



Membership Application

Form 1 – Revised 12/13/2011

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 – Please submit 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 mm/dd/ccyy: _____ E-Mail: _____ U.S. Citizen: Yes No

Marital Status – Select one. Add date for last three. Single Married Divorced Widowed Effective Date mm/dd/ccyy: _____

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

Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

Have you previously served on active duty in the U.S. Armed Forces? If yes, attach Form(s) DD214..... 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 (MHSPRS)

Supplemental Legislative Retirement Plan (SLRP)

3 Family Information – Use additional Membership Applications if listing more than five dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially designate any and all beneficiaries.

Spouse's Full Name **Social Security No.** **Birth Date mm/dd/ccyy** **Wedding Date mm/dd/ccyy**

Dependent Child's Full Name **Social Security No.** **Birth Date mm/dd/ccyy** **Relationship**

Up to age 19, or 23 if unmarried and a full-time student

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 mm/dd/ccyy: _____

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 mm/dd/ccyy:** _____

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: _____ Fax: _____ E-Mail: _____

As employer representative, I certify that employment in this position meets the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

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