PERS on or after July 1, 1992. (See page 7.)

If you are an inactive member who returns to covered employment then applies for non-duty-related disability retirement within six months, you must be vested at the time of application and must prove that you were physically capable of performing the job at the time of hire.

Duty-Related Disability

You may be eligible for duty-related disability retirement if you become disabled as a direct result of a physical injury sustained from an accident or traumatic event caused by external violence or physical force that occurred in the performance of official job duties. This coverage begins on the first day of PERS-covered employment. Duty-related disability benefits are the higher of either 50 percent of average compensation (tax-exempt) or the non-duty-related disability amount.

Providing Benefits for Life

Disability Retirement

- **Disability retirement – different process**
- **Look at *Disability Retirement Guide***
 - Two different plans: Age-Limited and Tiered
 - Responsibilities of employee, employer, PERS analyst
 - Forms and documentation requirements
 - Medical review and appeals process
 - Income limitations in disability retirement
 - Calculation worksheets for two plans
- **Review with employees who ask about disability**



PERS of MISSISSIPPI

PERS Form DSBL 1

1. Member information

2. Retirement plan

3. Potential beneficiaries

4. Applicant Authorization

5. Employer Certification of Member Information

Basically the same information as the 9A SRVC, Pre-Application for Service Retirement Benefits

Pre-Application for Disability Retirement Benefits
 Form DSBL 1 - Revised 06/01/2018
 Please print or type in black ink. Each employer must complete a separate DSBL Pre-Application for Disability Retirement Benefits. Mail or fax completed form(s) to PERS. See bottom of form for contact information.

1 Member Information - To be completed by the member or an authorized representative of the member. Attach a copy of member's birth certificate.

First Name: _____ MI: _____ Last Name: _____ Gender: M F
 Social Security No.: _____ Birth Date month/day: _____ E-Mail: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
 Disability Type: Non-Duty Related Duty Related Sent active duty in U.S. Armed Forces? Yes No No
 Public Employee Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)
 Supplemental Legislative Retirement Plan (SLRP)
 Disability Retirement Application

2 Retirement Plan - Select applicable plan.
 Supplemental Legislative Retirement Plan (SLRP)
 Disability Retirement Application

3 Potential Beneficiaries - For estimate purpose only. Please list a person only (no trust, estate, etc.). Actual beneficiaries will be selected later on Form DSBL 9 Disability Retirement Application.
 Beneficiary Name: _____ Social Security No. _____ Birth Date month/day: _____ Relationship _____
 Option 3, 4, or 4k: _____

4 Applicant Authorization - I understand that this Pre-Application for Disability Retirement Benefits will become null and void if I do not complete and file all required documents in the physical office of PERS within 60 days following the effective date of retirement established upon the filing of this form and that my actual retirement date will be no earlier than the first of the month after my actual termination from employment. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Applicant Signature: _____ Date month/day: _____

5 Employer Certification of Member Information - To be completed by an authorized representative of the employer. Original Revised
 Position Held/Job Title: _____ Status (check all that apply): Sacked Official See Paid Official Public Safety Employee
 Official Hire Date month/day: _____ Official Termination Date month/day: _____
 I hereby certify that an accident or traumatic event occurred in the performance of duty: Yes No
 If yes, attach copy of Workers' Compensation Report.

Projected Unreported Gross Earnings/Leave Payment/Uncompensated Leave - Projected all unreported wages from the month this application is completed through the month the last Wage and Contribution Report will be submitted for this employee. For members who are elected officials and who will receive Elected Official Leave, please attach a listing of all dates of elected service and offices held.	Leave Payment Not including compensatory leave payments	Uncompensated Leave
Projected Unreported Gross Earnings Not including leave payment.	Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours.	Major medical leave: _____ Hours <input type="checkbox"/> Days
MMOCCTY Earnings to be Reported	Lump sum leave payment rate of pay? _____ per _____ Hour or _____ Day	Leave accrual rate annually at termination: _____ Hours <input type="checkbox"/> Days


Certification of Increase in Salary or Compensation - Complete only if employee's earnings increased in excess of 8 percent annually during the 24-month period prior to the effective date of retirement. Check all that apply:
 I certify that this employee's earnings increase was authorized: as a result of a position change, or as provided under State Personnel Board rules, or under statutory enactment (cite Statutory Provision: _____) or more than the above. I certify that this salary increase was or was not a record of a retirement plan administered by PERS in an attempt to circumvent pension provisions. With full understanding, I certify that the above information is true and correct.

Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fax: _____ E-Mail: _____
 Employer Representative's Signature: _____ Date month/day: _____

Public Employee Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.1377 601.353.5858 601.353.1024 fax www.pers.ms.gov

PERS Form DSBL 2

1. Member information
2. Job requirements – description of the demands of the position, the employee’s intent, and possible accommodations
3. Employer Certification



Employer’s Certification of Job Requirements

Form DSBL 2 – Revised 12/1/2013
Please print or type in black ink. A supervisor with first-hand knowledge of the job requirements must complete this form and attach a copy of the official job description. Mail or fax completed forms to PERS. See bottom of form for contact information.

1 Member Information

First Name: _____ MI: _____ Last Name: _____
 Social Security No.: _____ Position Held: _____
 Employment Status: Leave with Pay Leave without Pay Still Working Terminated/Retired/Left Reason Below *
 * Reason: Voluntary/Resignation Poor Performance Related to Medical Condition Other: _____
 Comments: _____
 Number of Days Absent Due to Alleged Disability during 12 Months Preceding Termination, Leave of Absence, or Application for Disability: _____
 Official Position Dates: Start mmyddccyy: _____ Last Day Worked Due to Alleged Disability mmyddccyy: _____

2 Job Requirements

Is the employee allowed to move from sitting to standing and standing to sitting? _____ Yes No
 If yes, how often? _____ Yes No
 Can the employee vary his or her work schedule as often as needed? _____ Yes No
 In your option, can the employee perform his or her job? _____ Yes No
 If no, list specific job duties and performance expectations required by the employee’s alleged disability: _____

 Does the employee appear to be motivated toward continuing current employment? _____ Yes No
 Has the employee been offered another job within your agency or any other agency covered by PERS without a material reduction in compensation or change in location of employment? _____ Yes No
 If yes, describe job and dates: _____

 Describe any accommodations, offered or provided the employee to allow him or her to continue gainful employment with your agency: _____

3 Employer Certification

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an effort to extend the period of the subject’s earned pension, shall be subject to criminal prosecution. I hereby certify that all information and data entered on this form are true and correct to the best of my knowledge and belief. I understand that the provisions of the State’s Anti-Deficiency Act, including 34-9-101, are limited to, provisions to make reasonable accommodations to allow this employee to remain on the job.

Employer Name: _____ Employer No.: _____
 Employer’s Mailing Address: _____ City: _____ State: _____ Zip: _____
 Employer Representative’s Name: _____ Employer Representative’s Title: _____
 Employer Representative’s Phone: _____ Fax: _____ E-Mail: _____
 Employer Representative’s Signature: _____ Date mmyddccyy: _____

Public Employees’ Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.339.3589 601.399.1024 Fax www.pers.ms.gov


PERS Form DSBL 3

1. Member information

2. Job Activities – describes the kind and amount of activity the job typically requires

3. Employer Certification

Must be completed by a supervisor with first-hand knowledge of the job demands



Employer's Job Activities Checklist
Form DSBL 3 – Revised 12/1/2013
Please print or type in black ink. A supervisor with first-hand knowledge of the job requirements must complete this form. Mail or fax completed forms to PERS. See bottom of form for contact information.

1 Member Information

First Name: _____ MI: _____ Last Name: _____
Social Security No.: _____ Position Held: _____

2 Job Activities – Use the checkboxes and description lines below to describe the kind and amount of activity the job requires during a typical workday.

Activities of Job	Never	Rarely	Occasionally	Frequently	Continuously	Describe or List
	0%	1-5%	6-25%	26-75%	76-100%	
Technical knowledge of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing, complete reports, or similar duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supervisory responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climbing (ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Climbing (stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bending at the waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting less than 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 10-15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 15-20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 20-35 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 35-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 50-75 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 75-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifting 100 lbs. or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using hands for repetitive motion (simple grasping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using hands for repetitive motion (pushing, pulling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using hands for repetitive motion (fine manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead work (lifting arms above shoulders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Being around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driving automobile equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposure to dust, fumes, and gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposure to chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exposure to marked temperature/humidity changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Machines, tools, or equipment of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3 Employer Certification

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify the above statements and information are correct to the best of my knowledge.

Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fax: _____ E-Mail: _____
 Employer Representative's Signature: _____ Date mmd/coc/y: _____

Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.7277 601.359.3589 601.359.1024, fax www.pers.ms.gov



If an employee passes away

- Help a deceased employee’s spouse and/or dependent children
- Duty-related and non-duty-related deaths
- Available on Publications page of PERS website



The image shows the cover of a guide titled "PERS Survivor Retirement Guide" from the Public Employees' Retirement System of Mississippi. The cover features a blue background with a white logo at the top left. Below the logo, the title "Survivor Retirement Guide" is written in white. Underneath the title, it says "Public Employees' Retirement System of Mississippi". The cover is decorated with three photographs of smiling families: a man and a young girl, a woman and a young girl, and a woman and a young boy. The text on the cover is organized into three columns, each with a heading and a brief description of the content.

As a spouse or dependent child of a member of the Public Employees' Retirement System of Mississippi (PERS), you may be entitled to certain survivor retirement benefits should that member die before retiring. This guide outlines this coverage and the survivor retirement application process. However, if the member dies before retirement and has filed a Form 16, *Advanced Application*, monthly benefits will be payable according to the *Advanced Application* and not as outlined in this guide.

Eligibility requirements for survivor retirement benefits and the type of benefits offered are determined by whether the member's death was duty related or non-duty related and whether the member was vested at the time of death. Being vested means a PERS member is eligible for certain benefits. A member vests when he or she has worked a required number of years.

Duty-Related vs. Non-Duty-Related Death

A member's death qualifies as duty related when an active member is killed in the line of performance of duty or dies as a direct result of an accident occurring in the line of performance of duty. Vesting is not required for duty-related death benefits.

A non-duty-related death would include death by natural causes or any accident that happens outside the performance of duty. Whether working with a PERS-covered employer or not at the time of death, a member must be vested for his or her spouse or dependent child to be eligible for non-duty-related death benefits.

Lawful Spouse

To claim survivor retirement benefits as a member's lawful spouse, you must file a copy of your marriage certificate with your claim. Eligibility for non-duty-related death benefits requires that you be married to the member at least a year immediately before his or her death. There is no minimum marriage-length requirement for duty-related death benefits.

If the member has no dependent children, you, as the spouse, may waive your rights to monthly benefits to allow a lump sum refund be paid to the beneficiary previously designated by the member. To waive your rights to monthly benefits, complete and submit Form 59, *Spousal Waiver of Monthly Benefits* (available online).


Dependent Child

To be dependent, a child must—at the time of the member's death—be under age 19 and never married or a full-time student under age 23 and never married. Upon application and approval by the Medical Board, benefits to a physically or mentally disabled child may continue as long as the disability exists.

Providing Benefits for Life

PERS Form 9A SRVR

1. Deceased Member information
 2. Retirement plan
 3. Family Information
 4. Applicant authorization
 5. Employer certification of member information
- Position information
 - Earnings information
 - Leave information



Pre-Application for Survivor Retirement Benefits
Form 9A SRVR - Revised 06/01/2018

Please print or type in black ink. Mail or fax completed form to PERS. See bottom of form for contact information.

- 1 Deceased Member Information** - To be completed by benefit applicant. Attach a copy of member's birth and death certificates.

Deceased Member Information - To be completed by benefit applicant. Attach a copy of member's birth and death certificates.

First Name: _____ MI: _____ Last Name: _____ Date of Death mmm/yyyy: _____
 Social Security No.: _____ Birth Date mmm/yyyy: _____
 Marital Status at Death - Select one. Add date for last free. Single Married Divorced Widowed Effective Date mmm/yyyy: _____
- 2 Retirement Plan** - Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSRS)
 Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement System (MRS)
- 3 Family Information** - Attach copy of birth certificate for each survivor, marriage certificate for spouse, and separate sheet listing additional children.

Spouse's Full Name _____ Social Security No. _____ Birth Date mmm/yyyy _____ Wedding Date mmm/yyyy _____
 Dependent Child's Full Name _____ Social Security No. _____ Birth Date mmm/yyyy _____ Relationship _____
Up to age 25 or 27 (unmarried and full-time student)
- 4 Applicant Authorization** - Attach copy of applicant's birth certificate. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

First Name: _____ MI: _____ Last Name: _____ Gender M F
 Social Security No.: _____ Birth Date mmm/yyyy: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Applicant Signature: _____ Date mmm/yyyy: _____
- 5 Employer Certification of Member Information** - To be completed by an authorized representative of the employer. Original Revised

Position Held/Job Title: _____ Status (check all that apply) Elected Official Paid Official Public Safety Employee
 Official Hire Date mmm/yyyy: _____ Official Termination Date mmm/yyyy: _____
 I hereby certify that an accident or traumatic event occurred in the performance of duty. Yes No If yes, attach copy of Workers' Compensation Report
 Projected Unreported Gross Earnings/Accumulated Leave - Project all unreported wages from the month this application is completed through the month the last Wage and Contribution Report will be submitted for this employee. For a deceased member who was an elected official, credit Elected Official Leave by _____ attaching a copy of all orders of elected service and other filed.
 Projected Unreported Gross Earnings _____
 Net Incidence Leave Payment _____
 MIMCOCY Earnings to be Reported _____

<p>Leave Payment Net Incidence Compensatory Leave Payments</p> <p>Requested Gross Unreported Leave Payment, if applicable and for no more than 30 days/240 hours: \$ _____</p> <p>Lump sum leave payment rate of pay: \$ _____ per _____ hour or _____ Day</p>	<p>Accrued Leave Unreported personal and major medical leave: _____ Hours _____ Days</p> <p>Leave accrual rate annually at termination: _____ Hours _____ Days</p>
--	--

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, certify that the above information is true and correct.

Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ EMail: _____
 Employer Representative's Signature: _____ Date mmm/yyyy: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800-444-1777 601-359-3539 601-359-1024 Fax: www.pers.ms.gov



Talking PERS with Employees

- **Service Credit - Definition**
 - The number of years of public service with which an employee is credited
 - Used in the formula to determine an employee's retirement benefit



Talking PERS with Employees

- **Types of service credit**
 - Membership service
 - Accumulated unused leave
 - Out-of-state service
 - Refund payback
 - Military credit
 - Professional leave
 - Non-covered and Retroactive Service
 - Administrative Errors

Membership Service

Service Credit Conversion Illustration


Month	After July 1, 2017	
	Monthly Accrual	Cumulative Accrual
July	0.0833	0.0833 (1 month)
August	0.0833	0.1667 (2 months)
September	0.0833	0.2500 (3 months)
October	0.0833	0.3333 (4 months)
November	0.0833	0.4167 (5 months)
December	0.0833	0.5000 (6 months)
January	0.0833	0.5833 (7 months)
February	0.0833	0.6667 (8 months)
March	0.0833	0.7500 (9 months)
April	0.0833	0.8333 (10 months)
May	0.0833	0.9167 (11 months)
June	0.0833	1.0000 (12 months)

Creditable Service

- **Credit for Accumulated Unused Leave**
 - Member has to be vested to qualify.
 - Employer certifies personal (vacation) and major medical (sick) leave to PERS at retirement or upon termination from employment.
 - Upon termination from a covered agency, if employee's leave is not transferable to new employer, the leave should be certified by the employer to PERS for service credit on PERS Form 18.

PERS Form 18

1. Member Information
2. Retirement Plan
3. Employer Certification
 - Position information
 - Hire and termination dates
 - Leave payment
 - Amount of accumulated unused, unpaid Personal and Major Medical Leave
 - Signature of Employer Representative



Employer Certification of Termination and Accumulated Unused Leave
Form 18 - Revised 06/01/2018

Please print or type in black ink. Submit this form for terminated employees only for retiring employees; submit Form 34 - Pre-application for Service Retirement Benefits. Completed form should be mailed or hand to PERS. See bottom of form for contact information.

