



Pre-Application for Survivor Retirement Benefits

Form 9A SRVR – Revised 4/11/2012

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.

First Name: _____ MI: _____ Last Name: _____
Social Security No.: _____ Birth Date mm/dd/ccyy: _____ Date of Death mm/dd/ccyy: _____
Marital Status at Death – Select one. Add date for last three. Single Married Divorced Widowed Effective Date 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 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 mm/dd/ccyy | Wedding Date mm/dd/ccyy |
|---|---------------------|-----------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| Dependent Child's Full Name | Social Security No. | Birth Date mm/dd/ccyy | Relationship |
| <i>Up to age 19, or 23 if unmarried and a full-time student</i> | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 mm/dd/ccyy: _____ E-Mail: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
Applicant Signature: _____ Date mm/dd/ccyy: _____

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

Elected Official: Yes No Public Safety Officer: Yes No
Position Held/Job Title: _____ Official Dates mm/dd/ccyy: Hire: _____ Termination: _____

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.

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 crediting Elected Official Leave, attach listing of all dates of elected service and offices held.

| Projected Unreported Gross Earnings <i>Not including leave payment.</i> | | Leave Payment <i>Not including compensatory leave payments</i> | Accumulated Unused, Uncompensated Personal and Major Medical Leave |
|--|-------------------------|--|--|
| MM/CCYY | Earnings to be Reported | Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours: | Number of unused, uncompensated personal and major medical leave days: |
| _____ | \$ _____ | \$ _____ | _____ |
| _____ | \$ _____ | Lump sum leave payment rate of pay: | Leave accrual rate at termination: |
| _____ | \$ _____ | \$ _____ per <input type="checkbox"/> Hour or <input type="checkbox"/> Day | _____ Days per <input type="checkbox"/> Month or <input type="checkbox"/> Year |

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 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: _____