



Pre-Application for Disability Retirement Benefits

Form DSBL 1 – Revised 06/01/2018

Please print or type in black ink. Each employer must complete a separate DSBL, Pre-Application for Disability Retirement Benefits. Mail or fax completed form(s) 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
Disability Type: Non-Duty Related Duty Related Served active duty in U.S. Armed Forces? If yes, attach Form(s) DD214..... Yes No

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)

3 Potential Beneficiaries – For estimate purposes only. Please list a person only (no trust, estate, etc.). Actual beneficiaries will be selected later on Form DSBL 9, Disability Retirement Application.

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship
Options 2, 3, 4, or 4A: _____	_____	_____	_____
Option 3 second beneficiary only: _____	_____	_____	_____

4 Applicant Authorization – I understand that this Pre-Application for Disability Retirement Benefits will become null and void if I do not complete and file all required documents in the physical office of PERS within 90 days following the effective date of retirement established upon the filing of this form and that my actual retirement date will be no earlier than the first of the month after my actual termination from employment. 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.

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

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

Position Held/Job Title: _____ Status (check all that apply) – Elected Official Fee Paid Official Public Safety Employee
Official Hire Date mm/dd/ccyy: _____ Official Termination Date mm/dd/ccyy: _____

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.

Projected Unreported Gross Earnings/Leave Payment/Accumulated Leave – 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.

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

Certification of Increase in Salary or Compensation – Complete **only** if employee's earnings 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 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: _____