- 1 Member Information**

First Name: _____ MI _____ Last Name: _____
 Social Security No.: _____ Date of Birth *mm/dd/yyyy*: _____
- 2 Retirement Plan - Select applicable plan**

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSRPS)
- 3 Employer Certification - This section must be completed by an authorized employer representative, not the member. Employer certification is required for all terminations, including those for which there are no records maintained by the employer. Leave transferred to another employer, leave other than personal or major medical leave, compensatory leave, leave awarded to this employee from another employee, or leave which expired and was not actually available for use by the employee.**

<p>Member Information to be provided</p> <p>Member's Position Held/Job Title: _____</p> <p>Member's Official Dates <i>mm/dd/yyyy</i>: Hire: _____ per _____ Hour or _____ Day Termination: _____</p>	<p>Member's Leave Payment <small>Not including compensatory/leave payments</small></p> <p>If applicable, projected Gross Unreported Leave Payment (not report payment for more than 30 days/240 hours): \$ _____</p> <p>Lump sum leave payment rate of pay: \$ _____ per _____ Hour or _____ Day</p>
<p>Employer Name: _____ Employer No.: _____</p> <p>Employer Representative's Name: _____ Employer Representative's Title: _____ Employer Representative's Phone: _____ Fax: _____ Email: _____</p> <p><small>As employer representative, I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above employer certification information is true and correct.</small></p> <p>Employer Representative's Signature: _____ Date <i>mm/dd/yyyy</i>: _____</p>	<p>Member's Leave Accumulated <small>Unused, Uncompensated Personal and Major Medical Leave</small></p> <p>Unused, uncompensated personal and major medical leave: _____ Hours _____ Days</p> <p>Leave accrual rate annually at termination: _____ Hours _____ Days</p>



Accumulated Unused Leave

Unused Leave Conversion Illustration

Leave conversion effective July 1, 2017

Total Hours	Equivalent No. of 8-Hour Work Days	Applicable Service Credit Based on No. of 8-Hour Work Days
120	15	0.2500 (3 months)
288	36	0.2500 (3 months)
456	57	0.2500 (3 months)
624	78	0.5000 (6 months)
792	99	0.5833 (7 months)
960	120	0.6667 (8 months)
1128	141	0.7500 (9 months)
1296	162	0.8333 (10 months)
1464	183	0.9167 (11 months)
1632	204	1.0000 (12 months)
1800	225	1.0833 (13 months)
1968	246	1.1667 (14 months)

Accumulated Elected Leave

Total Years in Office	Allowed for Term	Cumulative Total	Service Credit
4	121.5 days	121.5 days	0.6667 years
8	126.0 days	247.5 days	1.1667 years
12	132.0 days	379.5 days	1.6667 years
16	133.5 days	513.0 days	2.1667 years
20	138.0 days	651.0 days	2.75 years
24	138.0 days	789.0 days	3.25 years
28	138.0 days	927.0 days	3.8333 years
32	138.0 days	1,065.0 days	4.4167 years
36	138.0 days	1,203.0 days	4.9167 years
40	138.0 days	1,341.0 days	5.50 years

Add 138 days for each additional four-year term.

*Credit for thirty (30) days of unused leave is awarded for each year of elected service through June 30, 1984

Regulation 51

- **Administration of Certification of Accumulated Unused Leave for Service Credit and Lump Sum Payments of Leave at Termination/Retirement**
 - In order for employers to be able to certify leave to PERS, they must
 - Have a lawfully-adopted leave policy
 - Maintain records
 - Certain leave may not be certified to PERS



Employer Guide to Certifying Leave to PERS

- Review Employer Guide to Certifying Leave to PERS
- Available on Publications page of PERS website

The image shows the cover of the document "Employer Guide to Certifying Leave to PERS". The cover has a dark blue background with a white and yellow wave graphic at the bottom. The PERS of Mississippi logo is in the top left. The title "Employer Guide to Certifying Leave to PERS" is in large white font. Below the title, it lists applicable entities: "School Districts • Community/Junior Colleges • Municipalities • Counties • Juristic Entities". A white box on the right side contains the text: "This guide provides a general overview of provisions in Mississippi Law for certifying leave to the Public Employees' Retirement System of Mississippi (PERS) to apply toward the retirement of employees of school districts, community/junior colleges, municipalities, counties, and juristic entities. For specific provisions, see PERS Board Regulation 51, Administration of Certification of Accumulated Unused Leave for Service Credit and Lump Sum Payments of Leave at Termination/Retirement." Below this, there are two columns of bullet points detailing conditions for certifying leave, such as "before being certified to PERS on the applicable form:", "Leave was accumulated by a member who terminated employment on or after May 15, 1994.", "Leave was accumulated while the member was employed in a PERS-covered position.", "Leave accumulated prior to when a member joined PERS may not be included.", "Leave was accumulated under a lawfully adopted written leave policy (i.e., one adopted by the entity's governing authority and recorded in the authority's minutes).", "Leave policies must be in effect at the time the leave is accrued and may not be adopted/applied retroactively.", "Leave is supported by existing records for certification.", "Leave does not exceed the maximum accrual allowed under the state's leave law. (Employees should certify leave balances and accrual rates to PERS, and PERS will convert the leave to an amount that is proportional to what the state's leave law allows.)", "Leave was accumulated by the member for which the leave is certified and was not donated by a co-worker.", "Leave falls within the categories of leave allowed to be certified under the state's leave law (i.e., vacation, personal, medical, sick). Categories of leave created by the employer that are not available to state employees (e.g., "banked," expired, sabbatical, compensatory, or "retirement purposes only" leave) may not be certified to PERS.", "Leave is allowed to be carried over from year to year and must be available for the employee's use.", "Leave not allowed to be used by the governing authority, may not be certified to PERS."

Creditable Service

- **House Bill 1, First Extraordinary Session of 2010 of the Mississippi Legislature**
 - For every full fiscal year a member works after 6/30/2010, that member will be credited with one half-day of leave
 - Example – someone who works until 6/30/2030 (20 years after date) will be credited with 20 half-days of leave – 10 days
 - Leave may be used for retirement only – may not be used for leave payment



Leave Payments

- **Leave payment for public school personnel**
 - Licensed and non-licensed school employees may be paid up to 30 days of lawfully accumulated unused leave earned with the school district from which the member is retiring.
 - Any remaining leave should be certified to PERs for service credit on the Application for Retirement Benefits.
- **Leave payment for other members**
 - A lump sum payment of accumulated leave up to 30 days as authorized by law or a lawfully adopted leave policy may be reported as retirement earnings at termination or retirement.
- **No payment for unused leave may be issued to an Elected Official for leave earned toward retirement while serving in the elected official position.**




Creditable Service

- **Optional Service Credit may be purchased by vested members for:**
 - Out of State Service – public, non-federal service from another state
 - May purchase up to 5 years at actuarial cost

PERS Form 19

1. Member information
 2. Mississippi Public Employer information
 3. Out-of-State Public Employer information
 4. Out-of-State Public Retirement System of Pension Plan information
- Purchase cannot be completed without all four sections completed*



Out-of-State Public Employment Certification

Form 19 - Revised 12/17/2013

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Member Information and Authorization - This section must be completed only by the member who wishes to establish credit for out-of-state public employment. If you are a member of the System of Pension Plan, you must complete this section. If you are not a member of the System of Pension Plan, you must complete Section 2 if an authorized representative of the member signs this form. *(See instructions for details on how to obtain a copy of the durable power of attorney, consent/authorization or guardianship papers, or other legal documents as proof of authority to sign this form.)*

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ E-Mail: _____ Date of Birth mandatory: _____

Phone: _____ Cellular Home Work Cellular Home Work

I hereby authorize the release of the information on this form and any other information necessary in establishing my claim for service credit in PERS.

Applicant's Signature: _____ Date mandatory: _____

2 Mississippi Public Employer Information and Certification of Member Information - This section must be completed only by an authorized employer representative. Please complete a separate form for each out-of-state public employer for completion of Section 3.

Position Held (Job Title): _____ Hire Date mandatory: _____

Current Annual Salary: \$ _____ Fiscal Year of Current Annual Salary: _____

Employer Name: _____ Employer No.: _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fac: _____ E-Mail: _____

Employer Representative's Signature: _____ Date mandatory: _____

3 Out-of-State Public Employer Information and Certification of Member Information - This section must be completed only by an authorized employer representative. *After Section 3 is complete, mail this form to the public retirement system or pension plan in which the person named in Section 1 has a member of completion of Section 4. Please list terms of service by schedule of no. years worked 80 or more hours per month.*

Start Date mandatory	End Date mandatory	Position Held	No. of Months Worked 80 or more Hours per Month
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did the member receive credit for this service under any retirement/pension plan funded wholly or partly from public funds other than federal Social Security? Select one: No Yes If yes, please list the plan name: _____

Employer Name: _____ Employer Representative's Title: _____

Employer Representative's Name: _____ Employer Representative's Phone: _____ Fac: _____ E-Mail: _____

Employer Representative's Signature: _____ Date mandatory: _____

4 Out-of-State Public Retirement System or Pension Plan Information and Certification of Member Information - This section must be completed only by the member or an authorized representative of the member. Please see bottom of form for contact information.

