Mississippi Public Employees' Retirement System (PERS)

Determination Form

Employee Information:

Employee Name: _____ **Date:** _____

Previous State of Mississippi Employment

Have you previously been employed by the State of Mississippi? ☐ Yes ☐ No

If yes, please complete the following:

Agency/Department: _____

Dates of Employment: _____

PERS Membership Determination

Please select **one** of the following options that best describes your current Mississippi Public Employees' Retirement System (PERS) status.

☐ 1. I am currently an active member of the Mississippi Public Employees' Retirement System (PERS).

- I am currently employed by: _____
- **Are you currently contributing to PERS?** ☐ Yes ☐ No
- **Required Form: PERS Form 1:** http://www.pers.ms.gov/Content/Forms/Form1.pdf

☐ 2. I am retired and currently receive monthly retirement benefits from the Mississippi Public Employees' Retirement System (PERS).

- **Are you currently receiving monthly retirement benefits from PERS?** ☐ Yes ☐ No
- **Name of position you retired from:** _____
- **Employer from which you retired:** _____
- **Date of Retirement:** _____
- **Required Form: PERS Form 4B**: http://www.pers.ms.gov/Content/Forms/Form4B.pdf

☐ 3. I am not currently a member of the Mississippi Public Employees' Retirement System (PERS).

- **Required Form: PERS Form 4A**: http://www.pers.ms.gov/Content/Forms/Form4A.pdf

Employee Certification

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that providing false or incomplete information regarding my PERS status may affect my employment, retirement benefits, or eligibility under applicable Mississippi law.

Employee Signature: _____ **Date:** _____