



Pre-Application for Service Retirement Benefits

Form 9A SRVC – Revised 12/21/2011

Please print or type in black ink. Mail or fax completed form 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 mm/dd/ccyy: _____ E-Mail: _____
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
Last Day of Employment mm/dd/ccyy: _____

2 Retirement Plan – Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)
 Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement System (MRS) City: _____

3 Potential Beneficiaries – For estimate purposes only. Beneficiaries will be officially selected later on Form 9S, Service Retirement Application. Please list a person only (no trust, estate, etc.) for estimate purposes.

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship
Primary (Options 2, 3, 4, or 4A): _____	_____	_____	_____
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 documents as proof of authority to sign this form.

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 termination from employment with all covered employers and receipt of this completed form by PERS. I also understand this form will become null and void if I do not complete and return all required documents to PERS within 90 days following the effective date of retirement established upon filing this form.

Applicant Signature: _____ Date mm/dd/ccyy: _____

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

Status (check all that apply) – Elected Official Fee Paid Official Public Safety Employee

Position Held/Job Title: _____ Official Dates mm/dd/ccyy: Hire: _____ Termination: _____

Projection of Unreported Wages – 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 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.

MM/CCYY	Earnings to be Reported
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Leave Payment
Not including compensatory leave payments
If applicable, projected **Gross** Unreported Leave Payment (Do not report payment for more than 30 days/240 hours):
\$ _____
Rate of pay for purposes of lump sum leave payment:
\$ _____ per Hour **or** Day

Accumulated Unused, Uncompensated Personal and Major Medical Leave
Number of unused, uncompensated personal and major medical leave **days**:

Leave accrual rate annually at termination (express in **hours**, rather than days):

Certification of Increase in Salary or Compensation – Complete **only** if employee's earnings have 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 none of the above. I certify that this salary increase was or was not provided contingent upon a promise to retire.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of the Retirement System in an attempt to defraud the System may be subject to criminal prosecution. With that 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 mm/dd/ccyy: _____