1. Is the member receiving or entitled to receive a benefit from your system or plan based on this service? Yes No

2. Has the member withdrawn his or her contributions? Yes No

Retirement System or Pension Plan Name: _____ System/Plan Representative's Name: _____ System/Plan Representative's Title: _____

System/Plan Representative's Phone: _____ Fac: _____ E-Mail: _____

System/Plan Representative's Signature: _____ Date mandatory: _____

Public Employer's Retirement System of Mississippi
 479 Mississippi Street, Jackson, MS 39201-1005 800.444.7277 601.359.3589 601.359.5262 Fax: www.pers.ms.gov

Creditable Service

- **Optional Service Credit may be purchased by vested members for:**
 - Professional Leave – leave without pay performed with a public institution or agency of this or another state, or federal agency
 - May purchase up to 2 years within a 10 year period at actuarial cost
 - The employer approves the leave in advance showing the reason for granting the leave and makes a determination that professional leave will benefit the employee and employer

Creditable Service

- **Payback of account refunds**
 - Purchase in quarter year increments upon returning to covered employment
 - Service purchased will be credited to account after member becomes vested
 - Amount of refund plus compounded interest charged for each year from the date of the refund
 - Refund Payback Calculator on the PERS website (www.pers.ms.gov) home page



Forms for Refunding

- **PERS Form 5, Member Refund Application**
 - Allows an employee who has terminated employment to remove his/her contributions
 - If the termination was within last 365 days, employer must certify the application
 - Refunds are processed within 90 days of receipt of application or termination from employment, whichever is later
 - Important tax information included with form – refund applicant needs to read
- **Other commonly-used, refund-related forms**
 - Form 5C, *Rollover Distribution Election*
 - Form 5W, *Request to Waive Refund Waiting Period*



PERS of MISSISSIPPI

PERS Form 5

1. Member Information
2. Retirement Plan
3. Lump Sum Distribution Election with important tax information
4. Applicant Authorization with reminder about loss of vesting and service credit
5. Employer Certification with places to report future earnings and leave information

Page 1 of 4

Member Refund Application
Form 5 – Revised 08/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information. Refunds are processed within 30 days of receipt of complete application or termination from last covered employment, whichever is later.

- 1 Member Information** – Please provide mailing address where refund check should be sent.

First Name: _____ MI: _____ Last Name: _____ Gender: M F
 Social Security No.: _____ Birth Date: mm/dd/yyyy _____ Email: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
- 2 Retirement Plan** – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSRFS)
 Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement Systems (MRS) City: _____
- 3 Lump Sum Distribution Election** – Select one.

Refund to Member
 This option is chosen, you and your tax advisor must complete Form 5C, Rollover Distribution Election. (The transfer/acceptance letter of your actual tax liability and that this payment may be subject to an additional federal tax equal to 10% of the taxable portion if the payment is received after separation from service but before age 50 or if the payment is received before age 50 for a public safety employee (any employee of a state or political subdivision who provides police protection, fire-fighter services, or emergency medical services); I wish to have an additional \$ _____ federal tax withheld from the taxable portion.)

Rollover Distribution
 This option is chosen, you and your tax advisor must complete Form 5C, Rollover Distribution Election. (The transfer/acceptance letter of your tax election will not be accepted in lieu of the Form 5C.)
- 4 Applicant Authorization**

I acknowledge that I have received the Special Tax Notice Reporting Plan Payments. In consideration of the return of my accumulated contributions, I waive and relinquish for myself, my heirs, and my assigns, all accrued vested rights in the retirement plan noted above. I also understand that all creditable service is forfeited by acceptance of this refund.

I further understand that, if I reenter covered service and become a contributing member of PERS or SLRP again, I may enjoy this refund immediately upon my return to covered service; however, I must contribute to the applicable retirement plan for a minimum of eight years after returning to covered employment to restore the associated creditable service and to qualify for certain statutory benefits.

If an authorized representative signs this form, attach a copy of the Durable Power of Attorney, Conservatorship or Guardianship papers, or other legal documents as proof of authority to sign this form.

Applicant's Signature: _____ Date: mm/dd/yyyy: _____
- 5 Employer Certification** – This section must be completed by an authorized employer representative, not the member. Employer certification is required if date of termination is within one year of the date that this application is executed. In the case of public safety employees who separate from service on or after age 50 but before age 55, employer certification is required regardless of the period of time that has elapsed since the date of termination.

Member's Position Held/Job Title: _____	<input type="checkbox"/> Elected Official	<input type="checkbox"/> Fee Paid Official	<input type="checkbox"/> Public Safety Employee
Member's Unreported Gross Earnings: _____	Date: mm/dd/yyyy: _____	Hours: _____	Termination: _____
\$ _____	Member's Official Dates: mm/dd/yyyy: _____	Time Accrued Since at Termination: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Daily	<input type="checkbox"/> Hours <input type="checkbox"/> Days
\$ _____	Member's Accumulated Unvested, Uncompensated Personal and Major Medical Leave: _____	<input type="checkbox"/> Hours <input type="checkbox"/> Days	

Employer Name: _____ Employer Identification No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fax: _____ Email: _____

As employer representative, I understand that any person who makes a false statement or willfully or neglects to file a statement or report of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above employer certification information is true and correct.

Employer Representative's Signature: _____ Date: mm/dd/yyyy: _____

Public Employees' Retirement System of Mississippi
 425 Mississippi Street, Jackson, MS 39201-1005 800-444-7377 601-359-3629 601-359-5261, fax www.pers.ms.gov

Creditable Service

- **Military Service**

- Members may receive up to 4 years service credit at no cost
- Member must be vested to qualify
- Active duty in U.S. Armed Forces
 - May include National Guard or Reserve member who is federally activated into the Armed Forces
 - Honorable discharge
 - Entered (or reentered) state service after discharge
- Submit a photo copy of separation papers (DD-214)

Creditable Service

- **Military Service continued:**
 - Additional credit, if eligible, may be purchased under Uniformed Services Employment and Reemployment Rights Act (USERRA)
 - Member may be awarded credit for service that interrupts covered public service, provided the appropriate employee and employer contributions are paid.
 - Member must have worked for a covered employer and must have left employment for a military leave of absence and returned to work with the same employer within 90 days of discharge or release.
- *Note: Normal National Guard or Reserve duty does not qualify for service credit.*

Creditable Service

- **Non-Covered Service**

- Member must be vested in order to purchase up to 10 years of eligible non-covered service at actuarial cost.
- Includes service as an employee of any political subdivision or instrumentality of the state:
 - which does not participate in PERS or,
 - which currently participates in PERS, but did not elect retroactive coverage or,
 - for which coverage of the employee's position was or is excluded by the Joinder Agreement between the employer and PERS.
- ***Service must be purchased at actuarial cost prior to retirement***

Creditable Service

- **Retroactive Service**

- Member must be vested in order to purchase eligible retroactive service at actuarial cost.
- Includes service as an employee of any political subdivision or instrumentality of the state which currently participates in PERS and which elected retroactive coverage through the Joinder Agreement.
- Service must be purchased at actuarial cost prior to retirement.



Creditable Service

- **Administrative Errors**

- Failure to report employees in covered positions
- Employee - Responsible for employee contributions and pro rata share of total interest costs
- Employer - Responsible for employer contributions and pro rata share of total interest costs



Mid-Career & Retirement Eligible

- Review PERS Pre-Retirement Guide with employee
- Available on Publications page of PERS website



Mid-Career and Retirement-Eligible
Pre-Retirement Guide
 Public Employees' Retirement System of Mississippi





Never Too Early to Plan

Planning for retirement is not a one-size-fits-all process. Everyone has his or her own schedule and timeline. However, one common thread in everyone's planning process should be to start early.

From the day you start working, you should begin preparing for retirement. Once you start working for an employer covered by the Public Employees' Retirement System of Mississippi (PERS), you should seek to understand how PERS figures into your retirement planning and preparation.

Retirement preparation and planning with PERS includes:

- Tracking your account information;
- Deciding what your financial needs will be and how many years you will work;

Understanding PERS

Understanding your retirement plan does not have to be complicated, especially with the tools we offer. For more information about PERS, visit us online or read through the PERS Member Handbook. Other resources include newsletters, annual reports, member statements, educational opportunities, and a dedicated staff to talk with you one on one. We are here to help you understand your retirement system.

Understanding how service credit works and resolving any associated questions;

- Understanding the options available to protect you and your loved ones;
- Scheduling time to learn more about your options; and
- Taking advantage of a defined contribution savings plan.

This PERS Pre-Retirement Guide provides a retirement-planning overview for mid-career and retirement-eligible PERS members. While this guide should provide a sufficient overview for those who are a few years away from retirement, the PERS Service Retirement Guide is available online to give insight to the actual retirement application process for members who are eligible and ready to retire now.



