

## Out-of-State Public Employment Certification Form 19 – Revised 12/1/2013

MISSISSIPPI Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

|                          | irst Name:   | s as proof of authority to sig  |   |  |   |  |
|--------------------------|--|---|---|--|---|--|
| M                        | failing Address:   |   |   |  |   |  |
|                          | social Security No.:   |   |   |  |   |  |
|                          | Phone:   |   |   |  |   |  |
|                          | hereby authorize the release of the information  |   |   |  |   |  |
| Α                        | pplicant's Signature:  |   |   | Date   | mm/dd/ccyy:   |  |
| а                        | 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.   |   |   |  |   |  |
| Р                        | osition Held /Job Title:   |   |   | Hire Date mm/de  | d/ccyy:   |  |
| С                        | Current Annual Salary: \$ Fiscal Year of Current Annual Salary:  |   |   |  |   |  |
| Е                        | mployer Name:  |   |   | Employer No.: _  |   |  |
| Е                        | mployer Representative's Name:   |   | Employer I  | Representative's   | Title:  |  |
| Е                        | mployer Representative's Phone:  | Fax:  |   | E-Mail: _  |   |  |
| Е                        | mployer Representative's Signature:  |   |   | Date   | mm/dd/ccyy:   |  |
| S                        | authorized employer representative. After Section 3 is complete, mail this form to the public retirement system or pension plan in which the person named 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   |   |   |  |   |  |
| S                        | tart Date mm/dd/ccyy End Date mm/dd/ccy  | y Position Held   | !   | No. of Months  | Worked 80 or n  | nore Hours per Month   |
| S                        | tart Date mm/dd/ccyy End Date mm/dd/ccy  | y Position Held   |   | No. of Months  | Worked 80 or n  ☐ Yes   | more Hours per Month  ☐ No                                     |
| <b>S</b>                 |  | Position Held   |   |  |   | •  |
| <b>S</b>                 |  | ,<br>   |   |  | □ Yes   | □ No   |
| <b>S</b>                 |  | ,<br>   |   |  | □ Yes   | □ No   |
| -<br>-<br>-              |  | ,<br>   |   |  | □ Yes □ Yes   | □ No □ No  |
| <br><br><br>D            | olid the member receive credit for this service un   | der any retirement/pension  | plan funded wholly or   | partly from public   | ☐ Yes   | No □ No federal Social Security? |
| <br><br><br>D            | olid the member receive credit for this service un   |   | plan funded wholly or   | partly from public   | ☐ Yes   | No □ No federal Social Security? |
| -<br>-<br>-<br>D<br>S    | oid the member receive credit for this service un<br>Select one: □ No □ Yes If yes, pleas<br>mployer Name:   | ider any retirement/pension e list the plan name:   | plan funded wholly or   | partly from public   | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes  | No □ No □ No □ No □ No □ No □ Social Security?                 |
| <br><br><br>D<br>S<br>E  | olid the member receive credit for this service un<br>Select one: □ No □ Yes If yes, pleas<br>Imployer Name:   | nder any retirement/pension e list the plan name:   | plan funded wholly or   | partly from public   | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Title:☐  | No No No No No No Security?                                    |
| <br><br><br>D<br>S<br>E  | oid the member receive credit for this service un<br>Select one: □ No □ Yes If yes, pleas<br>mployer Name:   | nder any retirement/pension e list the plan name:   | plan funded wholly or   | partly from public   | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Title:☐  | No No No No No No Security?                                    |
| <br><br>D<br>S<br>E<br>E | olid the member receive credit for this service un<br>Select one: □ No □ Yes If yes, pleas<br>Imployer Name:   | der any retirement/pension e list the plan name: Fax:   | plan funded wholly or   | partly from public   | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ tunds other than  | No No No No No No Security?                                    |
|                          | olid the member receive credit for this service un select one:  No Yes If yes, pleas mployer Name:  mployer Representative's Name:  mployer Representative's Phone:  | rder any retirement/pension e list the plan name:  Fax:  The properties of the properties of the plan in the plan | plan funded wholly or Employer I  | partly from public  Representative's  E-Mail:  Date n  | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ tunds other than  Title:  | No No No No No No Security                                     |
