# ORP Authorization

*Form 9-ORP – Revised 12/1/2013*

*Please print or type in black ink. Completion of this form designates ORP contacts and those who are authorized to certify termination dates for ORP participants. Completed form should be mailed or faxed to PERS. See bottom of form for contact information. A copy of this form will be provided to each ORP vendor. Please provide updates as needed.*

## ❶ Employee/Contact Information:

☐ Authorized to Certify Termination Dates

First Name: _____ MI:_____ Last Name: _____

Title: _____ E-mail: _____

Work Phone: _____ Fax: _____

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

## Employee/Contact Information:

☐ Authorized to Certify Termination Dates

First Name: _____ MI:_____ Last Name: _____

Title: _____ E-mail: _____

Work Phone: _____ Fax: _____

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

## Employee/Contact Information:

☐ Authorized to Certify Termination Dates

First Name: _____ MI:_____ Last Name: _____

Title: _____ E-mail: _____

Work Phone: _____ Fax: _____

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

## Employee/Contact Information:

☐ Authorized to Certify Termination Dates

First Name: _____ MI:_____ Last Name: _____

Title: _____ E-mail: _____

Work Phone: _____ Fax: _____

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

## Employee/Contact Information:

☐ Authorized to Certify Termination Dates

First Name: _____ MI:_____ Last Name: _____

Title: _____ E-mail: _____

Work Phone: _____ Fax: _____

Employee's Signature: _____ Date *mm/dd/ccyy*: _____

## ❷ Employer Certification

Employer Name: _____ Employer No.: _____ - _____

Employer Representative Name: _____ Employer Representative Title: _____

Employer Representative Phone: _____ Fax: _____ E-Mail: _____

*I, the undersigned, acknowledge that all information provided above is accurate and correct to the best of my knowledge. Furthermore, I certify that the above-listed employees are official ORP contacts for the above employer and, if noted above, are authorized to certify termination dates for ORP participants.*

Employer Representative Signature: _____ Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
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