



# Out-of-State Public Employment Certification

Form 19 – Revised 8/7/2025

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 and Authorization** – This section must be completed only by the member who wishes to establish credit for out-of-state public employment or by an authorized representative of the member. After Section 1 is complete, mail this form to the member's Mississippi public employer for completion of Section 2. If an authorized representative of the member 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Date of Birth mm/dd/ccyy: \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work

I hereby authorize the release of the information on this form and any other information necessary in establishing my claim for service credit in PERS.

Applicant's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

- 2 Mississippi Public Employer Information and Certification of Member Information** – This section must be completed only by an authorized employer representative. After Section 2 is complete, mail this form to the member's out-of-state public employer for completion of Section 3. Please complete a separate form for each out-of-state public employer.

Position Held /Job Title: \_\_\_\_\_ Hire Date mm/dd/ccyy: \_\_\_\_\_

Current Annual Salary: \$ \_\_\_\_\_ Fiscal Year of Current Annual Salary: \_\_\_\_\_

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: \_\_\_\_\_

- 3 Out-of-State Public Employer Information and Certification of Member Information** – This section must be completed only by an authorized employer representative. After Section 3 is complete, mail this form to the public retirement system or pension plan in which the person named in Section 1 was a member for completion of Section 4. Please list terms of service by scholastic or fiscal year to a maximum of five years.

Start Date mm/dd/ccyy	End Date mm/dd/ccyy	Position Held	No. of Months	Worked 80 or more Hours per Month
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did the member receive credit for this service under any retirement/pension plan funded wholly or partly from public funds other than federal Social Security?

Select one: ☐ No ☐ Yes If yes, please list the plan name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

- 4 Out-of-State Public Retirement System or Pension Plan Information and Certification of Member Information** – This section must be completed only by an authorized public retirement system or pension plan representative. After Section 4 is complete, mail or fax this form to PERS of Mississippi. Please see bottom of form for contact information.

1. Is the member receiving or entitled to receive a benefit from your system or plan based on this service? ..... ☐ Yes ☐ No

2. Has the member withdrawn his or her contributions? ..... ☐ Yes ☐ No

3. Was this retirement system non-contributory during the employment periods listed in Section 3? ..... ☐ Yes ☐ No

Retirement System or Pension Plan Name: \_\_\_\_\_

System/Plan Representative's Name: \_\_\_\_\_ System/Plan Representative's Title: \_\_\_\_\_

System/Plan Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

System/Plan Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_