



Non-Covered Employment Acknowledgment

Form 4A – Revised 12/19/2011

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

1 Employee Information

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

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

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

Question 1. Are you currently receiving service retirement benefits from PERS?

Yes – Do not complete this form. Complete PERS Form 4B, Reemployment of PERS Service Retiree Certification/Acknowledgement.

No – Continue to Question 2.

Question 2. Are you a member of PERS through current employment with any other PERS-covered employer?

Yes, and I am a **regular part-time employee** with this employer – Do not complete this form, as earnings are subject to PERS withholding.

Yes, and I am an **irregular part-time employee** with this employer – Complete remaining sections of this form.

No – Complete remaining sections of this form.

2 Employee Acknowledgment

I hereby acknowledge that I am not employed in a position working a total of 80 hours or more per month or in a position working more than four and a half months or in a position working one-half or more of the normal working load and receiving one-half or more of the normal compensation for the school academic year, and that I, therefore, am not eligible for coverage for such service under the provisions of PERS. 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.

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

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

Employee's Position Held/Job Title: _____

Employee's Hire Date mm/dd/ccyy: _____ Employee's Termination Date mm/dd/ccyy: _____

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 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 and that employment in this position does not meet 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: _____