Providing Benefits for Life



Service Retirement

- **Service Retirement Benefit Formula**

Service Credit Factor x Average Compensation = Maximum Annual Benefit

- **Service Credit Factor** (became a member prior to July 1, 2011)
 - 2% of Average Compensation per year up to 25.00 years of creditable service **PLUS**
 - 2.5% of Average Compensation per year for each year of creditable service over 25.00
- **Service Credit Factor** (became a member on or after July 1, 2011)
 - 2% of Average Compensation per year up to 30.00 years of creditable service **PLUS**
 - 2.5% of Average Compensation per year for each year of creditable service over 30.00



Average Compensation

- **4 highest years of salary** (not to exceed the equivalent of 48 months of earned compensation)
 - 4 highest fiscal years, or
 - 4 highest calendar years, or
 - 4 highest calendar and fiscal years that do not overlap, or
 - Final 48 months of earned compensation prior to termination of employment.
- **Payment by Employer for Accumulated Unused Leave** (where available)

$$\frac{\text{Highest 4 Years} + \text{Leave Payment}}{4} = \text{Average Compensation}$$



Average Compensation

Calendar Year 2029	\$31,071.72
Calendar Year 2030	\$31,071.72
Calendar Year 2031	\$31,071.72
Calendar Year 2032	\$31,071.72
Lump Sum Leave Payment	\$3,572.92
TOTAL	\$127,859.80
Average Compensation	\$127,859.80 / 4 = \$31,965.00



Calculation Service Credit

Membership	27.75
Unused Leave	.25
Military	.00
Out of State	.00
Total Years Service Credit	28.00



Service Credit Factor

25.00 Years	X	2.0000%	=	.5000
3.00 Years	X	2.5000%	=	.0750
28.00 Years		Total		.5750
28.00 years = .5750 or 57.50%				

* Example reflects employees who became a member prior to July 1, 2011



PEERS
of MISSISSIPPI

Maximum Annual Benefit

\$31,965.00 X .5750 = \$18,379.92

Average Compensation Service Credit Factor Annual Maximum Retirement

\$18,379.92 / 12 = \$1,531.66

Annual Maximum Retirement Monthly Maximum Benefit Payment

Retirement Process – Before

- **Account Audit**
 - Encourage employees to request an audit of account when thinking of retiring
 - Member should not terminate current position until an audit has verified actual years of service
 - Early detection of account errors results in less frustration and better accuracy when the actual retirement process begins



Retirement Process – Before

- **File PERS Form 16, *Advanced Application***
 - Employee is eligible for retirement but still working
 - Ensures the member’s wishes are followed in case of death before retirement
 - Especially useful for unmarried members and those eligible for PLSO
 - Encourage member to consider getting a benefit estimate or other assistance from PERS to understand specifics of benefit options



Ready for Retirement

— Review PERS Service Retirement Guide with employee

— Available on Publications page of PERS website



PERS Service Retirement Guide

of MISSISSIPPI Public Employees' Retirement System of Mississippi

As a public employee in Mississippi, retirement is a benefit you have worked toward your entire covered career. Your years of member contributions to and vested status with the Public Employees' Retirement System of Mississippi (PERS) will provide you with life-long benefits upon retirement. However, the payment of these benefits is not automatic. You must plan and prepare for your retirement, a process that can be both exhilarating and, possibly, overwhelming. This is why PERS is here to help.

Before you can retire, you must meet the service retirement eligibility criteria of your Retirement Tier, decide on the right time to retire, complete the PERS service retirement application process, and terminate employment. This PERS Service Retirement Guide provides an overview of the retirement application

process and is intended to help you confidently transition from being a PERS member to being a PERS retiree.

You should begin the retirement process at least one year before you retire by attending a PERS Full-Day Seminar or Focus Session or by visiting one on one with a PERS benefit analyst.

These sessions offer information on retirement eligibility, benefit options, and the entire retirement process. Call or visit PERS online for details about these opportunities.

When you are about three months out from the date you want to retire, you will need to begin the actual PERS service retirement application process.

See the following pages of this guide for details about this process, the required forms, your benefit options, taxes, insurance offerings, and other important information to help you make a smooth transition into the retirement years you have worked so hard to reach.



Providing Benefits for Life




Retirement Process – During

- **Help employee complete Form 9A-SRVC, *Pre-Application for Service Retirement Benefits***
 - Submit about three months before the anticipated date of retirement – gives member and PERS time to complete process
 - Form 9A establishes the date of retirement
 - Employers must certify wages on Form 9A – include ALL time worked up to the date of termination
 - If the employer needs more space on Form 9A, add another sheet

PERS Form 9A SRVC

1. Member information
2. Retirement plan
3. Potential beneficiaries
4. Applicant authorization
5. Employer certification of member information

- Position information
- Earnings information
- Leave information



Pre-Application for Service Retirement Benefits
Form 9A SRVC - Revised 06/20/20

Member or authorized representative should complete sections 1 - 4 then submit to employer if member is active (all employed with a covered agency or mail of data directly to PERS if member is inactive. Please print or type in black ink. See bottom of form for contact information.

1 Member Information - To be completed by the member or an authorized representative of the member. Attach a copy of member's birth certificate.

First Name: _____ MI: Last Name: _____ Email: _____ Gender: M F
 Social Security No.: _____ Birth Date mmm/yyyy: _____ City: _____ Zip: _____
 Mailing Address: _____
 Phone: _____ Cellular: Home: Work: _____
 Last Day of Employment mmm/yyyy: _____ Served active duty in U.S. Armed Forces? If yes, attach Form(s) DD214, _____
2 Retirement Plan - Select applicable plan.
 Public Employees Retirement System of Mississippi (PERS) Mississippi Highway Safety Fund Retirement System (MHSFRS)
 Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement System (MRS) City: _____

3 Potential Beneficiaries - For estimate purposes only. Final beneficiary selection made on Form SS Service Retirement Application. List people not eligible.
 Beneficiary Name: _____ Social Security No.: _____ Birth Date mmm/yyyy: _____ Relationship: _____
 Secondary (Option 3 only): _____

4 Applicant Authorization - If an authorized representative signs this form attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal document as proof of authority to sign this form.
 I, _____, assuming I meet the minimum eligibility requirements, I understand that my effective date of retirement will be no earlier than the first of the month following my last day of employment. I understand that my effective date of retirement will be no later than 30 days following the effective date of retirement established upon filing this form. I understand that retirement means a complete severance from covered employment, including both covered employment and independent contractor employment, and I presently have no intention of returning to employment with a covered employer.

Applicant Signature: _____ Date mmm/yyyy: _____

5 Employer Certification of Member Information - To be completed by authorized employer representative. Original Revised

Position Held Job Title: _____ Official Hire Date mmm/yyyy: _____ Official Termination Date mmm/yyyy: _____
 State (Check off/last apply) Beach Office Bayou Office State, State Employee, No. Contact Months (School employees only) 12 11 10 9

Projected Unreported Leave Earnings - Payment for unreported leave from the month prior to application is completed if no leave is used. If leave is used, use the number of hours used. If leave is used and the member who are school districts and who will receive Extended Official Leave, please attach a listing of all dates of extended service and official hire date.
 Projected Unreported Gross Earnings: _____ Leave Payment: _____
 Not including compensatory leave payments

MMCCRY Future Earnings	MMCCRY Future Earnings	Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours	Lump sum leave payment rate of pay, per Hour or Day	Leave amount rate annually at termination	Hours	Days
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		
\$	\$	\$	\$	\$		

Leave Information
 Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours: _____
 Leave amount rate annually at termination: _____ per Hour or Day: _____
 Leave amount rate annually at termination: _____
 Hours: _____ Days: _____
 Unused, uncompensated personal and major medical leave: _____
 Unused, uncompensated leave: _____
 Uncompensated Leave: _____

Certification of Increases in Salary or Compensation - Complete only if employee's earnings increased in excess of 8 percent annually during the 24 month period prior to the effective date of retirement. Check off that apply.
 I certify that the employee's earnings increase was authorized: as a result of a position change, or as provided under State Personnel Board rules, or under statutory enactment (title: _____). Statutory Provision: _____
 was not provided contingent upon a promise to retire. I understand that any person who makes a false statement or falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to obtain the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that we have no intention of renegeing this Employee after his or her retirement.
 Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fax: _____ E-MAIL: _____
 Employer Representative's Signature: _____ Date mmm/yyyy: _____

Public Employee Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800-444-7377 601-359-3899 601-359-6707 fax www.pers.ms.gov



Retirement Process – During

- **Help a retiring employee submit ALL required paperwork on time**
 - No more than 90 days after effective date of retirement (*Reg. 35*)
 - After member submits Form 9A, PERS will send a “Step Two” packet – additional forms needed to complete the process
 - A retiree will not receive a benefit check until all paperwork is submitted and correct



