



Local County or Municipal Elected Official Annual Reemployment Acknowledgement and Election

Form 9C – Revised 12/21/2011

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

1 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 mm/dd/ccyy: _____

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 an elected municipal or county official as provided by statute and as further clarified in Public Employees' Retirement System of Mississippi (PERS) Board Regulation 34, *Reemployment after Retirement*. With that understanding, I make the following annual election in accordance with Miss. Code Ann. §25-11-127 (1972, as amended):

A. I hereby waive all salary or compensation due me by the below named employer for the below listed period of time for my continuance in elected office or employment or reemployment in elected office. I understand that all salary or compensation for this annual period of time is being waived and I elect to receive in lieu of such salary or compensation my service retirement allowance and that no salary or 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 an annual salary that will not exceed 25 percent of the final average compensation used in calculating my service retirement allowance. The authorized salary 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 and salary as may be limited below, any office expense allowance, mileage, or travel expense as may be authorized by any statute of the state of Mississippi.

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.

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

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). I understand that the full authorized salary for the position held by the above-named individual during this period of employment will be reported to PERS and that the employer will be required to pay the applicable employer contribution on the full authorized salary. 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, and with that understanding, I certify that the below information is true and correct.

Retiree's Position Held/Job Title: _____ Retiree's Hire Date mm/dd/ccyy: _____

Fiscal Year of Reemployment (July 1 - June 30): _____ Authorized Position Salary: \$ _____ Weekly Monthly Yearly

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/ccyy: _____