



Out-of-State Public Employment Certification - PERS Tiers 1-4 Only

Form 19 – Revised 2/17/2026

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: _____
Mobile Phone: _____ Other Phone: _____

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: _____