|                          | olid the member receive credit for this service un clelect one: □ No □ Yes If yes, pleas imployer Name: □ Nam  | retirement/pension e list the plan name:  Fax:  retirement system or pension tract information.   | plan funded wholly or  Employer I   | partly from public  Representative's  E-Mail:  Date note of Matter Section 4 in                        | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Title: ☐  | No No No No No No Security                                     |
|                          | bid the member receive credit for this service un select one:   No Yes If yes, pleas imployer Name:   mployer Representative's Name:   mployer Representative's Phone:   mployer Representative's Signature:   mployer Representative's Signature:   Dut-of-State Public Retirement System of Mississippi. Please see bottom of form for cordinate in the member receiving or entitled to receivations.  | rder any retirement/pension e list the plan name:  Fax:  m or Pension Plan Inforetirement system or pension tact information.  ve a benefit from your system  | plan funded wholly or  Employer I  prmation and Cert on plan representative.  m or plan based on thi                | partly from public  Representative's  E-Mail:  Date note of Matter Section 4 in                        | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Title: ☐  | No No No No No No Security                                     |
|                          | bid the member receive credit for this service un select one:   No Yes If yes, pleas imployer Name:   mployer Representative's Name:   mployer Representative's Phone:   mployer Representative's Signature:   mployer Representative's Signature:   Dut-of-State Public Retirement System of Mississippi. Please see bottom of form for cordinate in the member receiving or entitled to receivations.  | retirement/pension e list the plan name:  Fax:  Fax:  m or Pension Plan Information.  ve a benefit from your syster ibutions?   | plan funded wholly or  Employer l  prmation and Cer  plan representative.  m or plan based on thi  o                | partly from public  Representative's  E-Mail:  Date n  tification of M  After Section 4 ii             | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Title: ☐  | No No No No No No Security                                     |
|                          | bid the member receive credit for this service un select one:  No Yes If yes, pleas mployer Name:  Imployer Representative's Name:  Imployer Representative's Phone:  Imployer Representative's Signature:  Dut-of-State Public Retirement System authorized public f Mississippi. Please see bottom of form for cort.  Is the member receiving or entitled to receit. Has the member withdrawn his or her contributions.  | m or Pension Plan Information.  The properties of the plan name:  Fax:  The plan name:  Fax:  The plan name:  Fax:  The plan information or pension that information.  The plan information of the plan information of the plan information.  The plan information of the plan information of the plan information of the plan information.  The plan information of the plan | plan funded wholly or  Employer I  prmation and Cert on plan representative.  m or plan based on thi o              | partly from public Representative's E-Mail: Date r. tification of M After Section 4 is                 | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Tes ☐ Yes ☐ Hember than ☐ Title:  | No No No No No No Security?                                    |
|                          | bid the member receive credit for this service un select one:  No Yes If yes, pleas imployer Name:  Imployer Representative's Name:  Imployer Representative's Phone:  Imployer Representative's Signature:  Imployer Representative is Signature:  Imployer Representative is Signature:  Imployer Representative is Name:  Imployer Representative | rider any retirement/pension e list the plan name:  Fax:  m or Pension Plan Information.  retirement system or pensionated information.  ve a benefit from your syste ributions?  | plan funded wholly or  Employer I  prmation and Cer  plan representative.  m or plan based on thi  o  System/Plan I | partly from public  Representative's  E-Mail:  Date notification of M  After Section 4 in  is service? | ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Title: ☐ Title: ☐ Title: ☐ No ☐ No ☐ Title: ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Title: ☐ Title | No No No No No No Security?                                    |