



Membership Application

Form 1 – Revised 02/11/2026

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 – Attach a copy of the member's Social Security card.

First Name: _____ MI: _____ Last Name: _____ Gender: M F

Provide previous name, if applicable. First Name: _____ MI: _____ Last Name: _____

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Other Phone: _____

Have you previously served on active duty in the U.S. Armed Forces? If yes, attach a legible Form(s) DD214 Yes No

Have you ever been a member of the Optional Retirement Plan (ORP) for Institutions of Higher Learning in the State of Mississippi? Yes No

2 Retirement Plan – Plans are governmental plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)

3 Family Information – Use additional Membership Applications if listing more than four dependent children. Information is for determining statutory benefits only. Use Form 1B, Beneficiary Designation, to officially designate any and all beneficiaries.

Marital Status – Select one. Add date for last three. Single Married Divorced Widowed Effective Date mm/dd/ccyy: _____

Spouse's Full Name	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

Dependent Child's Full Name – Up to age 19, or 23 if unmarried and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

4 Member Certification – I certify that the above information is true and correct. Furthermore, I understand that if I became a member of PERS on or after March 1, 2026, I have been automatically enrolled in a hybrid retirement plan, which consists of a defined benefit and defined contribution components administered by PERS and a contracted third-party administrator.

Member's Signature: _____ Date mm/dd/ccyy: _____

5 Employer Certification – This section must be completed by an authorized employer representative, not the member.

Member's Position Held/Job Title: _____ Member's Hire Date for Position mm/dd/ccyy: _____

Member's Status: Elected Official: Yes No Fee Paid Official: Yes No Public Safety Employee: Yes No

Employer Name: _____ PERS Employer No.: _____

Employer Representative's Name: _____ Employer Representative's Title: _____

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

As employer representative, I certify that employment in this position meets the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS). I understand that, if the employee named in Section 1 became a member of PERS on or after March 1, 2026, I am required to report employee information, as well as contributions as defined in state statute to both PERS and the contracted third-party administrator. Mandatory employer contributions must be reported to PERS.

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____