Retirement Process – During

- **Health and life insurance available**
 - **Continue State and School Employees’ coverage from employment into retirement**
 - Sign up at time of retirement
 - Submit completed insurance application through Enroll Blue (Blue Cross Blue Shield of MS)
 - Make sure application, payment voucher, and check all make it to Office of Insurance no more than 31 calendar days after date of termination – **DO NOT SEND TO PERS**



Retirement Process – During

- **Retiree Medical Insurance for Medicare-eligible retirees**
 - For retirees 65 and older
 - Administered by Transamerica Premier Life Insurance Co
- **Senior Term Life Insurance**
 - Administered by Securian Financial

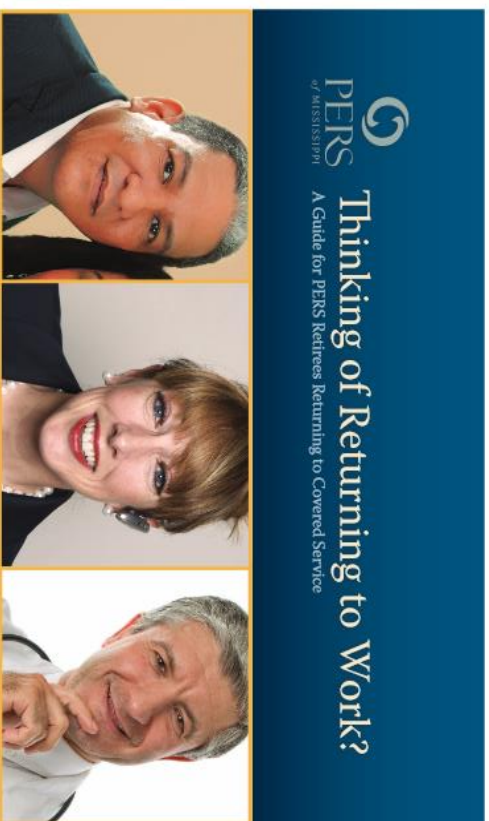
Retirement Process – After

- **Remind employee of certain features of retirement**
 - Benefits sent through mandatory direct deposit, although first benefit check will come through mail
 - Retiree may modify federal tax withholding at any time – benefits are not subject to state taxes
 - Retiree will receive a Cost of Living Adjustment (COLA)

Returning to Work

— Review PERS Thinking of Returning to Work Guide with employee

— Available on Publications page of PERS website



PERS of MISSISSIPPI
Thinking of Returning to Work?
 A Guide for PERS Retirees Returning to Covered Service

Some Public Employees' Retirement System of Mississippi (PERS) retirees decide to go back to work after retiring. Taking a job with a non-PERS-covered employer is permissible for PERS retirees, but taking a job with a PERS-covered employer while remaining retired has stipulations that must be thoroughly understood by the retiree and the employer. This guide covers those stipulations.

Required Break in Service
 No PERS retiree (whether service or disability) may return to employment with a PERS-covered employer for at least 90 consecutive calendar days from his or her effective date of retirement without terminating retirement (see page 3 for rules that apply to local elected officials). This requirement cannot be waived, and the break in service must begin with a complete withdrawal from service, which is defined by statute as the complete

severance of employment in state service of any member by resignation (including retirement), dismissal, or discharge. Furthermore, the member and employer cannot make any pre-arranged agreements regarding post-retirement employment. The Internal Revenue Service (IRS) requires an employee who participates in a governmental pension plan to have a break in service. The IRS defines "retire" to mean "stop working." Employees who retire with the explicit understanding with their employer that they will return to work are not legitimately retired because they have not had a true separation from service. These retirements violate IRS Code 401(a) and can result in the disqualification of the plan.

A member has not withdrawn from service if he or she is reemployed with a PERS-covered employer in any capacity, including that of an independent contractor or a service-without-pay employee (volunteer),

within the 90-day break-in-service period, or if he or she was promised or guaranteed reemployment before the effective date of retirement. If a retiree is reemployed by a PERS-covered employer without a full withdrawal from service for 90 days, his or her retirement will be voided and he or she will be required to repay any benefit payments received.

Educators' Required Break in Service
 A member who retires from a covered educational institution at the end of a school year after working on a less-than-12-month basis may not return to work until 90 consecutive calendar days after the beginning of the next school year unless he or she cancels his or her retirement.

Providing Benefits for Life



Retirement Process – After

- **Reemployment**

- See *PERS Regulation 34*
- Required separation period is 90 consecutive calendar days from effective date of retirement
- 90-days applies for any employment with a covered employer, even as an independent contractor
- 90 days starts at the beginning of the school year for reemployment with an educational institution following the regular summer break

Retirement Process – After

- **Reemployment compensation – a service retiree reemployed by a PERS-covered employer may earn no more than:**
 - Up to half-time/half pay based on one full-time equivalent position, or
 - No limit on time with limit on earnings of 25% of Average Compensation
 - Form 4B, *Reemployment of PERS Service Retiree Certification/Acknowledgement*, must be filed with PERS within 5 days of employment
 - Form 4B must be filed annually on July 1 for continued employment

PERS Form 4B

1. Retiree Information

2. Annual Retiree Acknowledgement and Election

3. Employer Certification

Reemployment of PERS Service Retiree Certification/Acknowledgement
Form 4B - Revised 11/17/2017
Please print or type in block. PERS Form 4B, Reemployment of PERS Service Retiree Certification/Acknowledgement, should be submitted each fiscal year (July 1 - June 30) of reemployment. See Regulation 3A, Reemployment after Retirement, for rules governing reemployment. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Retiree Information

First Name: _____ MI: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Social Security No.: _____ E-Mail: _____
Phone: _____ Cellular _____ Home _____ Work _____
Retirement Agency from which Retired: _____ Retirement Date mm/dd/yyyy: _____ Cellular _____ Home _____ Work _____

2 Annual Retiree Acknowledgement and Election - Please check one.

I hereby acknowledge that I have read, understand, and agree to comply with the provisions for reemployment as outlined in PERS Board Regulation 3A, Reemployment after Retirement, which stipulates that I must be retired at least 90 days or 180 full retirement benefit. With that understanding, I make the following annual election in accordance with Miss. Code Ann. § 25-11-127 (1972, as amended):

A. I hereby elect to be employed by a covered employer for a period of time not to exceed one-half of the normal working days or hours for the full-time position for which I was employed immediately prior to my retirement. The normal working days or hours for the full-time equivalent position are _____ days or _____ hours during the state fiscal year indicated in Section 3. The full-time annual salary authorized for this position is \$ _____ and I will earn no more than \$ _____ during the state fiscal year indicated in Section 3.

B. I hereby elect to earn an annual salary that will not exceed 25 percent of the final average compensation used in calculating my service retirement benefit. I will earn no more than \$ _____ and I will earn no more than % _____ of my final average compensation during the state fiscal year indicated below.

Retiree's Signature: _____ Date mm/dd/yyyy: _____

3 Employer Certification - This section should be completed by an authorized employer representative, not the retiree.

I hereby certify that the above-named individual, who is a service retiree receiving benefits from PERS, is employed in the below-named position in _____, Mississippi, as of _____, 20____. The position is _____, with a salary of \$ _____ per year. I understand that the above-named individual during this period of reemployment will be reported in accordance with reporting requirements prescribed by PERS and the applicable employer contributions on the wages actually paid must be submitted. I further understand that any person who makes a false statement or that falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution, and with that understanding, I certify that the below information is true and correct.

Retiree's Position (Job Title): _____ Fiscal Year of Reemployment (July 1 - June 30): _____
Retiree's Hire Date mm/dd/yyyy: _____ Termination Date mm/dd/yyyy: _____
Retiree Employed through Third Party: No Yes Name of Third Party: _____
Employer Name: _____ Employer No.: _____
Employer Representative's Name: _____ Employer Representative's Title: _____
Employer Representative's Phone: _____ Fax: _____ E-Mail: _____
Employer Representative's Signature: _____ Date mm/dd/yyyy: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7277 601.353.3639 601.353.5261 fax www.pers.ms.gov



Retirement Process – After

- **Reemployment provisions for local elected officials**
 - **Retiring PERS members may continue as local elected officials if they do not violate the IRS in-service distribution provision**
 - 59 ½ or older at retirement
 - Continue in office with no break in service
 - Salary limited to 25% of retiree's average compensation



Retirement Process – After


- **Reemployment provisions for local elected officials**
 - Employers of such local elected officials must pay contributions on the full amount of the official's salary, not the portion the official has chosen to receive
 - Employers must file a PERS Form 9C, *Local County or Municipal Elected Official Annual Reemployment Acknowledgment and Election*

PERS Form 9C

1. Retiree Information

2. Annual Retiree Acknowledgement and Election

3. Employer Certification



County/Municipal Elected Official Reemployment Acknowledgement/Election
 Form 9C - Revised 07/01/2020
Please print or type in black ink. A Form 9C County/Municipal Elected Official Reemployment Acknowledgement/Election, should be submitted each fiscal year or as required by the County/Municipal Employees' Retirement Plan. For more governing retirement information, completed form should be mailed or faxed to PERS. See bottom of form for contact information.
 PERS of MISSISSIPPI

1 Retiree Information

First Name: _____ MI: _____ Last Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Social Security No.: _____ E-Mail: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
 Position/Agency from which Retired: _____ Retirement Date m/m/yyyy: _____

2 Annual Retiree Acknowledgement and Election - Please check one.

I hereby acknowledge that I have read, understood, and agree to comply with the provisions for reemployment as an elected municipal or county official as outlined in Mississippi Code Annotated, Title 37, Chapter 29, Sections 29-1-1 through 29-1-17 and in the Retirement Plan. I understand that the retirement benefits I am receiving are based on my contributions and those of my employer. I understand that the retirement benefits I am receiving are based on my contributions and those of my employer. I understand that the retirement benefits I am receiving are based on my contributions and those of my employer. I understand that the retirement benefits I am receiving are based on my contributions and those of my employer.



