



# Membership Application

Form 1 – Revised 07/01/2016

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 – Attach 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: \_\_\_\_\_

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 four dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially designate any and all beneficiaries.

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

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

## 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: \_\_\_\_\_

**RETIREMENT FORMS – NEW EMPLOYEE HIRES -PERS INSTRUCTIONS**  
**Mandatory Form if you participate in PERS**

**Form 1 – PERS Membership Application**

Section 1:

Member Information – (attach copy of social security card)

- Enter Your First Name
- Enter your MI
- Enter your Last Name
- Enter Your Gender
- Enter Previous Name (if previously a member of PERS under another name - maiden name, etc)
- Enter Social Security Number
- Enter Birth Date
- Enter E-Mail (work or personal)
- Enter Mailing Address
- Enter City
- Enter State
- Enter Zip
- Enter Phone – check cellular, home or work
- Enter Phone for 2<sup>nd</sup> phone number if applicable
- Have you previously served on active duty in the U. S. Armed Forces?  
Check Yes or No - If yes attach Form DD214 – you can turn this in later if not available

Have you ever been a member of the Option Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi?

Check Yes or No (If yes and you are ORP eligible now, you will have to remain ORP- Do not complete PERS 1 or 1B)

Section 2:

Retirement Plan

- You will check PERS

Section 3:

Family Information

- Enter Marital Status and effective date of applicable
- Enter Spouse's Full name
- Enter Spouse's Social Security Number
- Enter Spouse's Birthdate
- Enter Wedding Date if applicable
- Enter Gender of Spouse
- Enter Dependent Children's full names – up to age 19 (or 23 if full time student)
- Enter Dependent's Social Security Numbers
- Enter Dependent's Birth Dates
- Enter Dependent's Relationship
- Check M or F

Section 4:

Member's Signature –

- Sign and date form

Please send the completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 222 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, MS 39762
- Fax: 662-325-0753
- Secure e-mail: contact your benefit specialist listed on the website: [hrm.msstate.edu](http://hrm.msstate.edu) for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603