I hereby agree to accept the following annual election in accordance with Miss. Code Ann. §25-11-127 (1972, as amended):
 A. I hereby waive all salary or other compensation due me by the below named employer for the below listed period of time for my continuance in being waived and I elect to receive in lieu of such salary or other compensation my service retirement allowance and that no salary or other compensation shall be due or payable thereafter for such services. I understand that I may receive, in addition to my service retirement allowance, any office expense allowance, mileage, or travel expense as may be authorized by any statute of the state of Mississippi.
 B. I hereby elect to earn annually a salary and/or other compensation that will not exceed 25 percent of the final average compensation used in calculating my service retirement allowance. The authorized salary and/or other annual compensation for the position is \$ _____ and my final average compensation at retirement was \$ _____ and I will earn no more than \$ _____ from all PERS-covered employers during the state fiscal year indicated below. I understand that I may receive, in addition to my service retirement allowance, salary, and/or other compensation as may be authorized by any statute of the state of Mississippi.

Retiree's Signature: _____ Date m/m/yyyy: _____

3 Employer Certification - This section should be completed by an authorized employer representative, not the retiree.

I hereby certify that the above-named individual, who is a service retiree receiving benefits from PERS, is employed in the below-named position in accordance with the reemployment provisions as authorized in Miss. Code Ann. §25-11-127 (1972, as amended) and in accordance with the provisions of PERS Board Regulation 34, Reemployment after Retirement. I understand that the full authorized salary for the above-named individual is \$ _____. I further understand that any person who makes a false statement or shall failly or permit to be filled any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution, and with that understanding, I certify that the below information is true and correct.

Retiree's Position/Job Title: _____ Fiscal Year of Reemployment (July 1 - June 30): _____
 Retiree's Hire Date m/m/yyyy: _____ Authorized Position Salary \$ _____ Yearly Monthly Yearly
 Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ F ax: _____ E-MAIL: _____
 Employer Representative's Signature: _____ Date m/m/yyyy: _____

 
 Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5261 fax www.pers.ms.gov



Retirement Process – After

- **Employment as a true independent contractor**
 - Not subject to limited reemployment provisions, except required 90-day separation period
 - Submit PERS Form EVI, *Employee v. Independent Contractor Questionnaire*, to PERS before engagement
 - New form must be submitted for every employer contract



PERS of MISSISSIPPI

PERS Form EVI

Page One

1. Employer Information

2. Worker Information

3. Questions for the Employer – note that copy of agreement may be attached instead

Information gathered on this questionnaire is used to determine whether a worker is an employee under the common-law rules for purposes of mandatory coverage in the Public Employees' Retirement System of Mississippi (PERS) or whether a PERS service retiree who is reemployed is subject to the reemployment limitations as provided in Miss. Code Ann. §25-11-127 (1972, as amended). The employer in question should fully complete sections 1, 2 and 3, and the worker in question should fully complete Section 4. The employer should submit the completed questionnaire with the appropriate documentation to PERS. If required by the Department of Human Resources Management, the employer should also submit the appropriate documentation as noted below to the employing employer's department of human resources management for review prior to submitting to PERS.

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Employer Information

Employer Name: _____ Employer No.: _____
 Employer Representative's Name: _____ Employer Representative's Title: _____
 Employer Representative's Phone: _____ Fac: _____ E-Mail: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

2 Worker Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F
 Social Security No.: _____ Birth Date mm/dd/yyyy: _____ E-Mail: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
 Position/Employee from which Retired: _____ Retirement Date mm/dd/yyyy: _____
 Period of proposed engagement From mm/dd/yyyy: _____ To mm/dd/yyyy: _____

3 Questions for the Employer

1. Describe in detail the work to be performed or services to be provided by the worker. Or, attach a copy of the statement.

2. Have the services to be performed by the worker been performed previously by an employee of the employer? Yes No

3. Has the worker ever performed these services as the employer's employee? Yes if yes, list years: _____ No

4. Is the worker required to perform the services personally? Yes No

5. Describe the worker's daily routine (i.e. schedule, hours, etc.)

6. Does the employer set or regulate the hours the worker will work or is required to work? Yes No

7. Does the employer require services be performed by the worker on the employer's premises? Yes No

8. At what location(s) does the worker perform services (e.g. employer's premises, personal office, etc.)? Indicate the appropriate daily percentage of time the worker spends in each location, if more than one.

9. Describe any meetings or training the worker is required to attend and any penalties for not attending.

Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800-444-7377 601-359-3599 601-359-6707 fax: www.pers.ms.gov



PERS
of MISSISSIPPI

PERS Form EVI

Page Two

Continuation of Questions for the Employer

Note that copy of any signed contract should be attached

Employer Representative
Signature required

Employee vs. Independent Contractor Determination Questionnaire – Revised 08/02/2016 Page 2 of 3

10. How does the worker receive work assignments?

11. Who determines the methods by which assignments are performed?
 How does the worker receive work assignments [11]

12. If substitutes or helpers are needed, who hires them? If the worker hires the substitutes or helpers, is approval by the employer required?

13. Worker paid: Select one. \$ _____ Hourly \$ _____ Weekly \$ _____ Monthly \$ _____ Other _____

14. Specify what, if any, employer-funded benefits (e.g., sick leave, insurance, vacation, etc.) the worker will receive.

15. Will the employer pay or reimburse the worker's expenses? Yes No
 If yes, on what basis?

16. List the supplies, equipment, materials, and property provided by each party:
 Employer:
 Worker:

17. Is there a written contract between the worker and the employer to provide these services? Yes No
 If yes, please attach a copy of the contract.

18. Upon termination of the relationship, is the worker afforded due process rights? Yes No

19. Does the relationship between the worker and the employer contemplate continuing or recurring work? Yes No

20. Worker presented to employer customers and employees as: Select one
 Employee Representative Contractor Other

21. Will the worker receive an Internal Revenue Service Form 1099 for payments made by the employer? Yes No

22. Will the worker's services be fully integrated into the business operations because the services are important to the success or continuation of the employer? Yes No

23. Check one of the following
 I have made personal inquiry and confirmed that my employer did not have a prearranged agreement prior to the retirement with the above-named worker/PERS retiree and confirmed that my employer did have a prearranged agreement prior to the retirement with the above-named worker/PERS retiree to return to work in some capacity following his or her retirement.
 The above-named worker is not a PERS retiree.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct.

Employer Representative's Signature: Date (mm/dd/yyyy):

Public Employees' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1105 601.494.1377 601.393.3697 601.393.6707 fax www.pers.ms.gov



PERS of MISSISSIPPI

PERS Form EVI

Page Three

4. Questions for the Worker

Must list all covered employers working with

Must attach documents

Worker's Signature

5. PERS Determination

Employee vs. Independent Contractor Determination Questionnaire – Revised 08/02/2016 Page 3 of 3

4 Questions for the Worker

1. Do you currently or do you plan to, work for any other PERS-covered employers while you are concurrently working for this employer? ... Yes No
If yes, list these covered employers and whether you work (full work) as an employee or independent contractor. If needed, continue listing on a separate sheet of paper and attach.

Employer: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent Contractor
Employer: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent Contractor
Employer: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent Contractor
Employer: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent Contractor

2. Do you concurrently perform substantially similar services for more than one employer? ... Yes No
If yes, list the other employers and services performed on a separate sheet and attach to this form.

3. Do you advertise your services? ... Yes No
If yes, attach examples of advertising and list advertising media used.

4. Have you performed services for this employer previously? ... Yes No
If yes, list capacity of services (e.g., position, title, job duties, etc.) and whether you were employed as an employee of this employer during this time.

Capacity: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Not an Employee
Capacity: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Not an Employee
Capacity: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Not an Employee
Capacity: _____	<input type="checkbox"/> Employee	<input type="checkbox"/> Not an Employee

5. Does the employer have the right to control, supervise, or direct your performance of the services? ... Yes No

6. Check one of the following:

<input type="checkbox"/> I am a PERS retiree and I did not have a prearranged agreement prior to my retirement that I would return to work in any capacity after retirement with an employer participating in PERS.	<input type="checkbox"/> I am a PERS retiree and I did have a prearranged agreement prior to my retirement that I would return to work in some capacity after retirement with an employer participating in PERS.
<input type="checkbox"/> I am not a PERS retiree.	

If I did have a prearranged agreement prior to my retirement to return to work after retirement with an employer participating in PERS, I have fully disclosed in writing to PERS the details of that agreement. I understand that any prearranged agreement could result in the voiding of my retirement benefit.

I understand that I have a duty now and in the future to disclose in writing to SEBS my employment in any capacity with an employer participating in PERS and whether I have accepted employment under a personal services contract (including as an independent contractor) with an employer participating in PERS.

I understand that I have a duty now and in the future to disclose in writing to SEBS if I have accepted employment with a private for-profit company, temporary staffing agency, or any other such company where employment reasons will be performing work for an employer participating in PERS. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to obtain the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct.

Worker's Signature _____ Date mm/dd/yyyy _____

9 To Be Completed by PERS

After thorough review of the provided information and attachments and for purposes of employment with a PERS-covered employer, the individual listed by name on page 1 of this questionnaire has been determined to be an: Employee Independent Contractor

PERS Reviewer's Signature _____ Date mm/dd/yyyy _____

Public Employer' Retirement System of Mississippi
 429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.393.3539 601.393.6707 for www.pers.ms.gov



Retirement Seminars

- **Full-Day Seminars** – held all over the state
 - Cover PERS, Social Security, Deferred Compensation, and estate planning
- **Focus Sessions** – held at PERS building in Jackson
 - Small-group session to review PERS retirement
- **PERS on the Move** – held at employer site
 - Cover PERS retirement and Deferred Compensation Plan & Trust



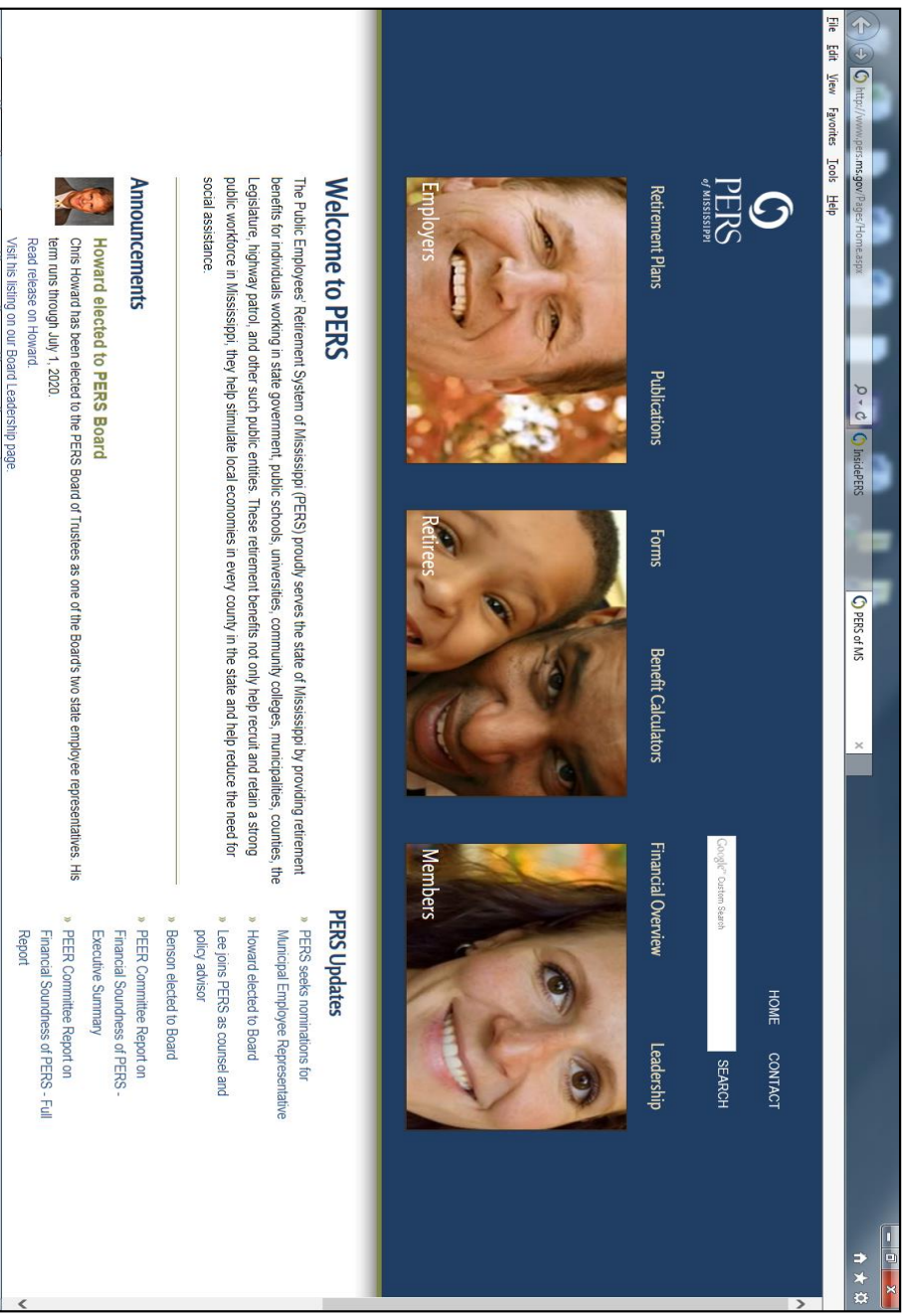
Retirement Seminars

- **Employer Training** – held at various sites across the state
 - Update employers on law changes – help employers to help employees
- **Early Career/New Employee Seminar** – held at request of employer(s)
 - Introduce PERS terminology, employee opportunities and responsibilities, and Deferred Compensation



PERS Website

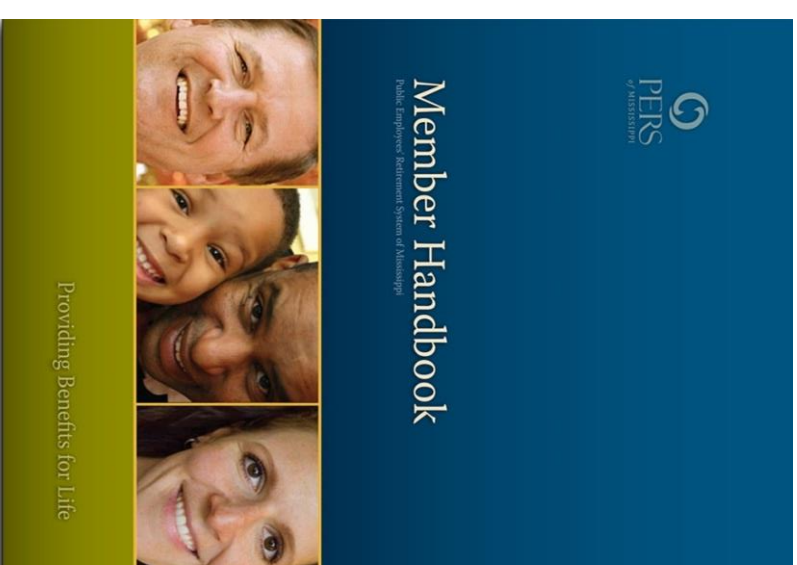
- Look up PERS Regulations
- Print forms
- Register for seminars
- Download publications
- Get legislative updates
- See PERS financial reports





PERS Member Handbook

- **PERS Handbooks – include**
 - Plan information
 - Benefits explanations
 - Explanations of processes
 - Important charts and calculations





Resources

- **PERS Customer Service Center**
 - Toll-free: 1-800-444-7377
 - Local number: 601-359-3589
 - Monday-Friday, 8:00 a.m. to 5:00 p.m.
 - Register for PERS' seminars
 - Schedule an appointment with a benefit analyst
 - Request copies of documents, balance letters, benefit estimates, etc.
 - Get your questions answered
 - Check out the PERS rumors you hear



Let's talk.

***What questions can I answer
for you today?***